

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: 14-0209 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet S<br>Parts I-III<br>Date/Time Prepared:<br>8/5/2020 1:45 pm |
|--------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-----------------------------------------------------------------------|

**PART I - COST REPORT STATUS**

|                     |                                                                                                                                                                     |                                                                                                                                                                                                    |                                                                                                                                                  |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Provider use only   | 1. <input checked="" type="checkbox"/> Electronically prepared cost report                                                                                          | Date: 8/5/2020                                                                                                                                                                                     | Time: 1:45 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 METHODIST MEDICAL CTR OF ILLINOIS ( 14-0209 ) 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)

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

| Cost Center Description |                               | Title V | Title XVIII |         | HIT  | Title XIX |        |
|-------------------------|-------------------------------|---------|-------------|---------|------|-----------|--------|
|                         |                               |         | Part A      | Part B  |      |           |        |
|                         |                               | 1.00    | 2.00        | 3.00    | 4.00 | 5.00      |        |
|                         | PART III - SETTLEMENT SUMMARY |         |             |         |      |           |        |
| 1.00                    | Hospital                      | 0       | -378,728    | -65,949 | 0    | 0         | 1.00   |
| 2.00                    | Subprovider - IPF             | 0       | -8,713      | -15     |      | 0         | 2.00   |
| 3.00                    | Subprovider - IRF             | 0       | -237,375    | -204    |      | 0         | 3.00   |
| 5.00                    | Swing Bed - SNF               | 0       | 0           | 0       |      | 0         | 5.00   |
| 6.00                    | Swing Bed - NF                | 0       |             |         |      | 0         | 6.00   |
| 9.00                    | HOME HEALTH AGENCY I          | 0       | 0           | 0       |      | 0         | 9.00   |
| 200.00                  | Total                         | 0       | -624,816    | -66,168 | 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: 14-0209 |                 | Period:<br>From 01/01/2019<br>To 12/31/2019 |                                | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>8/5/2020 1:45 pm |       |   |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------|------------|-----------------------|-----------------|---------------------------------------------|--------------------------------|--------------------------------------------------------------------|-------|---|
| 1.00                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2.00           |                                   | 3.00       |                       | 4.00            |                                             |                                |                                                                    |       |   |
| Hospital and Hospital Health Care Complex Address:            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                                   |            |                       |                 |                                             |                                |                                                                    |       |   |
| 1.00                                                          | Street: 221 N E GLEN OAK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                                   | PO Box:    |                       |                 |                                             | 1.00                           |                                                                    |       |   |
| 2.00                                                          | City: PEORIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                                   | State: IL  |                       | Zip Code: 61636 |                                             | County: PEORIA                 |                                                                    |       |   |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Component Name |                                   | CCN Number | CBSA Number           | Provider Type   | Date Certified                              | Payment System (P, T, O, or N) |                                                                    |       |   |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                                   |            |                       |                 |                                             | V                              | XVIII                                                              | XIX   |   |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1.00           |                                   | 2.00       | 3.00                  | 4.00            | 5.00                                        | 6.00                           | 7.00                                                               | 8.00  |   |
| Hospital and Hospital-Based Component Identification:         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                                   |            |                       |                 |                                             |                                |                                                                    |       |   |
| 3.00                                                          | Hospital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                | METHODIST MEDICAL CTR OF ILLINOIS |            | 140209                | 37900           | 1                                           | 07/01/1966                     | N                                                                  | P     | P |
| 4.00                                                          | Subprovider - IPF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                | METHODIST MED CTR - PSYCH         |            | 14S209                | 37900           | 4                                           | 12/15/1983                     | N                                                                  | P     | P |
| 5.00                                                          | Subprovider - IRF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                | METHODIST MED CTR - REHAB         |            | 14T209                | 37900           | 5                                           | 12/15/1993                     | N                                                                  | P     | P |
| 6.00                                                          | Subprovider - (Other)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                   |            |                       |                 |                                             |                                |                                                                    |       |   |
| 7.00                                                          | Swing Beds - SNF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                                   |            |                       |                 |                                             |                                |                                                                    |       |   |
| 8.00                                                          | Swing Beds - NF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                                   |            |                       |                 |                                             |                                |                                                                    |       |   |
| 9.00                                                          | Hospital-Based SNF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                                   |            |                       |                 |                                             |                                |                                                                    |       |   |
| 10.00                                                         | Hospital-Based NF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |                                   |            |                       |                 |                                             |                                |                                                                    |       |   |
| 11.00                                                         | Hospital-Based OLTC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                                   |            |                       |                 |                                             |                                |                                                                    |       |   |
| 12.00                                                         | Hospital-Based HHA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                | METHODIST HOME CARE               |            | 147259                | 37900           |                                             | 06/01/1992                     | N                                                                  | P     | N |
| 13.00                                                         | Separately Certified ASC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                                   |            |                       |                 |                                             |                                |                                                                    |       |   |
| 14.00                                                         | Hospital-Based Hospice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | METHODIST HOSPICE                 |            | 141537                | 37900           |                                             | 01/01/1990                     |                                                                    |       |   |
| 15.00                                                         | Hospital-Based Health Clinic - RHC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                                   |            |                       |                 |                                             |                                |                                                                    |       |   |
| 16.00                                                         | Hospital-Based Health Clinic - FQHC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                                   |            |                       |                 |                                             |                                |                                                                    |       |   |
| 17.00                                                         | Hospital-Based (CMHC) I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                   |            |                       |                 |                                             |                                |                                                                    |       |   |
| 18.00                                                         | Renal Dialysis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |                                   |            |                       |                 |                                             |                                |                                                                    |       |   |
| 19.00                                                         | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                   |            |                       |                 |                                             |                                |                                                                    |       |   |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                                   |            |                       |                 | From:                                       |                                | To:                                                                |       |   |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                                   |            |                       |                 | 1.00                                        |                                | 2.00                                                               |       |   |
| 20.00                                                         | Cost Reporting Period (mm/dd/yyyy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                                   |            |                       |                 | 01/01/2019                                  |                                | 12/31/2019                                                         |       |   |
| 21.00                                                         | Type of Control (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                                   |            |                       |                 | 2                                           |                                |                                                                    |       |   |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                                   |            |                       |                 | 1.00                                        |                                | 2.00                                                               |       |   |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                                   |            |                       |                 | 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     |   |
| 23.00                                                         | Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                             |                |                                   |            |                       | 3               |                                             | N                              |                                                                    | 23.00 |   |

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-2  
Part I  
Date/Time Prepared:  
8/5/2020 1:45 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.                                                                                                                | 0                                 | 4,244                                              | 0                                        | 2                                                 | 10,680               | 0                         | 24.00 |
| 25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.                                                                                                                                                                | 0                                 | 0                                                  | 0                                        | 0                                                 | 0                    |                           | 25.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                    |                                          |                                                   | 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.                                                                                                                                                                                                               |                                   |                                                    |                                          |                                                   | 2                    | 11/01/2019                | 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.                                                                                                                                                                                              |                                   |                                                    |                                          |                                                   | Y                    | Y                         |       |
| 57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. |                                   |                                                    |                                          |                                                   | N                    |                           |       |
| 58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.                                                                                                                                                                                                                                                                                                |                                   |                                                    |                                          |                                                   | N                    |                           |       |
| 59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                    |                                          |                                                   | N                    |                           |       |

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-2  
Part I  
Date/Time Prepared:  
8/5/2020 1:45 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                  | N                     |                                                 | 60.00                                 |            |
| 60.01                                                                                   | If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)                                                                                                                                                                                                                                                             |                    | 20.00                 | 1                                               | 60.01                                 |            |
|                                                                                         |                                                                                                                                                                                                                                                                                                                                              | Y/N                | IME                   | Direct GME                                      | IME                                   | Direct GME |
|                                                                                         |                                                                                                                                                                                                                                                                                                                                              | 1.00               | 2.00                  | 3.00                                            | 4.00                                  | 5.00       |
| 61.00                                                                                   | Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)                                                                                                                                                                                                                  | N                  |                       |                                                 | 0.00                                  | 0.00       |
| 61.01                                                                                   | Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)                                                                                                                                                                       |                    |                       |                                                 |                                       |            |
| 61.02                                                                                   | Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)                                                                                                                                                           |                    |                       |                                                 |                                       |            |
| 61.03                                                                                   | Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)                                                                                                                                                                              |                    |                       |                                                 |                                       |            |
| 61.04                                                                                   | Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).                                                                                                                                                                                           |                    |                       |                                                 |                                       |            |
| 61.05                                                                                   | 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)                                                                                                                                        |                    |                       |                                                 |                                       |            |
| 61.06                                                                                   | 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)                                                                                                                                                                                           |                    |                       |                                                 |                                       |            |
|                                                                                         |                                                                                                                                                                                                                                                                                                                                              | 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)                                                                                                                                         |                    |                       |                                                 | Y                                     | 63.00      |

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-2  
Part I  
Date/Time Prepared:  
8/5/2020 1:45 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                                      | 2.12                              | 0.000000                                | 64.00    |       |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      | Unweighted<br>FTEs<br>Nonprovider<br>Site | Unweighted<br>FTEs in<br>Hospital | Ratio (col. 3/<br>(col. 3 + col.<br>4)) |          |       |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      | 1.00                                      | 2.00                              | 3.00                                    |          |       |
| 65.00                                                                                                                                                                                | Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions) | FAMILY MEDICINE - GENERAL            | 1350                                      | 7.97                              | 20.18                                   | 0.283126 | 65.00 |
| 65.01                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FAMILY MEDICINE - GERIATRIC MEDICINE | 1351                                      | 0.64                              | 0.49                                    | 0.566372 | 65.01 |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      | 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                                      | 10.97                             | 0.000000                                | 66.00    |       |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      | Unweighted<br>FTEs<br>Nonprovider<br>Site | Unweighted<br>FTEs in<br>Hospital | Ratio (col. 3/<br>(col. 3 + col.<br>4)) |          |       |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      | 1.00                                      | 2.00                              | 3.00                                    |          |       |
| 67.00                                                                                                                                                                                | Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)                                                                                             | FAMILY MEDICINE - GENERAL            | 1350                                      | 3.14                              | 25.51                                   | 0.109599 | 67.00 |
| 67.01                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      | 0.00                                      | 0.00                              | 0.000000                                | 67.01    |       |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Provider CCN: 14-0209 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>8/5/2020 1:45 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.                                                                                                                                                                                                                                                                                                                                                                         | Y                     |                                             |                                                                    | 70.00  |
| 71.00                                                         | If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions) | Y                     | N                                           | 0                                                                  | 71.00  |
| <b>Inpatient Rehabilitation Facility PPS</b>                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                             |                                                                    |        |
| 75.00                                                         | Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.                                                                                                                                                                                                                                                                                                                                                                     | Y                     |                                             |                                                                    | 75.00  |
| 76.00                                                         | If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)                         | N                     | N                                           | 0                                                                  | 76.00  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | 1.00                                        |                                                                    |        |
| <b>Long Term Care Hospital PPS</b>                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                             |                                                                    |        |
| 80.00                                                         | Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | N                                           |                                                                    | 80.00  |
| 81.00                                                         | Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.                                                                                                                                                                                                                                                                                                                                                                         |                       | N                                           |                                                                    | 81.00  |
| <b>TEFRA Providers</b>                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                             |                                                                    |        |
| 85.00                                                         | Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                                                                      |                       | N                                           |                                                                    | 85.00  |
| 86.00                                                         | Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.                                                                                                                                                                                                                                                                                                                                                             |                       |                                             |                                                                    | 86.00  |
| 87.00                                                         | Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                                |                       | N                                           |                                                                    | 87.00  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | V                                           | XIX                                                                |        |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | 1.00                                        | 2.00                                                               |        |
| <b>Title V and XIX Services</b>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                             |                                                                    |        |
| 90.00                                                         | Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.                                                                                                                                                                                                                                                                                                                                                                         | N                     | Y                                           |                                                                    | 90.00  |
| 91.00                                                         | Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.                                                                                                                                                                                                                                                                                                                                           | N                     | N                                           |                                                                    | 91.00  |
| 92.00                                                         | Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.                                                                                                                                                                                                                                                                                                                                               |                       | N                                           |                                                                    | 92.00  |
| 93.00                                                         | Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.                                                                                                                                                                                                                                                                                                                                                                 | N                     | N                                           |                                                                    | 93.00  |
| 94.00                                                         | Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.                                                                                                                                                                                                                                                                                                                                                                                                      | N                     | N                                           |                                                                    | 94.00  |
| 95.00                                                         | If line 94 is "Y", enter the reduction percentage in the applicable column.                                                                                                                                                                                                                                                                                                                                                                                                                               | 0.00                  | 0.00                                        |                                                                    | 95.00  |
| 96.00                                                         | Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.                                                                                                                                                                                                                                                                                                                                                                                                      | N                     | N                                           |                                                                    | 96.00  |
| 97.00                                                         | If line 96 is "Y", enter the reduction percentage in the applicable column.                                                                                                                                                                                                                                                                                                                                                                                                                               | 0.00                  | 0.00                                        |                                                                    | 97.00  |
| 98.00                                                         | Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                                                                                                                             | N                     | N                                           |                                                                    | 98.00  |
| 98.01                                                         | Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                                                                                                                                                                 | N                     | N                                           |                                                                    | 98.01  |
| 98.02                                                         | Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                                                                                                                                     | N                     | N                                           |                                                                    | 98.02  |
| 98.03                                                         | Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                                                                                                                                | N                     | N                                           |                                                                    | 98.03  |
| 98.04                                                         | Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                                                                                                                                                          | N                     | N                                           |                                                                    | 98.04  |
| 98.05                                                         | Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                                                                                                                                                    | N                     | N                                           |                                                                    | 98.05  |
| 98.06                                                         | Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                                                                                                                                                            | N                     | N                                           |                                                                    | 98.06  |
| <b>Rural Providers</b>                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                             |                                                                    |        |
| 105.00                                                        | Does this hospital qualify as a CAH?                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | N                     |                                             |                                                                    | 105.00 |
| 106.00                                                        | If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)                                                                                                                                                                                                                                                                                                                                                                       |                       |                                             |                                                                    | 106.00 |
| 107.00                                                        | 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)                                                                                                  |                       |                                             |                                                                    | 107.00 |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Provider CCN: 14-0209 |              | Period:<br>From 01/01/2019<br>To 12/31/2019 |             | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>8/5/2020 1:45 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                     |              |                                             |             | 109.00                                                             |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              | 1.00                                        |             |                                                                    |  |
| 110.00                                                        | Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.                                                                                                                                                         | N                     |              |                                             |             | 110.00                                                             |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              | 1.00                                        |             |                                                                    |  |
| 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                                        |             |                                                                    |  |
| 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.                                                                                                                                                                                                                                                                                                                                                              | Y                     |              |                                             |             | 117.00                                                             |  |
| 118.00                                                        | Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.                                                                                                                                                                                                                                                                                                                      | 2                     |              |                                             |             | 118.00                                                             |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Premiums              | Losses       | Insurance                                   |             |                                                                    |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.00                  | 2.00         | 3.00                                        |             |                                                                    |  |
| 118.01                                                        | List amounts of malpractice premiums and paid losses:                                                                                                                                                                                                                                                                                                                                                                                                           | 1,068,896             |              | 32,087                                      |             | 3,708,524118.01                                                    |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              | 1.00                                        |             |                                                                    |  |
| 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: 14-0209  |   | Period:<br>From 01/01/2019<br>To 12/31/2019 |   | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>8/5/2020 1:45 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                      |   | HB0721                                      |   | 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: PEORIA HOME OFFICE                                                                                                                                                                                                                                                                                     | Contractor's Name: NGS |   | Contractor's Number: 00131                  |   | 141.00                                                             |  |
| 142.00                                                                                                                                                                                                                      | Street: 221 NE GLEN OAK                                                                                                                                                                                                                                                                                      | PO Box:                |   |                                             |   | 142.00                                                             |  |
| 143.00                                                                                                                                                                                                                      | City: PEORIA                                                                                                                                                                                                                                                                                                 | State: IL              |   | Zip Code: 61636                             |   | 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                                                             |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                        |   | 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)                                                                                                                                                                  | 0.00                   |   |                                             |   | 169.00                                                             |  |

|                                                               |                                                                                                                                                                                                                                                                                                                  |                       |                                             |                                                                    |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|--------------------------------------------------------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA |                                                                                                                                                                                                                                                                                                                  | Provider CCN: 14-0209 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>8/5/2020 1:45 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: 14-0209 |             | Period:<br>From 01/01/2019<br>To 12/31/2019 |            | Worksheet S-2<br>Part II<br>Date/Time Prepared:<br>8/5/2020 1:45 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        |                                             |            |                                                                     |       |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    | 1.00                  | 2.00        |                                             |            |                                                                     |       |
| 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        |                                             |            |                                                                     |       |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    | 1.00                  | 2.00        |                                             |            |                                                                     |       |
| Financial Data and Reports                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |             |                                             |            |                                                                     |       |
| 4.00                                                                                                                        | Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.                                                                                                                           | Y                     | A           |                                             |            |                                                                     | 4.00  |
| 5.00                                                                                                                        | Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.                                                                                                                                                                                                                                                       | N                     |             |                                             |            |                                                                     | 5.00  |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    | Y/N                   | 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?                                                                                                                                                                                                                                                                            | Y                     | Y           |                                             |            |                                                                     | 6.00  |
| 7.00                                                                                                                        | Are costs claimed for Allied Health Programs? If "Y" see instructions.                                                                                                                                                                                                                                                                                                                             | N                     |             |                                             |            |                                                                     | 7.00  |
| 8.00                                                                                                                        | Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.                                                                                                                                                                                                                                                              | N                     |             |                                             |            |                                                                     | 8.00  |
| 9.00                                                                                                                        | Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.                                                                                                                                                                                                                                                | Y                     |             |                                             |            |                                                                     | 9.00  |
| 10.00                                                                                                                       | Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.                                                                                                                                                                                                                                                               | N                     |             |                                             |            |                                                                     | 10.00 |
| 11.00                                                                                                                       | Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.                                                                                                                                                                                                                                                          | N                     |             |                                             |            |                                                                     | 11.00 |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    | Y/N                   |             |                                             |            |                                                                     |       |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    | 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.                                                                                                                                                                                                                                                                    | Y                     |             |                                             |            |                                                                     | 13.00 |
| 14.00                                                                                                                       | If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.                                                                                                                                                                                                                                                                                                   | N                     |             |                                             |            |                                                                     | 14.00 |
| Bed Complement                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |             |                                             |            |                                                                     |       |
| 15.00                                                                                                                       | Did total beds available change from the prior cost reporting period? If yes, see instructions.                                                                                                                                                                                                                                                                                                    | N                     |             |                                             |            |                                                                     | 15.00 |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    | Part A                |             | Part B                                      |            |                                                                     |       |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    | Y/N                   | Date        | Y/N                                         | Date       |                                                                     |       |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    | 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                     |             | 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                     | 05/07/2019  | Y                                           | 05/07/2019 |                                                                     | 17.00 |
| 18.00                                                                                                                       | If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.                                                                                                                                                                                    | N                     |             | N                                           |            |                                                                     | 18.00 |
| 19.00                                                                                                                       | If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.                                                                                                                                                                                                                                                     | N                     |             | N                                           |            |                                                                     | 19.00 |

## HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-2  
Part II  
Date/Time Prepared:  
8/5/2020 1:45 pm

|                                                                                    |                                                                                                                                                                            | Description                | Y/N                        | Y/N  |       |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|------|-------|
|                                                                                    |                                                                                                                                                                            | 0                          | 1.00                       | 3.00 |       |
| 20.00                                                                              | If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:                                                              |                            | N                          | N    | 20.00 |
|                                                                                    |                                                                                                                                                                            | Y/N                        | Date                       | Y/N  | Date  |
|                                                                                    |                                                                                                                                                                            | 1.00                       | 2.00                       | 3.00 | 4.00  |
| 21.00                                                                              | Was the cost report prepared only using the provider's records? If yes, see instructions.                                                                                  | N                          |                            | N    | 21.00 |
|                                                                                    |                                                                                                                                                                            |                            |                            | 1.00 |       |
| COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS) |                                                                                                                                                                            |                            |                            |      |       |
| Capital Related Cost                                                               |                                                                                                                                                                            |                            |                            |      |       |
| 22.00                                                                              | Have assets been relifed for Medicare purposes? If yes, see instructions                                                                                                   |                            |                            |      | 22.00 |
| 23.00                                                                              | Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.                              |                            |                            |      | 23.00 |
| 24.00                                                                              | Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions                                              |                            |                            |      | 24.00 |
| 25.00                                                                              | Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.                                                            |                            |                            |      | 25.00 |
| 26.00                                                                              | Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.                                                              |                            |                            |      | 26.00 |
| 27.00                                                                              | Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.                                                                    |                            |                            |      | 27.00 |
| Interest Expense                                                                   |                                                                                                                                                                            |                            |                            |      |       |
| 28.00                                                                              | Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.                                          |                            |                            |      | 28.00 |
| 29.00                                                                              | Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions       |                            |                            |      | 29.00 |
| 30.00                                                                              | Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.                                                                   |                            |                            |      | 30.00 |
| 31.00                                                                              | Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.                                                                   |                            |                            |      | 31.00 |
| Purchased Services                                                                 |                                                                                                                                                                            |                            |                            |      |       |
| 32.00                                                                              | Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.          |                            |                            |      | 32.00 |
| 33.00                                                                              | If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.                                                |                            |                            |      | 33.00 |
| Provider-Based Physicians                                                          |                                                                                                                                                                            |                            |                            |      |       |
| 34.00                                                                              | Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.                                             |                            |                            |      | 34.00 |
| 35.00                                                                              | If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions. |                            |                            |      | 35.00 |
|                                                                                    |                                                                                                                                                                            | Y/N                        | Date                       |      |       |
|                                                                                    |                                                                                                                                                                            | 1.00                       | 2.00                       |      |       |
| Home Office Costs                                                                  |                                                                                                                                                                            |                            |                            |      |       |
| 36.00                                                                              | Were home office costs claimed on the cost report?                                                                                                                         |                            |                            |      | 36.00 |
| 37.00                                                                              | If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.                                                            |                            |                            |      | 37.00 |
| 38.00                                                                              | If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.       |                            |                            |      | 38.00 |
| 39.00                                                                              | If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.                                                                   |                            |                            |      | 39.00 |
| 40.00                                                                              | If line 36 is yes, did the provider render services to the home office? If yes, see instructions.                                                                          |                            |                            |      | 40.00 |
|                                                                                    |                                                                                                                                                                            | 1.00                       | 2.00                       |      |       |
| Cost Report Preparer Contact Information                                           |                                                                                                                                                                            |                            |                            |      |       |
| 41.00                                                                              | Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.                                              | KEITH                      | LYONS                      |      | 41.00 |
| 42.00                                                                              | Enter the employer/company name of the cost report preparer.                                                                                                               | UNITYPOINT HEALTH - PEORIA |                            |      | 42.00 |
| 43.00                                                                              | Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.                                                                 | 309-672-4281               | KEITH.LYONS@UNITYPOINT.ORG |      | 43.00 |

## HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-2  
Part II  
Date/Time Prepared:  
8/5/2020 1:45 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 ANALYST | 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: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-3  
Part I  
Date/Time Prepared:  
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| 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                      | 174         | 63,510                | 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)                                                                                                        |                            | 174         | 63,510                | 0.00      | 0                                | 7.00  |
| 8.00 INTENSIVE CARE UNIT                                                                                                                                                         | 31.00                      | 12          | 4,380                 | 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                                                                                                                                               | 34.00                      | 12          | 4,380                 | 0.00      | 0                                | 11.00 |
| 12.00 OTHER SPECIAL CARE (SPECIFY)                                                                                                                                               |                            |             |                       |           |                                  | 12.00 |
| 13.00 NURSERY                                                                                                                                                                    | 43.00                      |             |                       |           | 0                                | 13.00 |
| 14.00 Total (see instructions)                                                                                                                                                   |                            | 198         | 72,270                | 0.00      | 0                                | 14.00 |
| 15.00 CAH visits                                                                                                                                                                 |                            |             |                       |           | 0                                | 15.00 |
| 16.00 SUBPROVIDER - IPF                                                                                                                                                          | 40.00                      | 44          | 16,060                |           | 0                                | 16.00 |
| 17.00 SUBPROVIDER - IRF                                                                                                                                                          | 41.00                      | 38          | 13,870                |           | 0                                | 17.00 |
| 18.00 SUBPROVIDER                                                                                                                                                                |                            |             |                       |           |                                  | 18.00 |
| 19.00 SKILLED NURSING FACILITY                                                                                                                                                   |                            |             |                       |           |                                  | 19.00 |
| 20.00 NURSING FACILITY                                                                                                                                                           |                            |             |                       |           |                                  | 20.00 |
| 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 |
| 26.00 RURAL HEALTH CLINIC                                                                                                                                                        |                            |             |                       |           |                                  | 26.00 |
| 26.25 FEDERALLY QUALIFIED HEALTH CENTER                                                                                                                                          | 89.00                      |             |                       |           | 0                                | 26.25 |
| 27.00 Total (sum of lines 14-26)                                                                                                                                                 |                            | 280         |                       |           |                                  | 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)                                                                                                                                   |                            | 22          | 6,935                 |           |                                  | 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: 14-0209

Period:  
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| Component |                                                                                                                                                                             | I/P Days / O/P Visits / Trips |           |                    | Full Time Equivalents     |                      |       |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------|--------------------|---------------------------|----------------------|-------|
|           |                                                                                                                                                                             | Title XVIII                   | Title XIX | Total All Patients | Total Interns & Residents | Employees On Payroll |       |
|           |                                                                                                                                                                             | 6.00                          | 7.00      | 8.00               | 9.00                      | 10.00                |       |
| 1.00      | Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds) | 16,592                        | 12,123    | 44,472             |                           |                      | 1.00  |
| 2.00      | HMO and other (see instructions)                                                                                                                                            | 7,879                         | 0         |                    |                           |                      | 2.00  |
| 3.00      | HMO IPF Subprovider                                                                                                                                                         | 402                           | 0         |                    |                           |                      | 3.00  |
| 4.00      | HMO IRF Subprovider                                                                                                                                                         | 386                           | 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)                                                                                                        | 16,592                        | 12,123    | 44,472             |                           |                      | 7.00  |
| 8.00      | INTENSIVE CARE UNIT                                                                                                                                                         | 2,339                         | 190       | 2,888              |                           |                      | 8.00  |
| 9.00      | CORONARY CARE UNIT                                                                                                                                                          |                               |           |                    |                           |                      | 9.00  |
| 10.00     | BURN INTENSIVE CARE UNIT                                                                                                                                                    |                               |           |                    |                           |                      | 10.00 |
| 11.00     | SURGICAL INTENSIVE CARE UNIT                                                                                                                                                | 0                             | 202       | 2,751              |                           |                      | 11.00 |
| 12.00     | OTHER SPECIAL CARE (SPECIFY)                                                                                                                                                |                               |           |                    |                           |                      | 12.00 |
| 13.00     | NURSERY                                                                                                                                                                     |                               | 1,806     | 4,788              |                           |                      | 13.00 |
| 14.00     | Total (see instructions)                                                                                                                                                    | 18,931                        | 14,321    | 54,899             | 31.16                     | 1,768.77             | 14.00 |
| 15.00     | CAH visits                                                                                                                                                                  | 0                             | 0         | 0                  |                           |                      | 15.00 |
| 16.00     | SUBPROVIDER - IPF                                                                                                                                                           | 2,315                         | 0         | 14,285             | 8.65                      | 89.41                | 16.00 |
| 17.00     | SUBPROVIDER - IRF                                                                                                                                                           | 4,130                         | 0         | 5,233              | 0.00                      | 27.38                | 17.00 |
| 18.00     | SUBPROVIDER                                                                                                                                                                 |                               |           |                    |                           |                      | 18.00 |
| 19.00     | SKILLED NURSING FACILITY                                                                                                                                                    |                               |           |                    |                           |                      | 19.00 |
| 20.00     | NURSING FACILITY                                                                                                                                                            |                               |           |                    |                           |                      | 20.00 |
| 21.00     | OTHER LONG TERM CARE                                                                                                                                                        |                               |           |                    |                           |                      | 21.00 |
| 22.00     | HOME HEALTH AGENCY                                                                                                                                                          | 29,975                        | 0         | 56,023             | 0.00                      | 74.21                | 22.00 |
| 23.00     | AMBULATORY SURGICAL CENTER (D.P.)                                                                                                                                           |                               |           |                    |                           |                      | 23.00 |
| 24.00     | HOSPICE                                                                                                                                                                     | 0                             | 0         | 0                  | 0.00                      | 28.10                | 24.00 |
| 24.10     | HOSPICE (non-distinct part)                                                                                                                                                 |                               |           | 0                  |                           |                      | 24.10 |
| 25.00     | CMHC - CMHC                                                                                                                                                                 |                               |           |                    |                           |                      | 25.00 |
| 26.00     | RURAL HEALTH CLINIC                                                                                                                                                         |                               |           |                    |                           |                      | 26.00 |
| 26.25     | FEDERALLY QUALIFIED HEALTH CENTER                                                                                                                                           | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 26.25 |
| 27.00     | Total (sum of lines 14-26)                                                                                                                                                  |                               |           |                    | 39.81                     | 1,987.87             | 27.00 |
| 28.00     | Observation Bed Days                                                                                                                                                        |                               | 1,511     | 5,532              |                           |                      | 28.00 |
| 29.00     | Ambulance Trips                                                                                                                                                             | 0                             |           |                    |                           |                      | 29.00 |
| 30.00     | Employee discount days (see instruction)                                                                                                                                    |                               |           | 871                |                           |                      | 30.00 |
| 31.00     | Employee discount days - IRF                                                                                                                                                |                               |           | 28                 |                           |                      | 31.00 |
| 32.00     | Labor & delivery days (see instructions)                                                                                                                                    | 0                             | 605       | 1,106              |                           |                      | 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

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| Component                                                                                                                                                                        | Full Time<br>Equivalents | Discharges |             |           | Total All<br>Patients |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|-------------|-----------|-----------------------|-------|
|                                                                                                                                                                                  | Nonpaid<br>Workers       | Title V    | Title XVIII | Title XIX |                       |       |
|                                                                                                                                                                                  | 11.00                    | 12.00      | 13.00       | 14.00     | 15.00                 |       |
| 1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds) |                          | 0          | 3,708       | 3,678     | 12,595                | 1.00  |
| 2.00 HMO and other (see instructions)                                                                                                                                            |                          |            | 1,374       | 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          | 3,708       | 3,678     | 12,595                | 14.00 |
| 15.00 CAH visits                                                                                                                                                                 |                          |            |             |           |                       | 15.00 |
| 16.00 SUBPROVIDER - IPF                                                                                                                                                          | 0.00                     | 0          | 283         | 0         | 2,239                 | 16.00 |
| 17.00 SUBPROVIDER - IRF                                                                                                                                                          | 0.00                     | 0          | 326         | 0         | 406                   | 17.00 |
| 18.00 SUBPROVIDER                                                                                                                                                                |                          |            |             |           |                       | 18.00 |
| 19.00 SKILLED NURSING FACILITY                                                                                                                                                   |                          |            |             |           |                       | 19.00 |
| 20.00 NURSING FACILITY                                                                                                                                                           |                          |            |             |           |                       | 20.00 |
| 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 |
| 26.00 RURAL HEALTH CLINIC                                                                                                                                                        |                          |            |             |           |                       | 26.00 |
| 26.25 FEDERALLY QUALIFIED HEALTH CENTER                                                                                                                                          | 0.00                     |            |             |           |                       | 26.25 |
| 27.00 Total (sum of lines 14-26)                                                                                                                                                 | 0.00                     |            |             |           |                       | 27.00 |
| 28.00 Observation Bed Days                                                                                                                                                       |                          |            |             |           |                       | 28.00 |
| 29.00 Ambulance Trips                                                                                                                                                            |                          |            |             |           |                       | 29.00 |
| 30.00 Employee discount days (see instruction)                                                                                                                                   |                          |            |             |           |                       | 30.00 |
| 31.00 Employee discount days - IRF                                                                                                                                               |                          |            |             |           |                       | 31.00 |
| 32.00 Labor & delivery days (see instructions)                                                                                                                                   |                          |            |             |           |                       | 32.00 |
| 32.01 Total ancillary labor & delivery room outpatient days (see instructions)                                                                                                   |                          |            |             |           |                       | 32.01 |
| 33.00 LTCH non-covered days                                                                                                                                                      |                          |            | 0           |           |                       | 33.00 |
| 33.01 LTCH site neutral days and discharges                                                                                                                                      |                          |            | 0           |           |                       | 33.01 |

## HOSPITAL WAGE INDEX INFORMATION

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Period:  
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To 12/31/2019Worksheet S-3  
Part II  
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|                                        | Wkst. A Line<br>Number                                                                | Amount<br>Reported | Reclassificati<br>on of Salaries<br>(from Wkst.<br>A-6) | Adjusted<br>Salaries<br>(col.2 ± col.<br>3) | Paid Hours<br>Related to<br>Salaries in<br>col. 4 | Average Hourly<br>Wage (col. 4 ÷<br>col. 5) |        |
|----------------------------------------|---------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------|---------------------------------------------|---------------------------------------------------|---------------------------------------------|--------|
|                                        | 1.00                                                                                  | 2.00               | 3.00                                                    | 4.00                                        | 5.00                                              | 6.00                                        |        |
| <b>PART II - WAGE DATA</b>             |                                                                                       |                    |                                                         |                                             |                                                   |                                             |        |
| <b>SALARIES</b>                        |                                                                                       |                    |                                                         |                                             |                                                   |                                             |        |
| 1.00                                   | Total salaries (see instructions)                                                     | 200.00             | 151,998,219                                             | -2,385,620                                  | 149,612,599                                       | 4,100,631.00                                | 36.49  |
| 2.00                                   | Non-physician anesthetist Part A                                                      |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 3.00                                   | Non-physician anesthetist Part B                                                      |                    | 5,256,534                                               | 0                                           | 5,256,534                                         | 53,377.00                                   | 98.48  |
| 4.00                                   | Physician-Part A - Administrative                                                     |                    | 473,131                                                 | 0                                           | 473,131                                           | 3,426.00                                    | 138.10 |
| 4.01                                   | Physicians - Part A - Teaching                                                        |                    | 2,085,342                                               | 0                                           | 2,085,342                                         | 18,303.00                                   | 113.93 |
| 5.00                                   | Physician and Non Physician-Part B                                                    |                    | 32,825,180                                              | 0                                           | 32,825,180                                        | 228,950.00                                  | 143.37 |
| 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              | 5,347,430                                               | -2,085,342                                  | 3,262,088                                         | 104,789.00                                  | 31.13  |
| 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)                                             |                    | 19,516,129                                              | 466,637                                     | 19,982,766                                        | 669,539.00                                  | 29.85  |
| <b>OTHER WAGES &amp; RELATED COSTS</b> |                                                                                       |                    |                                                         |                                             |                                                   |                                             |        |
| 11.00                                  | Contract labor: Direct Patient Care                                                   |                    | 5,142,989                                               | 0                                           | 5,142,989                                         | 123,099.00                                  | 41.78  |
| 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                                     |                    | 207,757                                                 | 0                                           | 207,757                                           | 1,059.00                                    | 196.18 |
| 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                                                         |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 15.00                                  | Home office: Physician Part A - Administrative                                        |                    | 32,747,227                                              | 0                                           | 32,747,227                                        | 939,283.00                                  | 34.86  |
| 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)                                          |                    | 31,928,906                                              | 0                                           | 31,928,906                                        |                                             |        |
| 18.00                                  | Wage-related costs (other) (see instructions)                                         |                    |                                                         |                                             |                                                   |                                             |        |
| 19.00                                  | Excluded areas                                                                        |                    | 6,874,319                                               | 0                                           | 6,874,319                                         |                                             |        |
| 20.00                                  | Non-physician anesthetist Part A                                                      |                    | 0                                                       | 0                                           | 0                                                 |                                             |        |
| 21.00                                  | Non-physician anesthetist Part B                                                      |                    | 706,468                                                 | 0                                           | 706,468                                           |                                             |        |
| 22.00                                  | Physician Part A - Administrative                                                     |                    | 72,785                                                  | 0                                           | 72,785                                            |                                             |        |
| 22.01                                  | Physician Part A - Teaching                                                           |                    | 320,801                                                 | 0                                           | 320,801                                           |                                             |        |
| 23.00                                  | Physician Part B                                                                      |                    | 5,858,347                                               | 0                                           | 5,858,347                                         |                                             |        |
| 24.00                                  | Wage-related costs (RHC/FQHC)                                                         |                    | 1,537,584                                               | 0                                           | 1,537,584                                         |                                             |        |
| 25.00                                  | Interns & residents (in an approved program)                                          |                    | 0                                                       | 0                                           | 0                                                 |                                             |        |
| 25.50                                  | Home office wage-related (core)                                                       |                    | 7,892,686                                               | 0                                           | 7,892,686                                         |                                             |        |
| 25.51                                  | Related organization wage-related (core)                                              |                    | 0                                                       | 0                                           | 0                                                 |                                             |        |
| 25.52                                  | Home office: Physician Part A - Administrative - wage-related (core)                  |                    | 0                                                       | 0                                           | 0                                                 |                                             |        |

## HOSPITAL WAGE INDEX INFORMATION

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Period:  
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Part II  
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8/5/2020 1:45 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                   | 3,299,185          | -909,828                                                | 2,389,357                                   | 30,364.00                                         | 78.69                                       | 26.00 |
| 27.00                            | Administrative & General                                              | 5.00                   | 1,859,915          | 76,570                                                  | 1,936,485                                   | 109,562.00                                        | 17.67                                       | 27.00 |
| 28.00                            | Administrative & General under<br>contract (see inst.)                |                        | 1,906,434          | 0                                                       | 1,906,434                                   | 7,403.00                                          | 257.52                                      | 28.00 |
| 29.00                            | Maintenance & Repairs                                                 | 6.00                   | 1,722,730          | 0                                                       | 1,722,730                                   | 65,338.00                                         | 26.37                                       | 29.00 |
| 30.00                            | Operation of Plant                                                    | 7.00                   | 1,171,284          | 0                                                       | 1,171,284                                   | 56,220.00                                         | 20.83                                       | 30.00 |
| 31.00                            | Laundry & Linen Service                                               | 8.00                   | 104,098            | 0                                                       | 104,098                                     | 5,897.00                                          | 17.65                                       | 31.00 |
| 32.00                            | Housekeeping                                                          | 9.00                   | 2,008,707          | 0                                                       | 2,008,707                                   | 135,090.00                                        | 14.87                                       | 32.00 |
| 33.00                            | Housekeeping under contract<br>(see instructions)                     |                        | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 33.00 |
| 34.00                            | Dietary                                                               | 10.00                  | 1,193,291          | 0                                                       | 1,193,291                                   | 56,472.00                                         | 21.13                                       | 34.00 |
| 35.00                            | Dietary under contract (see<br>instructions)                          |                        | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 35.00 |
| 36.00                            | Cafeteria                                                             | 11.00                  | 1,495,196          | 0                                                       | 1,495,196                                   | 95,442.00                                         | 15.67                                       | 36.00 |
| 37.00                            | Maintenance of Personnel                                              | 12.00                  | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 37.00 |
| 38.00                            | Nursing Administration                                                | 13.00                  | 793,654            | 0                                                       | 793,654                                     | 27,254.00                                         | 29.12                                       | 38.00 |
| 39.00                            | Central Services and Supply                                           | 14.00                  | 695,929            | 0                                                       | 695,929                                     | 40,619.00                                         | 17.13                                       | 39.00 |
| 40.00                            | Pharmacy                                                              | 15.00                  | 4,526,051          | 0                                                       | 4,526,051                                   | 100,014.00                                        | 45.25                                       | 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: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-3  
Part III  
Date/Time Prepared:  
8/5/2020 1:45 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)                  | 108,390,167        | -300,278                                                    | 108,089,889                                 | 3,702,615.00                                      | 29.19                                       | 1.00 |
| 2.00                                   | Excluded area salaries (see instructions)        | 19,516,129         | 466,637                                                     | 19,982,766                                  | 669,539.00                                        | 29.85                                       | 2.00 |
| 3.00                                   | Subtotal salaries (line 1 minus line 2)          | 88,874,038         | -766,915                                                    | 88,107,123                                  | 3,033,076.00                                      | 29.05                                       | 3.00 |
| 4.00                                   | Subtotal other wages & related costs (see inst.) | 38,097,973         | 0                                                           | 38,097,973                                  | 1,063,441.00                                      | 35.83                                       | 4.00 |
| 5.00                                   | Subtotal wage-related costs (see inst.)          | 39,894,377         | 0                                                           | 39,894,377                                  | 0.00                                              | 45.28                                       | 5.00 |
| 6.00                                   | Total (sum of lines 3 thru 5)                    | 166,866,388        | -766,915                                                    | 166,099,473                                 | 4,096,517.00                                      | 40.55                                       | 6.00 |
| 7.00                                   | Total overhead cost (see instructions)           | 20,776,474         | -833,258                                                    | 19,943,216                                  | 729,675.00                                        | 27.33                                       | 7.00 |

| HOSPITAL WAGE RELATED COSTS                               |                                                                                                                             | Provider CCN: 14-0209 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet S-3<br>Part IV<br>Date/Time Prepared:<br>8/5/2020 1:45 pm |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|---------------------------------------------------------------------|
|                                                           |                                                                                                                             |                       |                                             | Amount<br>Reported                                                  |
|                                                           |                                                                                                                             |                       |                                             | 1.00                                                                |
| PART IV - WAGE RELATED COSTS                              |                                                                                                                             |                       |                                             |                                                                     |
| Part A - Core List                                        |                                                                                                                             |                       |                                             |                                                                     |
| RETIREMENT COST                                           |                                                                                                                             |                       |                                             |                                                                     |
| 1.00                                                      | 401K Employer Contributions                                                                                                 |                       | 5,670,172                                   | 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)                                                                      |                       | 15,962,548                                  | 4.00                                                                |
| PLAN ADMINISTRATIVE COSTS (Paid to External Organization) |                                                                                                                             |                       |                                             |                                                                     |
| 5.00                                                      | 401K/TSA Plan Administration fees                                                                                           |                       | 0                                           | 5.00                                                                |
| 6.00                                                      | Legal/Accounting/Management Fees-Pension Plan                                                                               |                       | 0                                           | 6.00                                                                |
| 7.00                                                      | Employee Managed Care Program Administration Fees                                                                           |                       | 0                                           | 7.00                                                                |
| HEALTH AND INSURANCE COST                                 |                                                                                                                             |                       |                                             |                                                                     |
| 8.00                                                      | Health Insurance (Purchased or Self Funded)                                                                                 |                       | 0                                           | 8.00                                                                |
| 8.01                                                      | Health Insurance (Self Funded without a Third Party Administrator)                                                          |                       | 0                                           | 8.01                                                                |
| 8.02                                                      | Health Insurance (Self Funded with a Third Party Administrator)                                                             |                       | 12,299,031                                  | 8.02                                                                |
| 8.03                                                      | Health Insurance (Purchased)                                                                                                |                       | 0                                           | 8.03                                                                |
| 9.00                                                      | Prescription Drug Plan                                                                                                      |                       | 0                                           | 9.00                                                                |
| 10.00                                                     | Dental, Hearing and Vision Plan                                                                                             |                       | 527,226                                     | 10.00                                                               |
| 11.00                                                     | Life Insurance (If employee is owner or beneficiary)                                                                        |                       | 44,404                                      | 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)                                                                  |                       | 1,170,444                                   | 13.00                                                               |
| 14.00                                                     | Long-Term Care Insurance (If employee is owner or beneficiary)                                                              |                       | 0                                           | 14.00                                                               |
| 15.00                                                     | 'Workers' Compensation Insurance                                                                                            |                       | 1,676,314                                   | 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                                                                                                 |                       | 9,378,009                                   | 17.00                                                               |
| 18.00                                                     | Medicare Taxes - Employers Portion Only                                                                                     |                       | 0                                           | 18.00                                                               |
| 19.00                                                     | Unemployment Insurance                                                                                                      |                       | 0                                           | 19.00                                                               |
| 20.00                                                     | State or Federal Unemployment Taxes                                                                                         |                       | 37,689                                      | 20.00                                                               |
| OTHER                                                     |                                                                                                                             |                       |                                             |                                                                     |
| 21.00                                                     | Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))        |                       | 0                                           | 21.00                                                               |
| 22.00                                                     | Day Care Cost and Allowances                                                                                                |                       | 224,683                                     | 22.00                                                               |
| 23.00                                                     | Tuition Reimbursement                                                                                                       |                       | 308,689                                     | 23.00                                                               |
| 24.00                                                     | Total Wage Related cost (Sum of lines 1 -23)                                                                                |                       | 47,299,209                                  | 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: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-3  
Part V  
Date/Time Prepared:  
8/5/2020 1:45 pm

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

| HOME HEALTH AGENCY STATISTICAL DATA      |                                                                                                                         | Provider CCN: 14-0209<br>Component CCN: 14-7259       |               | Period:<br>From 01/01/2019<br>To 12/31/2019 |                      | Worksheet S-4<br>Date/Time Prepared:<br>8/5/2020 1:45 pm |       |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------|---------------------------------------------|----------------------|----------------------------------------------------------|-------|
|                                          |                                                                                                                         |                                                       |               | Home Health<br>Agency I                     |                      | PPS                                                      |       |
|                                          |                                                                                                                         |                                                       |               | 1.00                                        |                      |                                                          |       |
| 0.00 County                              |                                                                                                                         |                                                       |               | 37900                                       |                      | 0.00                                                     |       |
|                                          |                                                                                                                         | Title V                                               | Title XVIII   | Title XIX                                   | Other                | Total                                                    |       |
|                                          |                                                                                                                         | 1.00                                                  | 2.00          | 3.00                                        | 4.00                 | 5.00                                                     |       |
| HOME HEALTH AGENCY STATISTICAL DATA      |                                                                                                                         |                                                       |               |                                             |                      |                                                          |       |
| 1.00                                     | Home Health Aide Hours                                                                                                  | 0                                                     | 0             | 0                                           | 0                    | 0                                                        | 1.00  |
| 2.00                                     | Unduplicated Census Count (see instructions)                                                                            | 0.00                                                  | 1,647.00      | 0.00                                        | 0.00                 | 0.00                                                     | 2.00  |
|                                          |                                                                                                                         |                                                       |               | Number of Employees (Full Time Equivalent)  |                      |                                                          |       |
|                                          |                                                                                                                         | Enter the number of hours in<br>your normal work week |               | Staff                                       | Contract             | Total                                                    |       |
|                                          |                                                                                                                         | 0                                                     |               | 1.00                                        | 2.00                 | 3.00                                                     |       |
| HOME HEALTH AGENCY - NUMBER OF EMPLOYEES |                                                                                                                         |                                                       |               |                                             |                      |                                                          |       |
| 3.00                                     | Administrator and Assistant Administrator(s)                                                                            | 0.00                                                  |               | 0.00                                        | 0.00                 | 0.00                                                     | 3.00  |
| 4.00                                     | Director(s) and Assistant Director(s)                                                                                   |                                                       |               | 0.00                                        | 0.00                 | 0.00                                                     | 4.00  |
| 5.00                                     | Other Administrative Personnel                                                                                          |                                                       |               | 0.00                                        | 0.00                 | 0.00                                                     | 5.00  |
| 6.00                                     | Direct Nursing Service                                                                                                  |                                                       |               | 0.00                                        | 0.00                 | 0.00                                                     | 6.00  |
| 7.00                                     | Nursing Supervisor                                                                                                      |                                                       |               | 0.00                                        | 0.00                 | 0.00                                                     | 7.00  |
| 8.00                                     | Physical Therapy Service                                                                                                |                                                       |               | 0.00                                        | 0.00                 | 0.00                                                     | 8.00  |
| 9.00                                     | Physical Therapy Supervisor                                                                                             |                                                       |               | 0.00                                        | 0.00                 | 0.00                                                     | 9.00  |
| 10.00                                    | Occupational Therapy Service                                                                                            |                                                       |               | 0.00                                        | 0.00                 | 0.00                                                     | 10.00 |
| 11.00                                    | Occupational Therapy Supervisor                                                                                         |                                                       |               | 0.00                                        | 0.00                 | 0.00                                                     | 11.00 |
| 12.00                                    | Speech Pathology Service                                                                                                |                                                       |               | 0.00                                        | 0.00                 | 0.00                                                     | 12.00 |
| 13.00                                    | Speech Pathology Supervisor                                                                                             |                                                       |               | 0.00                                        | 0.00                 | 0.00                                                     | 13.00 |
| 14.00                                    | Medical Social Service                                                                                                  |                                                       |               | 0.00                                        | 0.00                 | 0.00                                                     | 14.00 |
| 15.00                                    | Medical Social Service Supervisor                                                                                       |                                                       |               | 0.00                                        | 0.00                 | 0.00                                                     | 15.00 |
| 16.00                                    | Home Health Aide                                                                                                        |                                                       |               | 0.00                                        | 0.00                 | 0.00                                                     | 16.00 |
| 17.00                                    | Home Health Aide Supervisor                                                                                             |                                                       |               | 0.00                                        | 0.00                 | 0.00                                                     | 17.00 |
| 18.00                                    | Other (specify)                                                                                                         |                                                       |               | 0.00                                        | 0.00                 | 0.00                                                     | 18.00 |
| HOME HEALTH AGENCY CBSA CODES            |                                                                                                                         |                                                       |               |                                             |                      |                                                          |       |
| 19.00                                    | Enter in column 1 the number of CBSAs where<br>you provided services during the cost<br>reporting period.               |                                                       |               | 1                                           |                      |                                                          | 19.00 |
| 20.00                                    | List those CBSA code(s) in column 1 serviced<br>during this cost reporting period (line 20<br>contains the first code). | 37900                                                 |               |                                             |                      |                                                          | 20.00 |
|                                          |                                                                                                                         | Full Episodes                                         |               | LUPA Episodes                               | PEP Only<br>Episodes | Total (cols.<br>1-4)                                     |       |
|                                          |                                                                                                                         | Without<br>Outliers                                   | With Outliers |                                             |                      |                                                          |       |
|                                          |                                                                                                                         | 1.00                                                  | 2.00          | 3.00                                        | 4.00                 | 5.00                                                     |       |
| PPS ACTIVITY DATA                        |                                                                                                                         |                                                       |               |                                             |                      |                                                          |       |
| 21.00                                    | Skilled Nursing Visits                                                                                                  | 9,729                                                 | 1,199         | 355                                         | 188                  | 11,471                                                   | 21.00 |
| 22.00                                    | Skilled Nursing Visit Charges                                                                                           | 1,756,675                                             | 217,319       | 64,344                                      | 34,075               | 2,072,413                                                | 22.00 |
| 23.00                                    | Physical Therapy Visits                                                                                                 | 11,527                                                | 385           | 118                                         | 224                  | 12,254                                                   | 23.00 |
| 24.00                                    | Physical Therapy Visit Charges                                                                                          | 2,167,076                                             | 72,380        | 22,184                                      | 42,112               | 2,303,752                                                | 24.00 |
| 25.00                                    | Occupational Therapy Visits                                                                                             | 3,201                                                 | 206           | 16                                          | 58                   | 3,481                                                    | 25.00 |
| 26.00                                    | Occupational Therapy Visit Charges                                                                                      | 601,600                                               | 38,728        | 3,008                                       | 10,904               | 654,240                                                  | 26.00 |
| 27.00                                    | Speech Pathology Visits                                                                                                 | 418                                                   | 15            | 9                                           | 6                    | 448                                                      | 27.00 |
| 28.00                                    | Speech Pathology Visit Charges                                                                                          | 78,584                                                | 2,820         | 1,692                                       | 1,128                | 84,224                                                   | 28.00 |
| 29.00                                    | Medical Social Service Visits                                                                                           | 112                                                   | 9             | 2                                           | 5                    | 128                                                      | 29.00 |
| 30.00                                    | Medical Social Service Visit Charges                                                                                    | 25,200                                                | 2,025         | 450                                         | 1,125                | 28,800                                                   | 30.00 |
| 31.00                                    | Home Health Aide Visits                                                                                                 | 1,968                                                 | 198           | 3                                           | 24                   | 2,193                                                    | 31.00 |
| 32.00                                    | Home Health Aide Visit Charges                                                                                          | 178,104                                               | 17,919        | 272                                         | 2,172                | 198,467                                                  | 32.00 |
| 33.00                                    | Total visits (sum of lines 21, 23, 25, 27,<br>29, and 31)                                                               | 26,955                                                | 2,012         | 503                                         | 505                  | 29,975                                                   | 33.00 |
| 34.00                                    | Other Charges                                                                                                           | 0                                                     | 0             | 0                                           | 0                    | 0                                                        | 34.00 |
| 35.00                                    | Total Charges (sum of lines 22, 24, 26, 28,<br>30, 32, and 34)                                                          | 4,807,239                                             | 351,191       | 91,950                                      | 91,516               | 5,341,896                                                | 35.00 |
| 36.00                                    | Total Number of Episodes (standard/non<br>outlier)                                                                      | 1,700                                                 |               | 180                                         | 36                   | 1,916                                                    | 36.00 |
| 37.00                                    | Total Number of Outlier Episodes                                                                                        |                                                       | 54            |                                             | 4                    | 58                                                       | 37.00 |
| 38.00                                    | Total Non-Routine Medical Supply Charges                                                                                | 179,941                                               | 48,217        | 7,949                                       | 3,105                | 239,212                                                  | 38.00 |

## HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0209

Period:

Worksheet S-9

Hospice CCN: 14-1537

From 01/01/2019

PARTS I THROUGH IV

To 12/31/2019

Date/Time Prepared:

Hospice I

8/5/2020 1:45 pm

|      |                                                                                      | Unduplicated Days | Hospice I |                                      |                            |           |                               |      |  |
|------|--------------------------------------------------------------------------------------|-------------------|-----------|--------------------------------------|----------------------------|-----------|-------------------------------|------|--|
|      |                                                                                      | Title XVIII       | Title XIX | Title XVIII Skilled Nursing Facility | Title XIX Nursing Facility | All Other | Total (sum of cols. 1, 2 & 5) |      |  |
|      |                                                                                      | 1.00              | 2.00      | 3.00                                 | 4.00                       | 5.00      | 6.00                          |      |  |
|      | PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015 |                   |           |                                      |                            |           |                               |      |  |
| 1.00 | Hospice Continuous Home Care                                                         |                   |           |                                      |                            |           |                               | 1.00 |  |
| 2.00 | Hospice Routine Home Care                                                            |                   |           |                                      |                            |           |                               | 2.00 |  |
| 3.00 | Hospice Inpatient Respite Care                                                       |                   |           |                                      |                            |           |                               | 3.00 |  |
| 4.00 | Hospice General Inpatient Care                                                       |                   |           |                                      |                            |           |                               | 4.00 |  |
| 5.00 | Total Hospice Days                                                                   |                   |           |                                      |                            |           |                               | 5.00 |  |
|      | Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015    |                   |           |                                      |                            |           |                               |      |  |
| 6.00 | Number of patients receiving hospice care                                            |                   |           |                                      |                            |           |                               | 6.00 |  |
| 7.00 | Total number of unduplicated Continuous Care hours billable to Medicare              |                   |           |                                      |                            |           |                               | 7.00 |  |
| 8.00 | Average Length of Stay (line 5 / line 6)                                             |                   |           |                                      |                            |           |                               | 8.00 |  |
| 9.00 | Unduplicated census count                                                            |                   |           |                                      |                            |           |                               | 9.00 |  |

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

|       |                                                                                                        | Title XVIII | Title XIX | Other | Total (sum of<br>cols. 1<br>through 3) |       |
|-------|--------------------------------------------------------------------------------------------------------|-------------|-----------|-------|----------------------------------------|-------|
|       |                                                                                                        | 1.00        | 2.00      | 3.00  | 4.00                                   |       |
|       | PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015            |             |           |       |                                        |       |
| 10.00 | Hospice Continuous Home Care                                                                           | 0           | 0         | 0     | 0                                      | 10.00 |
| 11.00 | Hospice Routine Home Care                                                                              | 30,125      | 0         | 0     | 30,125                                 | 11.00 |
| 12.00 | Hospice Inpatient Respite Care                                                                         | 62          | 0         | 0     | 62                                     | 12.00 |
| 13.00 | Hospice General Inpatient Care                                                                         | 359         | 0         | 0     | 359                                    | 13.00 |
| 14.00 | Total Hospice Days                                                                                     | 30,546      | 0         | 0     | 30,546                                 | 14.00 |
|       | PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015 |             |           |       |                                        |       |
| 15.00 | Hospice Inpatient Respite Care                                                                         | 0           | 0         | 0     | 0                                      | 15.00 |
| 16.00 | Hospice General Inpatient Care                                                                         | 0           | 0         | 0     | 0                                      | 16.00 |

## HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0209

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

Worksheet S-10

Date/Time Prepared:  
8/5/2020 1:45 pm

|                                                                                                                                          |                                                                                                                                                                             |           |                         |                  |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|------------------|
|                                                                                                                                          |                                                                                                                                                                             |           | 1.00                    |                  |
| Uncompensated and indigent care cost computation                                                                                         |                                                                                                                                                                             |           |                         |                  |
| 1.00                                                                                                                                     | Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)                                                                                   |           | 0.201397                | 1.00             |
| Medicaid (see instructions for each line)                                                                                                |                                                                                                                                                                             |           |                         |                  |
| 2.00                                                                                                                                     | Net revenue from Medicaid                                                                                                                                                   |           | 26,518,741              | 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                                                                                                                                                            |           | 255,611,293             | 6.00             |
| 7.00                                                                                                                                     | Medicaid cost (line 1 times line 6)                                                                                                                                         |           | 51,479,348              | 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)                                                |           | 24,960,607              | 8.00             |
| Children's Health Insurance Program (CHIP) (see instructions for each line)                                                              |                                                                                                                                                                             |           |                         |                  |
| 9.00                                                                                                                                     | Net revenue from stand-alone CHIP                                                                                                                                           |           | 0                       | 9.00             |
| 10.00                                                                                                                                    | Stand-alone CHIP charges                                                                                                                                                    |           | 0                       | 10.00            |
| 11.00                                                                                                                                    | Stand-alone CHIP cost (line 1 times line 10)                                                                                                                                |           | 0                       | 11.00            |
| 12.00                                                                                                                                    | Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)                                                             |           | 0                       | 12.00            |
| Other state or local government indigent care program (see instructions for each line)                                                   |                                                                                                                                                                             |           |                         |                  |
| 13.00                                                                                                                                    | Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)                                                                                     |           | 0                       | 13.00            |
| 14.00                                                                                                                                    | Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)                                                                     |           | 0                       | 14.00            |
| 15.00                                                                                                                                    | State or local indigent care program cost (line 1 times line 14)                                                                                                            |           | 0                       | 15.00            |
| 16.00                                                                                                                                    | Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)                                        |           | 0                       | 16.00            |
| Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line) |                                                                                                                                                                             |           |                         |                  |
| 17.00                                                                                                                                    | Private grants, donations, or endowment income restricted to funding charity care                                                                                           |           | 0                       | 17.00            |
| 18.00                                                                                                                                    | Government grants, appropriations or transfers for support of hospital operations                                                                                           |           | 0                       | 18.00            |
| 19.00                                                                                                                                    | Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)                                                           |           | 24,960,607              | 19.00            |
|                                                                                                                                          |                                                                                                                                                                             |           | Uninsured patients      | Insured patients |
|                                                                                                                                          |                                                                                                                                                                             |           | 1.00                    | 2.00             |
|                                                                                                                                          |                                                                                                                                                                             |           | Total (col. 1 + col. 2) |                  |
|                                                                                                                                          |                                                                                                                                                                             |           | 3.00                    |                  |
| Uncompensated Care (see instructions for each line)                                                                                      |                                                                                                                                                                             |           |                         |                  |
| 20.00                                                                                                                                    | Charity care charges and uninsured discounts for the entire facility (see instructions)                                                                                     | 6,695,796 | 3,741,965               | 10,437,761       |
| 21.00                                                                                                                                    | Cost of patients approved for charity care and uninsured discounts (see instructions)                                                                                       | 1,348,513 | 3,741,965               | 5,090,478        |
| 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)                                                                                                                                | 1,348,513 | 3,741,965               | 5,090,478        |
|                                                                                                                                          |                                                                                                                                                                             |           | 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)                                                                                                   |           | 14,024,089              | 26.00            |
| 27.00                                                                                                                                    | Medicare reimbursable bad debts for the entire hospital complex (see instructions)                                                                                          |           | 838,147                 | 27.00            |
| 27.01                                                                                                                                    | Medicare allowable bad debts for the entire hospital complex (see instructions)                                                                                             |           | 1,289,457               | 27.01            |
| 28.00                                                                                                                                    | Non-Medicare bad debt expense (see instructions)                                                                                                                            |           | 12,734,632              | 28.00            |
| 29.00                                                                                                                                    | Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)                                                                                      |           | 3,016,027               | 29.00            |
| 30.00                                                                                                                                    | Cost of uncompensated care (line 23 column 3 plus line 29)                                                                                                                  |           | 8,106,505               | 30.00            |
| 31.00                                                                                                                                    | Total unreimbursed and uncompensated care cost (line 19 plus line 30)                                                                                                       |           | 33,067,112              | 31.00            |

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0209

Period:

From 01/01/2019  
To 12/31/2019

Worksheet A

Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description                       |       |                                         | Salaries   | Other      | Total (col. 1<br>+ col. 2) | Reclassificati<br>ons (See A-6) | Reclassified<br>Trial Balance<br>(col. 3 +-<br>col. 4) |       |
|-----------------------------------------------|-------|-----------------------------------------|------------|------------|----------------------------|---------------------------------|--------------------------------------------------------|-------|
|                                               |       |                                         | 1.00       | 2.00       | 3.00                       | 4.00                            | 5.00                                                   |       |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                         |            |            |                            |                                 |                                                        |       |
| 1.00                                          | 00100 | CAP REL COSTS-BLDG & FIXT               |            | 6,709,316  | 6,709,316                  | 282,852                         | 6,992,168                                              | 1.00  |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP               |            | 0          | 0                          | 1,109,361                       | 1,109,361                                              | 2.00  |
| 3.00                                          | 00300 | OTHER CAPITAL RELATED COSTS             |            | 0          | 0                          | 0                               | 0                                                      | 3.00  |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT            | 2,954,672  | 649,106    | 3,603,778                  | -982,406                        | 2,621,372                                              | 4.00  |
| 4.01                                          | 00401 | PARKING                                 | 344,513    | 443,998    | 788,511                    | -700,175                        | 88,336                                                 | 4.01  |
| 5.00                                          | 00500 | ADMINISTRATIVE & GENERAL                | 1,859,915  | 24,675,482 | 26,535,397                 | -374,603                        | 26,160,794                                             | 5.00  |
| 6.00                                          | 00600 | MAINTENANCE & REPAIRS                   | 1,722,730  | 1,429,867  | 3,152,597                  | 0                               | 3,152,597                                              | 6.00  |
| 7.00                                          | 00700 | OPERATION OF PLANT                      | 1,171,284  | 9,502,265  | 10,673,549                 | -19                             | 10,673,530                                             | 7.00  |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE                 | 104,098    | 110,185    | 214,283                    | 0                               | 214,283                                                | 8.00  |
| 9.00                                          | 00900 | HOUSEKEEPING                            | 2,008,707  | 1,419,166  | 3,427,873                  | -29                             | 3,427,844                                              | 9.00  |
| 10.00                                         | 01000 | DIETARY                                 | 1,193,291  | 561,172    | 1,754,463                  | -13,530                         | 1,740,933                                              | 10.00 |
| 11.00                                         | 01100 | CAFETERIA                               | 1,495,196  | 1,921,141  | 3,416,337                  | -5,071                          | 3,411,266                                              | 11.00 |
| 12.00                                         | 01200 | MAINTENANCE OF PERSONNEL                | 0          | 0          | 0                          | 0                               | 0                                                      | 12.00 |
| 13.00                                         | 01300 | NURSING ADMINISTRATION                  | 793,654    | 184,822    | 978,476                    | 0                               | 978,476                                                | 13.00 |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY               | 695,929    | -1,616,798 | -920,869                   | -222,799                        | -1,143,668                                             | 14.00 |
| 15.00                                         | 01500 | PHARMACY                                | 4,526,051  | 11,251,529 | 15,777,580                 | -9,789,599                      | 5,987,981                                              | 15.00 |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY               | 0          | 0          | 0                          | 0                               | 0                                                      | 16.00 |
| 17.00                                         | 01700 | SOCIAL SERVICE                          | 0          | 0          | 0                          | 0                               | 0                                                      | 17.00 |
| 19.00                                         | 01900 | NONPHYSICIAN ANESTHETISTS               | 0          | 0          | 0                          | 0                               | 0                                                      | 19.00 |
| 20.00                                         | 02000 | NURSING SCHOOL                          | 6,571,771  | 5,969,684  | 12,541,455                 | -53,272                         | 12,488,183                                             | 20.00 |
| 21.00                                         | 02100 | I&R SRVCS-SALARY & FRINGES APPRVD       | 5,347,430  | 3,551,041  | 8,898,471                  | -2,085,502                      | 6,812,969                                              | 21.00 |
| 22.00                                         | 02200 | I&R SRVCS-OTHER PRGM COSTS APPRVD       | 0          | 0          | 0                          | 2,085,342                       | 2,085,342                                              | 22.00 |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                         |            |            |                            |                                 |                                                        |       |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                     | 16,075,174 | 7,794,867  | 23,870,041                 | -4,003,660                      | 19,866,381                                             | 30.00 |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                     | 1,569,285  | 908,359    | 2,477,644                  | 2,003,784                       | 4,481,428                                              | 31.00 |
| 34.00                                         | 03400 | SURGICAL INTENSIVE CARE UNIT            | 1,666,520  | 879,569    | 2,546,089                  | -2,153,654                      | 392,435                                                | 34.00 |
| 40.00                                         | 04000 | SUBPROVIDER - IPF                       | 4,364,268  | 1,693,707  | 6,057,975                  | 278,055                         | 6,336,030                                              | 40.00 |
| 41.00                                         | 04100 | SUBPROVIDER - IRF                       | 1,516,933  | 1,226,741  | 2,743,674                  | -642,677                        | 2,100,997                                              | 41.00 |
| 43.00                                         | 04300 | NURSERY                                 | 1,485,422  | 1,557,452  | 3,042,874                  | -645,843                        | 2,397,031                                              | 43.00 |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                         |            |            |                            |                                 |                                                        |       |
| 50.00                                         | 05000 | OPERATING ROOM                          | 7,337,295  | 30,452,909 | 37,790,204                 | -17,860,341                     | 19,929,863                                             | 50.00 |
| 51.00                                         | 05100 | RECOVERY ROOM                           | 1,868,142  | 741,616    | 2,609,758                  | -162,195                        | 2,447,563                                              | 51.00 |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM              | 2,531,643  | 2,487,730  | 5,019,373                  | -1,806,564                      | 3,212,809                                              | 52.00 |
| 53.00                                         | 05300 | ANESTHESIOLOGY                          | 11,132,815 | 3,623,327  | 14,756,142                 | -313,954                        | 14,442,188                                             | 53.00 |
| 53.01                                         | 03950 | PAIN CLINIC                             | 445,712    | 621,549    | 1,067,261                  | -760,708                        | 306,553                                                | 53.01 |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                    | 3,810,620  | 3,442,608  | 7,253,228                  | -1,032,315                      | 6,220,913                                              | 54.00 |
| 54.01                                         | 05401 | NORTHSIDE IMAGING                       | 90,129     | 36,122     | 126,251                    | 357,980                         | 484,231                                                | 54.01 |
| 54.02                                         | 05402 | NORTHSIDE MAMMOGRAPHY                   | 51,591     | 58,602     | 110,193                    | 187,326                         | 297,519                                                | 54.02 |
| 54.03                                         | 05403 | NORTHSIDE ULTRASOUND                    | 33,512     | 16,066     | 49,578                     | 71,985                          | 121,563                                                | 54.03 |
| 54.04                                         | 05404 | NORTHSIDE CARDIO                        | 0          | 0          | 0                          | 0                               | 0                                                      | 54.04 |
| 54.05                                         | 05405 | NORTHSIDE ADMIN                         | 0          | 1,177,054  | 1,177,054                  | -1,177,054                      | 0                                                      | 54.05 |
| 55.00                                         | 05500 | RADIOLOGY-THERAPEUTIC                   | 1,147,531  | 1,426,855  | 2,574,386                  | -127,107                        | 2,447,279                                              | 55.00 |
| 56.00                                         | 05600 | RADIOISOTOPE                            | 0          | 0          | 0                          | 0                               | 0                                                      | 56.00 |
| 56.01                                         | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 384,708    | 1,019,385  | 1,404,093                  | -26,509                         | 1,377,584                                              | 56.01 |
| 57.00                                         | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 494,582    | 338,759    | 833,341                    | 56,550                          | 889,891                                                | 57.00 |
| 57.01                                         | 05701 | NORTHSIDE CT                            | 72,737     | 73,519     | 146,256                    | 199,923                         | 346,179                                                | 57.01 |
| 58.00                                         | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 404,886    | 253,133    | 658,019                    | -3,986                          | 654,033                                                | 58.00 |
| 58.01                                         | 05801 | NORTHSIDE MRI                           | 106,388    | 99,001     | 205,389                    | 342,411                         | 547,800                                                | 58.01 |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION                 | 0          | 0          | 0                          | 798,081                         | 798,081                                                | 59.00 |
| 60.00                                         | 06000 | LABORATORY                              | 6,159,027  | 13,578,465 | 19,737,492                 | -1,335,108                      | 18,402,384                                             | 60.00 |
| 60.01                                         | 06001 | NORTHSIDE LAB                           | 0          | 0          | 0                          | 0                               | 0                                                      | 60.01 |
| 62.30                                         | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0          | 0          | 0                          | 0                               | 0                                                      | 62.30 |
| 63.00                                         | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 0          | 0          | 0                          | 1,115,073                       | 1,115,073                                              | 63.00 |
| 64.00                                         | 06400 | INTRAVENOUS THERAPY                     | 218,788    | 101,630    | 320,418                    | 2,467,313                       | 2,787,731                                              | 64.00 |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                     | 1,422,986  | 641,105    | 2,064,091                  | -405,662                        | 1,658,429                                              | 65.00 |
| 66.00                                         | 06600 | PHYSICAL THERAPY                        | 0          | 2,093,636  | 2,093,636                  | -573,250                        | 1,520,386                                              | 66.00 |
| 67.00                                         | 06700 | OCCUPATIONAL THERAPY                    | 0          | 0          | 0                          | 697,031                         | 697,031                                                | 67.00 |
| 68.00                                         | 06800 | SPEECH PATHOLOGY                        | 0          | 0          | 0                          | 619,611                         | 619,611                                                | 68.00 |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                       | 0          | 0          | 0                          | 250,011                         | 250,011                                                | 69.00 |
| 70.00                                         | 07000 | ELECTROENCEPHALOGRAPHY                  | 741,250    | 387,699    | 1,128,949                  | -36,968                         | 1,091,981                                              | 70.00 |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 0          | 0          | 0                          | 1,453,343                       | 1,453,343                                              | 71.00 |
| 72.00                                         | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 0          | 0          | 0                          | 17,504,775                      | 17,504,775                                             | 72.00 |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS               | 0          | 0          | 0                          | 11,551,856                      | 11,551,856                                             | 73.00 |
| 74.00                                         | 07400 | RENAL DIALYSIS                          | 249,512    | 347,807    | 597,319                    | -50,280                         | 547,039                                                | 74.00 |
| 76.00                                         | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 447,387    | 166,402    | 613,789                    | -6,694                          | 607,095                                                | 76.00 |
| 76.01                                         | 03340 | GASTRO INTESTINAL SERVICES              | 91,296     | 253,093    | 344,389                    | 708,921                         | 1,053,310                                              | 76.01 |
| 76.02                                         | 03140 | CARDIOLOGY                              | 538,211    | 443,820    | 982,031                    | -70,325                         | 911,706                                                | 76.02 |
| 76.03                                         | 03560 | PULMONARY FUNCTION TESTING              | 0          | 0          | 0                          | 142,861                         | 142,861                                                | 76.03 |
| 76.97                                         | 07697 | CARDIAC REHABILITATION                  | 6,324      | 4,077      | 10,401                     | 0                               | 10,401                                                 | 76.97 |
| 76.98                                         | 07698 | HYPERBARIC OXYGEN THERAPY               | 0          | 0          | 0                          | 789,467                         | 789,467                                                | 76.98 |

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0209

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

Worksheet A

Date/Time Prepared:  
8/5/2020 1:45 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                                                  |        |
| 76.99                           | 07699 | LITHOTRIPSY                            | 0           | 11,064      | 11,064                     | -11,300                         | -236                                                  | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |       |                                        |             |             |                            |                                 |                                                       |        |
| 90.00                           | 09000 | CLINIC                                 | 1,574,126   | 1,316,329   | 2,890,455                  | 1,357,118                       | 4,247,573                                             | 90.00  |
| 90.01                           | 09001 | CHILLI FAMILY PHYSICIANS               | 0           | -69,069     | -69,069                    | 70,485                          | 1,416                                                 | 90.01  |
| 90.02                           | 09005 | CLINIC                                 | 0           | 0           | 0                          | 0                               | 0                                                     | 90.02  |
| 90.03                           | 09002 | PHYSICIAN OFFICES                      | 30,120,034  | 9,040,686   | 39,160,720                 | 1,066,277                       | 40,226,997                                            | 90.03  |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM   | 944,064     | 241,905     | 1,185,969                  | -12,336                         | 1,173,633                                             | 90.06  |
| 90.07                           | 09004 | WOUND CARE CENTER                      | 1,122,010   | 832,539     | 1,954,549                  | -945,881                        | 1,008,668                                             | 90.07  |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                    | 4,609,345   | 1,093,449   | 5,702,794                  | 162,548                         | 5,865,342                                             | 90.08  |
| 90.09                           | 09009 | NEUROLOGY CLINIC                       | 1,741,758   | 480,136     | 2,221,894                  | -45,603                         | 2,176,291                                             | 90.09  |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                | 1,257,191   | 472,501     | 1,729,692                  | -37,375                         | 1,692,317                                             | 90.10  |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC        | 553,620     | 191,858     | 745,478                    | -10                             | 745,468                                               | 90.11  |
| 90.12                           | 09012 | VASCULAR CLINIC                        | 132,333     | 884,924     | 1,017,257                  | -141                            | 1,017,116                                             | 90.12  |
| 90.13                           | 09013 | ONCOLOGY CLINIC                        | 146,342     | 211,958     | 358,300                    | -216                            | 358,084                                               | 90.13  |
| 91.00                           | 09100 | EMERGENCY                              | 5,480,324   | 10,450,232  | 15,930,556                 | -818,338                        | 15,112,218                                            | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS                       |             |             |                            |                                 |                                                       | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |       |                                        |             |             |                            |                                 |                                                       |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                     | 0           | 11,149      | 11,149                     | -11,149                         | 0                                                     | 95.00  |
| 101.00                          | 10100 | HOME HEALTH AGENCY                     | 4,616,914   | 4,347,887   | 8,964,801                  | -108,659                        | 8,856,142                                             | 101.00 |
| SPECIAL PURPOSE COST CENTERS    |       |                                        |             |             |                            |                                 |                                                       |        |
| 113.00                          | 11300 | INTEREST EXPENSE                       |             | 4,619,421   | 4,619,421                  | 0                               | 4,619,421                                             | 113.00 |
| 116.00                          | 11600 | HOSPICE                                | 1,930,226   | 2,290,567   | 4,220,793                  | 0                               | 4,220,793                                             | 116.00 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117) | 151,482,202 | 181,136,176 | 332,618,378                | -1,682,527                      | 330,935,851                                           | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                        |             |             |                            |                                 |                                                       |        |
| 191.00                          | 19100 | RESEARCH                               | 282,451     | 994,183     | 1,276,634                  | 0                               | 1,276,634                                             | 191.00 |
| 192.00                          | 19200 | PHYSICIANS' PRIVATE OFFICES            | 0           | 0           | 0                          | 0                               | 0                                                     | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                        | 0           | 0           | 0                          | 0                               | 0                                                     | 193.00 |
| 194.00                          | 07950 | HEARTLAND PHARMACY                     | 0           | 0           | 0                          | 0                               | 0                                                     | 194.00 |
| 194.01                          | 07951 | FOUNDATION                             | 0           | 4,360       | 4,360                      | 0                               | 4,360                                                 | 194.01 |
| 194.02                          | 07952 | WELLNESS CENTER                        | 233,566     | 550,313     | 783,879                    | 0                               | 783,879                                               | 194.02 |
| 194.03                          | 07954 | CAPITAL LABOR                          | 0           | 0           | 0                          | 0                               | 0                                                     | 194.03 |
| 194.05                          | 07953 | OTHER NON-REIMBURSABLE                 | 0           | 0           | 0                          | 1,682,527                       | 1,682,527                                             | 194.05 |
| 200.00                          |       | TOTAL (SUM OF LINES 118 through 199)   | 151,998,219 | 182,685,032 | 334,683,251                | 0                               | 334,683,251                                           | 200.00 |

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0209

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

Worksheet A

Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description                |       |                                         | Adjustments<br>(See A-8) | Net Expenses<br>For Allocation |       |
|----------------------------------------|-------|-----------------------------------------|--------------------------|--------------------------------|-------|
|                                        |       |                                         | 6.00                     | 7.00                           |       |
| GENERAL SERVICE COST CENTERS           |       |                                         |                          |                                |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT               | 0                        | 6,992,168                      | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP               | 0                        | 1,109,361                      | 2.00  |
| 3.00                                   | 00300 | OTHER CAPITAL RELATED COSTS             | 0                        | 0                              | 3.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT            | 10,487,834               | 13,109,206                     | 4.00  |
| 4.01                                   | 00401 | PARKING                                 | 329,690                  | 418,026                        | 4.01  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL                | 52,503,358               | 78,664,152                     | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                   | 201,147                  | 3,353,744                      | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                      | 641,772                  | 11,315,302                     | 7.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                 | 0                        | 214,283                        | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                            | 12,235                   | 3,440,079                      | 9.00  |
| 10.00                                  | 01000 | DIETARY                                 | 0                        | 1,740,933                      | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                               | -1,542,479               | 1,868,787                      | 11.00 |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL                | 0                        | 0                              | 12.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                  | 6,210,442                | 7,188,918                      | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY               | 35,640                   | -1,108,028                     | 14.00 |
| 15.00                                  | 01500 | PHARMACY                                | -2,926,926               | 3,061,055                      | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY               | 1,694,492                | 1,694,492                      | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                          | 0                        | 0                              | 17.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS               | 0                        | 0                              | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                          | -12,488,183              | 0                              | 20.00 |
| 21.00                                  | 02100 | I&R SRVCES-SALARY & FRINGES APPRVD      | -238,497                 | 6,574,472                      | 21.00 |
| 22.00                                  | 02200 | I&R SRVCES-OTHER PRGM COSTS APPRVD      | 0                        | 2,085,342                      | 22.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                         |                          |                                |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                     | 65,422                   | 19,931,803                     | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                     | -550,736                 | 3,930,692                      | 31.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT            | 981                      | 393,416                        | 34.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                       | -12,279                  | 6,323,751                      | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                       | -74,563                  | 2,026,434                      | 41.00 |
| 43.00                                  | 04300 | NURSERY                                 | -1,037,587               | 1,359,444                      | 43.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                         |                          |                                |       |
| 50.00                                  | 05000 | OPERATING ROOM                          | -713,309                 | 19,216,554                     | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                           | 58,122                   | 2,505,685                      | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM              | -1,370,371               | 1,842,438                      | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                          | -11,720,018              | 2,722,170                      | 53.00 |
| 53.01                                  | 03950 | PAIN CLINIC                             | -112,523                 | 194,030                        | 53.01 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                    | 431,630                  | 6,652,543                      | 54.00 |
| 54.01                                  | 05401 | NORTHSIDE IMAGING                       | 12,606                   | 496,837                        | 54.01 |
| 54.02                                  | 05402 | NORTHSIDE MAMMOGRAPHY                   | 0                        | 297,519                        | 54.02 |
| 54.03                                  | 05403 | NORTHSIDE ULTRASOUND                    | 0                        | 121,563                        | 54.03 |
| 54.04                                  | 05404 | NORTHSIDE CARDIO                        | 0                        | 0                              | 54.04 |
| 54.05                                  | 05405 | NORTHSIDE ADMIN                         | 0                        | 0                              | 54.05 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                   | -280,645                 | 2,166,634                      | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                            | 0                        | 0                              | 56.00 |
| 56.01                                  | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | -45,238                  | 1,332,346                      | 56.01 |
| 57.00                                  | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 14,049                   | 903,940                        | 57.00 |
| 57.01                                  | 05701 | NORTHSIDE CT                            | 4,950                    | 351,129                        | 57.01 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | -2,809                   | 651,224                        | 58.00 |
| 58.01                                  | 05801 | NORTHSIDE MRI                           | 11,004                   | 558,804                        | 58.01 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                 | 0                        | 798,081                        | 59.00 |
| 60.00                                  | 06000 | LABORATORY                              | -573,224                 | 17,829,160                     | 60.00 |
| 60.01                                  | 06001 | NORTHSIDE LAB                           | 0                        | 0                              | 60.01 |
| 62.30                                  | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0                        | 0                              | 62.30 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 0                        | 1,115,073                      | 63.00 |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                     | 20,262                   | 2,807,993                      | 64.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                     | 2,049                    | 1,660,478                      | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                        | -127,692                 | 1,392,694                      | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                    | 0                        | 697,031                        | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                        | 0                        | 619,611                        | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                       | 0                        | 250,011                        | 69.00 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                  | -36,924                  | 1,055,057                      | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 0                        | 1,453,343                      | 71.00 |
| 72.00                                  | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 0                        | 17,504,775                     | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS               | 0                        | 11,551,856                     | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                          | -8,065                   | 538,974                        | 74.00 |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | -6,852                   | 600,243                        | 76.00 |
| 76.01                                  | 03340 | GASTRO INTESTINAL SERVICES              | 42,716                   | 1,096,026                      | 76.01 |
| 76.02                                  | 03140 | CARDIOLOGY                              | -9,218                   | 902,488                        | 76.02 |
| 76.03                                  | 03560 | PULMONARY FUNCTION TESTING              | 0                        | 142,861                        | 76.03 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                  | 0                        | 10,401                         | 76.97 |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY               | 0                        | 789,467                        | 76.98 |
| 76.99                                  | 07699 | LITHOTRIPSY                             | 0                        | -236                           | 76.99 |

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0209

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

Worksheet A

Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description         |                                            | Adjustments<br>(See A-8) | Net Expenses<br>For Allocation |        |
|---------------------------------|--------------------------------------------|--------------------------|--------------------------------|--------|
|                                 |                                            | 6.00                     | 7.00                           |        |
| OUTPATIENT SERVICE COST CENTERS |                                            |                          |                                |        |
| 90.00                           | 09000 CLINIC                               | -354,677                 | 3,892,896                      | 90.00  |
| 90.01                           | 09001 CHILLI FAMILY PHYSICIANS             | 0                        | 1,416                          | 90.01  |
| 90.02                           | 09005 CLINIC                               | 0                        | 0                              | 90.02  |
| 90.03                           | 09002 PHYSICIAN OFFICES                    | -28,727,505              | 11,499,492                     | 90.03  |
| 90.06                           | 09003 ENDOCRINOLOGY, DIABETES & METABOLISM | -659,170                 | 514,463                        | 90.06  |
| 90.07                           | 09004 WOUND CARE CENTER                    | -457,559                 | 551,109                        | 90.07  |
| 90.08                           | 09008 INTENSIVISTS CLINIC                  | -3,246,806               | 2,618,536                      | 90.08  |
| 90.09                           | 09009 NEUROLOGY CLINIC                     | -1,617,310               | 558,981                        | 90.09  |
| 90.10                           | 09010 MULTI-SPECIALITY CLINIC              | -988,953                 | 703,364                        | 90.10  |
| 90.11                           | 09011 PEDIATRICS-GASTROENTEROL CLINIC      | -573,394                 | 172,074                        | 90.11  |
| 90.12                           | 09012 VASCULAR CLINIC                      | -670,445                 | 346,671                        | 90.12  |
| 90.13                           | 09013 ONCOLOGY CLINIC                      | -109,411                 | 248,673                        | 90.13  |
| 91.00                           | 09100 EMERGENCY                            | -8,281,810               | 6,830,408                      | 91.00  |
| 92.00                           | 09200 OBSERVATION BEDS                     |                          |                                | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |                                            |                          |                                |        |
| 95.00                           | 09500 AMBULANCE SERVICES                   | 0                        | 0                              | 95.00  |
| 101.00                          | 10100 HOME HEALTH AGENCY                   | -182,916                 | 8,673,226                      | 101.00 |
| SPECIAL PURPOSE COST CENTERS    |                                            |                          |                                |        |
| 113.00                          | 11300 INTEREST EXPENSE                     | -4,619,421               | 0                              | 113.00 |
| 116.00                          | 11600 HOSPICE                              | -3,849                   | 4,216,944                      | 116.00 |
| 118.00                          | SUBTOTALS (SUM OF LINES 1 through 117)     | -11,590,963              | 319,344,888                    | 118.00 |
| NONREIMBURSABLE COST CENTERS    |                                            |                          |                                |        |
| 191.00                          | 19100 RESEARCH                             | -3,961                   | 1,272,673                      | 191.00 |
| 192.00                          | 19200 PHYSICIANS' PRIVATE OFFICES          | 0                        | 0                              | 192.00 |
| 193.00                          | 19300 NONPAID WORKERS                      | 0                        | 0                              | 193.00 |
| 194.00                          | 07950 HEARTLAND PHARMACY                   | 0                        | 0                              | 194.00 |
| 194.01                          | 07951 FOUNDATION                           | 0                        | 4,360                          | 194.01 |
| 194.02                          | 07952 WELLNESS CENTER                      | -119,391                 | 664,488                        | 194.02 |
| 194.03                          | 07954 CAPITAL LABOR                        | 0                        | 0                              | 194.03 |
| 194.05                          | 07953 OTHER NON-REIMBURSABLE               | 0                        | 1,682,527                      | 194.05 |
| 200.00                          | TOTAL (SUM OF LINES 118 through 199)       | -11,714,315              | 322,968,936                    | 200.00 |

## RECLASSIFICATIONS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet A-6  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Increases                    |                                         |        |       |            |       |
|------------------------------|-----------------------------------------|--------|-------|------------|-------|
| Cost Center                  | Line #                                  | Salary | Other |            |       |
| 2.00                         | 3.00                                    | 4.00   | 5.00  |            |       |
| A - MEDICAL SUPPLIES RECLASS |                                         |        |       |            |       |
| 1.00                         | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 71.00  | 0     | 1,453,343  | 1.00  |
| 2.00                         | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 72.00  | 0     | 17,504,775 | 2.00  |
| 3.00                         |                                         | 0.00   | 0     | 0          | 3.00  |
| 4.00                         |                                         | 0.00   | 0     | 0          | 4.00  |
| 5.00                         |                                         | 0.00   | 0     | 0          | 5.00  |
| 6.00                         |                                         | 0.00   | 0     | 0          | 6.00  |
| 7.00                         |                                         | 0.00   | 0     | 0          | 7.00  |
| 8.00                         |                                         | 0.00   | 0     | 0          | 8.00  |
| 9.00                         |                                         | 0.00   | 0     | 0          | 9.00  |
| 10.00                        |                                         | 0.00   | 0     | 0          | 10.00 |
| 11.00                        |                                         | 0.00   | 0     | 0          | 11.00 |
| 12.00                        |                                         | 0.00   | 0     | 0          | 12.00 |
| 13.00                        |                                         | 0.00   | 0     | 0          | 13.00 |
| 14.00                        |                                         | 0.00   | 0     | 0          | 14.00 |
| 15.00                        |                                         | 0.00   | 0     | 0          | 15.00 |
| 16.00                        |                                         | 0.00   | 0     | 0          | 16.00 |
| 17.00                        |                                         | 0.00   | 0     | 0          | 17.00 |
| 18.00                        |                                         | 0.00   | 0     | 0          | 18.00 |
| 19.00                        |                                         | 0.00   | 0     | 0          | 19.00 |
| 20.00                        |                                         | 0.00   | 0     | 0          | 20.00 |
| 21.00                        |                                         | 0.00   | 0     | 0          | 21.00 |
| 22.00                        |                                         | 0.00   | 0     | 0          | 22.00 |
| 23.00                        |                                         | 0.00   | 0     | 0          | 23.00 |
| 24.00                        |                                         | 0.00   | 0     | 0          | 24.00 |
| 25.00                        |                                         | 0.00   | 0     | 0          | 25.00 |
| 26.00                        |                                         | 0.00   | 0     | 0          | 26.00 |
| 27.00                        |                                         | 0.00   | 0     | 0          | 27.00 |
| 28.00                        |                                         | 0.00   | 0     | 0          | 28.00 |
| 29.00                        |                                         | 0.00   | 0     | 0          | 29.00 |
| 30.00                        |                                         | 0.00   | 0     | 0          | 30.00 |
| 31.00                        |                                         | 0.00   | 0     | 0          | 31.00 |
| 32.00                        |                                         | 0.00   | 0     | 0          | 32.00 |
| 33.00                        |                                         | 0.00   | 0     | 0          | 33.00 |
| 34.00                        |                                         | 0.00   | 0     | 0          | 34.00 |
| 35.00                        |                                         | 0.00   | 0     | 0          | 35.00 |
| 36.00                        |                                         | 0.00   | 0     | 0          | 36.00 |
| 37.00                        |                                         | 0.00   | 0     | 0          | 37.00 |
| 38.00                        |                                         | 0.00   | 0     | 0          | 38.00 |
| 39.00                        |                                         | 0.00   | 0     | 0          | 39.00 |
| 40.00                        |                                         | 0.00   | 0     | 0          | 40.00 |
| 41.00                        |                                         | 0.00   | 0     | 0          | 41.00 |
| 42.00                        |                                         | 0.00   | 0     | 0          | 42.00 |
| 43.00                        |                                         | 0.00   | 0     | 0          | 43.00 |
| 44.00                        |                                         | 0.00   | 0     | 0          | 44.00 |
| 0                            |                                         |        | 0     | 18,958,118 |       |
| B - DRUGS                    |                                         |        |       |            |       |
| 1.00                         | DRUGS CHARGED TO PATIENTS               | 73.00  | 0     | 11,551,856 | 1.00  |
| 2.00                         | CHILLI FAMILY PHYSICIANS                | 90.01  | 0     | 70,485     | 2.00  |
| 3.00                         | CENTRAL SERVICES & SUPPLY               | 14.00  | 0     | 33,191     | 3.00  |
| 4.00                         |                                         | 0.00   | 0     | 0          | 4.00  |
| 5.00                         |                                         | 0.00   | 0     | 0          | 5.00  |
| 6.00                         |                                         | 0.00   | 0     | 0          | 6.00  |
| 7.00                         |                                         | 0.00   | 0     | 0          | 7.00  |
| 8.00                         |                                         | 0.00   | 0     | 0          | 8.00  |
| 9.00                         |                                         | 0.00   | 0     | 0          | 9.00  |
| 10.00                        |                                         | 0.00   | 0     | 0          | 10.00 |
| 11.00                        |                                         | 0.00   | 0     | 0          | 11.00 |
| 12.00                        |                                         | 0.00   | 0     | 0          | 12.00 |
| 13.00                        |                                         | 0.00   | 0     | 0          | 13.00 |
| 14.00                        |                                         | 0.00   | 0     | 0          | 14.00 |
| 15.00                        |                                         | 0.00   | 0     | 0          | 15.00 |
| 16.00                        |                                         | 0.00   | 0     | 0          | 16.00 |
| 17.00                        |                                         | 0.00   | 0     | 0          | 17.00 |
| 18.00                        |                                         | 0.00   | 0     | 0          | 18.00 |
| 19.00                        |                                         | 0.00   | 0     | 0          | 19.00 |
| 20.00                        |                                         | 0.00   | 0     | 0          | 20.00 |
| 21.00                        |                                         | 0.00   | 0     | 0          | 21.00 |
| 22.00                        |                                         | 0.00   | 0     | 0          | 22.00 |
| 23.00                        |                                         | 0.00   | 0     | 0          | 23.00 |
| 24.00                        |                                         | 0.00   | 0     | 0          | 24.00 |
| 25.00                        |                                         | 0.00   | 0     | 0          | 25.00 |

## RECLASSIFICATIONS

Provider CCN: 14-0209

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

Worksheet A-6

Date/Time Prepared:  
8/5/2020 1:45 pm

|                                   |                            | Increases   |           |           |            |       |
|-----------------------------------|----------------------------|-------------|-----------|-----------|------------|-------|
|                                   |                            | Cost Center | Line #    | Salary    | Other      |       |
|                                   |                            | 2.00        | 3.00      | 4.00      | 5.00       |       |
| 26.00                             |                            |             | 0.00      | 0         | 0          | 26.00 |
| 27.00                             |                            |             | 0.00      | 0         | 0          | 27.00 |
| 28.00                             |                            |             | 0.00      | 0         | 0          | 28.00 |
| 29.00                             |                            |             | 0.00      | 0         | 0          | 29.00 |
| 30.00                             |                            |             | 0.00      | 0         | 0          | 30.00 |
| 31.00                             |                            |             | 0.00      | 0         | 0          | 31.00 |
| 32.00                             |                            |             | 0.00      | 0         | 0          | 32.00 |
| 33.00                             |                            |             | 0.00      | 0         | 0          | 33.00 |
| 34.00                             |                            |             | 0.00      | 0         | 0          | 34.00 |
| 35.00                             |                            |             | 0.00      | 0         | 0          | 35.00 |
| 36.00                             |                            |             | 0.00      | 0         | 0          | 36.00 |
| 37.00                             |                            |             | 0.00      | 0         | 0          | 37.00 |
| 38.00                             |                            |             | 0.00      | 0         | 0          | 38.00 |
| 39.00                             |                            |             | 0.00      | 0         | 0          | 39.00 |
| 40.00                             |                            |             | 0.00      | 0         | 0          | 40.00 |
| 41.00                             |                            |             | 0.00      | 0         | 0          | 41.00 |
| 42.00                             |                            |             | 0.00      | 0         | 0          | 42.00 |
| 43.00                             |                            |             | 0.00      | 0         | 0          | 43.00 |
| 44.00                             |                            |             | 0.00      | 0         | 0          | 44.00 |
| 45.00                             |                            |             | 0.00      | 0         | 0          | 45.00 |
| 46.00                             |                            |             | 0.00      | 0         | 0          | 46.00 |
| 47.00                             |                            |             | 0.00      | 0         | 0          | 47.00 |
|                                   |                            |             |           | 0         | 11,655,532 |       |
| C - FOOD PREP RECLASS             |                            |             |           |           |            |       |
| 1.00                              |                            |             | 0.00      | 0         | 0          | 1.00  |
|                                   |                            |             |           | 0         | 0          |       |
| D - PARKING RECLASS               |                            |             |           |           |            |       |
| 1.00                              | OTHER NON-REIMBURSABLE     | 194.05      | 256,177   | 443,998   |            | 1.00  |
|                                   |                            |             | 256,177   | 443,998   |            |       |
| E - EQUIPMENT RENTAL              |                            |             |           |           |            |       |
| 1.00                              | CAP REL COSTS-MVBLE EQUIP  | 2.00        | 0         | 937,624   |            | 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 |
|                                   |                            |             | 0         | 937,624   |            |       |
| F - CHILD CARE                    |                            |             |           |           |            |       |
| 1.00                              | OTHER NON-REIMBURSABLE     | 194.05      | 653,651   | 328,701   |            | 1.00  |
|                                   |                            |             | 653,651   | 328,701   |            |       |
| H - PT BILLING                    |                            |             |           |           |            |       |
| 1.00                              | ADMINISTRATIVE & GENERAL   | 5.00        | 76,570    | 32,065    |            | 1.00  |
|                                   |                            |             | 76,570    | 32,065    |            |       |
| I - IP AMBULANCE                  |                            |             |           |           |            |       |
| 1.00                              | ADULTS & PEDIATRICS        | 30.00       | 0         | 11,149    |            | 1.00  |
|                                   |                            |             | 0         | 11,149    |            |       |
| L - PROPERTY INSURANCE            |                            |             |           |           |            |       |
| 1.00                              | CAP REL COSTS-BLDG & FIXT  | 1.00        | 0         | 282,852   |            | 1.00  |
| 2.00                              | CAP REL COSTS-MVBLE EQUIP  | 2.00        | 0         | 171,737   |            | 2.00  |
|                                   |                            |             | 0         | 454,589   |            |       |
| M - NORTHSIDE ADMIN ALLOCATION    |                            |             |           |           |            |       |
| 1.00                              | NORTHSIDE IMAGING          | 54.01       | 0         | 357,980   |            | 1.00  |
| 2.00                              | NORTHSIDE MRI              | 58.01       | 0         | 350,198   |            | 2.00  |
| 3.00                              | NORTHSIDE CT               | 57.01       | 0         | 206,228   |            | 3.00  |
| 4.00                              | NORTHSIDE MAMMOGRAPHY      | 54.02       | 0         | 190,663   |            | 4.00  |
| 5.00                              | NORTHSIDE ULTRASOUND       | 54.03       | 0         | 71,985    |            | 5.00  |
|                                   |                            |             | 0         | 1,177,054 |            |       |
| N - HYPERBARIC OXYGEN             |                            |             |           |           |            |       |
| 1.00                              | HYPERBARIC OXYGEN THERAPY  | 76.98       | 86,900    | 215,038   |            | 1.00  |
|                                   |                            |             | 86,900    | 215,038   |            |       |
| P - BH ADMIN                      |                            |             |           |           |            |       |
| 1.00                              | SUBPROVIDER - IPF          | 40.00       | 0         | 278,709   |            | 1.00  |
|                                   |                            |             | 0         | 278,709   |            |       |
| Q - COST CENTER MAPPING RECLASSES |                            |             |           |           |            |       |
| 1.00                              | ADULTS & PEDIATRICS        | 30.00       | 28,754    | 11,599    |            | 1.00  |
| 2.00                              | INTENSIVE CARE UNIT        | 31.00       | 1,593,856 | 527,342   |            | 2.00  |
| 3.00                              | OPERATING ROOM             | 50.00       | 1,231,162 | 996,928   |            | 3.00  |
| 4.00                              | DELIVERY ROOM & LABOR ROOM | 52.00       | 70,885    | 76,380    |            | 4.00  |

## RECLASSIFICATIONS

Provider CCN: 14-0209

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

Worksheet A-6

Date/Time Prepared:  
8/5/2020 1:45 pm

| Increases                     |                                     |        |            |            |        |
|-------------------------------|-------------------------------------|--------|------------|------------|--------|
|                               | Cost Center                         | Line # | Salary     | Other      |        |
|                               | 2.00                                | 3.00   | 4.00       | 5.00       |        |
| 5.00                          | ANESTHESIOLOGY                      | 53.00  | 15,328     | 13,355     | 5.00   |
| 6.00                          | RADIOLOGY-DIAGNOSTIC                | 54.00  | 140,448    | 98,700     | 6.00   |
| 7.00                          | RADIOLOGY-THERAPEUTIC               | 55.00  | 40,492     | 23,117     | 7.00   |
| 8.00                          | COMPUTED TOMOGRAPHY (CT) SCAN       | 57.00  | 34,220     | 27,315     | 8.00   |
| 9.00                          | CARDIAC CATHETERIZATION             | 59.00  | 500,948    | 297,133    | 9.00   |
| 10.00                         | LABORATORY                          | 60.00  | 39,365     | 27,537     | 10.00  |
| 11.00                         | INTRAVENOUS THERAPY                 | 64.00  | 1,845,447  | 696,230    | 11.00  |
| 12.00                         | RESPIRATORY THERAPY                 | 65.00  | 42,697     | 17,313     | 12.00  |
| 13.00                         | PHYSICAL THERAPY                    | 66.00  | 14,553     | 10,792     | 13.00  |
| 14.00                         | OCCUPATIONAL THERAPY                | 67.00  | 307,688    | 389,343    | 14.00  |
| 15.00                         | SPEECH PATHOLOGY                    | 68.00  | 95,019     | 524,592    | 15.00  |
| 16.00                         | ELECTROCARDIOLOGY                   | 69.00  | 195,292    | 54,719     | 16.00  |
| 17.00                         | GASTRO INTESTINAL SERVICES          | 76.01  | 296,452    | 457,576    | 17.00  |
| 18.00                         | CARDIOLOGY                          | 76.02  | 1,226      | 1,743      | 18.00  |
| 19.00                         | PULMONARY FUNCTION TESTING          | 76.03  | 105,811    | 37,050     | 19.00  |
| 20.00                         | HYPERBARIC OXYGEN THERAPY           | 76.98  | 300,842    | 186,687    | 20.00  |
| 21.00                         | CLINIC                              | 90.00  | 938,137    | 595,091    | 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  |
|                               |                                     |        | 7,838,622  | 5,070,542  |        |
| R - TEACHING PHYSICIAN SALARY |                                     |        |            |            |        |
| 1.00                          | I&R SRVCES-OTHER PRGM COSTS APPRVD  | 22.00  | 2,085,342  | 0          | 1.00   |
|                               |                                     |        | 2,085,342  | 0          |        |
| S - BLOOD RECLASS             |                                     |        |            |            |        |
| 1.00                          | BLOOD STORING, PROCESSING, & TRANS. | 63.00  | 0          | 1,115,073  | 1.00   |
| 2.00                          |                                     | 0.00   | 0          | 0          | 2.00   |
| 3.00                          |                                     | 0.00   | 0          | 0          | 3.00   |
|                               |                                     |        | 0          | 1,115,073  |        |
| T - TEMP LOCUM                |                                     |        |            |            |        |
| 1.00                          | PHYSICIAN OFFICES                   | 90.03  | 0          | 1,811,534  | 1.00   |
| 2.00                          | INTENSIVISTS CLINIC                 | 90.08  | 0          | 189,929    | 2.00   |
| 3.00                          | EMERGENCY                           | 91.00  | 0          | 385,921    | 3.00   |
| 4.00                          | RADIOLOGY-THERAPEUTIC               | 55.00  | 1,764      | 0          | 4.00   |
|                               |                                     |        | 1,764      | 2,387,384  |        |
| 500.00                        | Grand Total: Increases              |        | 10,999,026 | 43,065,576 | 500.00 |

## RECLASSIFICATIONS

Provider CCN: 14-0209

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

Worksheet A-6

Date/Time Prepared:  
8/5/2020 1:45 pm

|       |                                     | Decreases |        |            |                |  | 8/31/2020 1:45 pm |  |
|-------|-------------------------------------|-----------|--------|------------|----------------|--|-------------------|--|
|       | Cost Center                         | Line #    | Salary | Other      | Wkst. A-7 Ref. |  |                   |  |
|       | 6.00                                | 7.00      | 8.00   | 9.00       | 10.00          |  |                   |  |
|       | A - MEDICAL SUPPLIES RECLASS        |           |        |            |                |  |                   |  |
| 1.00  | CENTRAL SERVICES & SUPPLY           | 14.00     | 0      | 15,641     | 0              |  | 1.00              |  |
| 2.00  | OPERATING ROOM                      | 50.00     | 0      | 1,287,175  | 0              |  | 2.00              |  |
| 3.00  | DELIVERY ROOM & LABOR ROOM          | 52.00     | 0      | 8,766      | 0              |  | 3.00              |  |
| 4.00  | RADIOLOGY-DIAGNOSTIC                | 54.00     | 0      | 66,036     | 0              |  | 4.00              |  |
| 5.00  | RESPIRATORY THERAPY                 | 65.00     | 0      | 66,304     | 0              |  | 5.00              |  |
| 6.00  | GASTRO INTESTINAL SERVICES          | 76.01     | 0      | 9,421      | 0              |  | 6.00              |  |
| 7.00  | EMPLOYEE BENEFITS DEPARTMENT        | 4.00      | 0      | 6          | 0              |  | 7.00              |  |
| 8.00  | ADMINISTRATIVE & GENERAL            | 5.00      | 0      | 4,891      | 0              |  | 8.00              |  |
| 9.00  | CENTRAL SERVICES & SUPPLY           | 14.00     | 0      | 6,160      | 0              |  | 9.00              |  |
| 10.00 | PHARMACY                            | 15.00     | 0      | 350        | 0              |  | 10.00             |  |
| 11.00 | NURSING SCHOOL                      | 20.00     | 0      | 5,145      | 0              |  | 11.00             |  |
| 12.00 | ADULTS & PEDIATRICS                 | 30.00     | 0      | 44,824     | 0              |  | 12.00             |  |
| 13.00 | INTENSIVE CARE UNIT                 | 31.00     | 0      | 12,456     | 0              |  | 13.00             |  |
| 14.00 | SURGICAL INTENSIVE CARE UNIT        | 34.00     | 0      | 43,880     | 0              |  | 14.00             |  |
| 15.00 | SUBPROVIDER - IPF                   | 40.00     | 0      | 69         | 0              |  | 15.00             |  |
| 16.00 | SUBPROVIDER - IRF                   | 41.00     | 0      | 1,092      | 0              |  | 16.00             |  |
| 17.00 | NURSERY                             | 43.00     | 0      | 3,338      | 0              |  | 17.00             |  |
| 18.00 | OPERATING ROOM                      | 50.00     | 0      | 16,600,907 | 0              |  | 18.00             |  |
| 19.00 | RECOVERY ROOM                       | 51.00     | 0      | 26,891     | 0              |  | 19.00             |  |
| 20.00 | DELIVERY ROOM & LABOR ROOM          | 52.00     | 0      | 7,902      | 0              |  | 20.00             |  |
| 21.00 | ANESTHESIOLOGY                      | 53.00     | 0      | 17,576     | 0              |  | 21.00             |  |
| 22.00 | PAIN CLINIC                         | 53.01     | 0      | 5,268      | 0              |  | 22.00             |  |
| 23.00 | RADIOLOGY-DIAGNOSTIC                | 54.00     | 0      | 514,754    | 0              |  | 23.00             |  |
| 24.00 | NORTHSIDE MAMMOGRAPHY               | 54.02     | 0      | 87         | 0              |  | 24.00             |  |
| 25.00 | RADIOLOGY-THERAPEUTIC               | 55.00     | 0      | 173        | 0              |  | 25.00             |  |
| 26.00 | NUCLEAR MEDICINE -<br>DIAGNOSTIC    | 56.01     | 0      | 3,557      | 0              |  | 26.00             |  |
| 27.00 | COMPUTED TOMOGRAPHY (CT)<br>SCAN    | 57.00     | 0      | 969        | 0              |  | 27.00             |  |
| 28.00 | NORTHSIDE CT                        | 57.01     | 0      | 2,288      | 0              |  | 28.00             |  |
| 29.00 | MAGNETIC RESONANCE IMAGING<br>(MRI) | 58.00     | 0      | 2,182      | 0              |  | 29.00             |  |
| 30.00 | NORTHSIDE MRI                       | 58.01     | 0      | 4,057      | 0              |  | 30.00             |  |
| 31.00 | LABORATORY                          | 60.00     | 0      | 960        | 0              |  | 31.00             |  |
| 32.00 | INTRAVENOUS THERAPY                 | 64.00     | 0      | 3,220      | 0              |  | 32.00             |  |
| 33.00 | RESPIRATORY THERAPY                 | 65.00     | 0      | 371        | 0              |  | 33.00             |  |
| 34.00 | ELECTROENCEPHALOGRAPHY              | 70.00     | 0      | 15         | 0              |  | 34.00             |  |
| 35.00 | RENAL DIALYSIS                      | 74.00     | 0      | 1,564      | 0              |  | 35.00             |  |
| 36.00 | GASTRO INTESTINAL SERVICES          | 76.01     | 0      | 12,650     | 0              |  | 36.00             |  |
| 37.00 | CARDIOLOGY                          | 76.02     | 0      | 2,961      | 0              |  | 37.00             |  |
| 38.00 | CLINIC                              | 90.00     | 0      | 18         | 0              |  | 38.00             |  |
| 39.00 | PHYSICIAN OFFICES                   | 90.03     | 0      | 5,962      | 0              |  | 39.00             |  |
| 40.00 | WOUND CARE CENTER                   | 90.07     | 0      | 100,020    | 0              |  | 40.00             |  |
| 41.00 | MULTI-SPECIALITY CLINIC             | 90.10     | 0      | 1,273      | 0              |  | 41.00             |  |
| 42.00 | ONCOLOGY CLINIC                     | 90.13     | 0      | 34         | 0              |  | 42.00             |  |
| 43.00 | EMERGENCY                           | 91.00     | 0      | 66,881     | 0              |  | 43.00             |  |
| 44.00 | HOME HEALTH AGENCY                  | 101.00    | 0      | 24         | 0              |  | 44.00             |  |
|       | 0                                   |           | 0      | 18,958,118 |                |  |                   |  |
|       | B - DRUGS                           |           |        |            |                |  |                   |  |
| 1.00  | EMPLOYEE BENEFITS DEPARTMENT        | 4.00      | 0      | 48         | 0              |  | 1.00              |  |
| 2.00  | ADMINISTRATIVE & GENERAL            | 5.00      | 0      | 12,341     | 0              |  | 2.00              |  |
| 3.00  | OPERATION OF PLANT                  | 7.00      | 0      | 19         | 0              |  | 3.00              |  |
| 4.00  | DIETARY                             | 10.00     | 0      | 13,530     | 0              |  | 4.00              |  |
| 5.00  | CAFETERIA                           | 11.00     | 0      | 4,901      | 0              |  | 5.00              |  |
| 6.00  | PHARMACY                            | 15.00     | 0      | 9,784,342  | 0              |  | 6.00              |  |
| 7.00  | NURSING SCHOOL                      | 20.00     | 0      | 22,335     | 0              |  | 7.00              |  |
| 8.00  | ADULTS & PEDIATRICS                 | 30.00     | 0      | 161,911    | 0              |  | 8.00              |  |
| 9.00  | INTENSIVE CARE UNIT                 | 31.00     | 0      | 25,392     | 0              |  | 9.00              |  |
| 10.00 | SURGICAL INTENSIVE CARE UNIT        | 34.00     | 0      | 25,141     | 0              |  | 10.00             |  |
| 11.00 | SUBPROVIDER - IPF                   | 40.00     | 0      | 585        | 0              |  | 11.00             |  |
| 12.00 | SUBPROVIDER - IRF                   | 41.00     | 0      | 3,090      | 0              |  | 12.00             |  |
| 13.00 | NURSERY                             | 43.00     | 0      | 2,461      | 0              |  | 13.00             |  |
| 14.00 | OPERATING ROOM                      | 50.00     | 0      | 132,907    | 0              |  | 14.00             |  |
| 15.00 | RECOVERY ROOM                       | 51.00     | 0      | 75,741     | 0              |  | 15.00             |  |
| 16.00 | DELIVERY ROOM & LABOR ROOM          | 52.00     | 0      | 47,825     | 0              |  | 16.00             |  |
| 17.00 | ANESTHESIOLOGY                      | 53.00     | 0      | 325,061    | 0              |  | 17.00             |  |
| 18.00 | PAIN CLINIC                         | 53.01     | 0      | 6,236      | 0              |  | 18.00             |  |
| 19.00 | RADIOLOGY-DIAGNOSTIC                | 54.00     | 0      | 43,378     | 0              |  | 19.00             |  |
| 20.00 | NORTHSIDE MAMMOGRAPHY               | 54.02     | 0      | 281        | 0              |  | 20.00             |  |
| 21.00 | RADIOLOGY-THERAPEUTIC               | 55.00     | 0      | 614        | 0              |  | 21.00             |  |
| 22.00 | NUCLEAR MEDICINE -<br>DIAGNOSTIC    | 56.01     | 0      | 1,685      | 0              |  | 22.00             |  |

## RECLASSIFICATIONS

Provider CCN: 14-0209

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

Worksheet A-6

Date/Time Prepared:  
8/5/2020 1:45 pm

|                                | Decreases                            |        |         |            |                |  |       |
|--------------------------------|--------------------------------------|--------|---------|------------|----------------|--|-------|
|                                | Cost Center                          | Line # | Salary  | Other      | Wkst. A-7 Ref. |  |       |
|                                | 6.00                                 | 7.00   | 8.00    | 9.00       | 10.00          |  |       |
| 23.00                          | COMPUTED TOMOGRAPHY (CT) SCAN        | 57.00  | 0       | 4,016      | 0              |  | 23.00 |
| 24.00                          | NORTHSIDE CT                         | 57.01  | 0       | 1,929      | 0              |  | 24.00 |
| 25.00                          | MAGNETIC RESONANCE IMAGING (MRI)     | 58.00  | 0       | 1,804      | 0              |  | 25.00 |
| 26.00                          | NORTHSIDE MRI                        | 58.01  | 0       | 3,730      | 0              |  | 26.00 |
| 27.00                          | LABORATORY                           | 60.00  | 0       | 10,617     | 0              |  | 27.00 |
| 28.00                          | INTRAVENOUS THERAPY                  | 64.00  | 0       | 9,944      | 0              |  | 28.00 |
| 29.00                          | RESPIRATORY THERAPY                  | 65.00  | 0       | 11,208     | 0              |  | 29.00 |
| 30.00                          | PHYSICAL THERAPY                     | 66.00  | 0       | 306        | 0              |  | 30.00 |
| 31.00                          | ELECTROENCEPHALOGRAPHY               | 70.00  | 0       | 26         | 0              |  | 31.00 |
| 32.00                          | RENAL DIALYSIS                       | 74.00  | 0       | 7,272      | 0              |  | 32.00 |
| 33.00                          | PSYCHIATRIC/PSYCHOLOGICAL SERVICES   | 76.00  | 0       | 2,808      | 0              |  | 33.00 |
| 34.00                          | GASTRO INTESTINAL SERVICES           | 76.01  | 0       | 12,232     | 0              |  | 34.00 |
| 35.00                          | CARDIOLOGY                           | 76.02  | 0       | 52,438     | 0              |  | 35.00 |
| 36.00                          | LITHOTRIPSY                          | 76.99  | 0       | 11,300     | 0              |  | 36.00 |
| 37.00                          | CLINIC                               | 90.00  | 0       | 176,092    | 0              |  | 37.00 |
| 38.00                          | PHYSICIAN OFFICES                    | 90.03  | 0       | 352,399    | 0              |  | 38.00 |
| 39.00                          | ENDOCRINOLOGY, DIABETES & METABOLISM | 90.06  | 0       | 749        | 0              |  | 39.00 |
| 40.00                          | WOUND CARE CENTER                    | 90.07  | 0       | 56,394     | 0              |  | 40.00 |
| 41.00                          | INTENSIVISTS CLINIC                  | 90.08  | 0       | 27,307     | 0              |  | 41.00 |
| 42.00                          | NEUROLOGY CLINIC                     | 90.09  | 0       | 45,603     | 0              |  | 42.00 |
| 43.00                          | MULTI-SPECIALITY CLINIC              | 90.10  | 0       | 36,102     | 0              |  | 43.00 |
| 44.00                          | PEDIATRICS-GASTROENTEROL CLINIC      | 90.11  | 0       | 10         | 0              |  | 44.00 |
| 45.00                          | VASCULAR CLINIC                      | 90.12  | 0       | 141        | 0              |  | 45.00 |
| 46.00                          | ONCOLOGY CLINIC                      | 90.13  | 0       | 182        | 0              |  | 46.00 |
| 47.00                          | EMERGENCY                            | 91.00  | 0       | 141,099    | 0              |  | 47.00 |
|                                | 0                                    |        | 0       | 11,655,532 |                |  |       |
| C - FOOD PREP RECLASS          |                                      |        |         |            |                |  |       |
| 1.00                           |                                      | 0.00   | 0       | 0          | 0              |  | 1.00  |
|                                | 0                                    |        | 0       | 0          |                |  |       |
| D - PARKING RECLASS            |                                      |        |         |            |                |  |       |
| 1.00                           | PARKING                              | 4.01   | 256,177 | 443,998    | 0              |  | 1.00  |
|                                | 0                                    |        | 256,177 | 443,998    |                |  |       |
| E - EQUIPMENT RENTAL           |                                      |        |         |            |                |  |       |
| 1.00                           | ADMINISTRATIVE & GENERAL             | 5.00   | 0       | 11,417     | 10             |  | 1.00  |
| 2.00                           | HOUSEKEEPING                         | 9.00   | 0       | 29         | 0              |  | 2.00  |
| 3.00                           | CAFETERIA                            | 11.00  | 0       | 170        | 0              |  | 3.00  |
| 4.00                           | CENTRAL SERVICES & SUPPLY            | 14.00  | 0       | 234,189    | 0              |  | 4.00  |
| 5.00                           | PHARMACY                             | 15.00  | 0       | 4,907      | 0              |  | 5.00  |
| 6.00                           | NURSING SCHOOL                       | 20.00  | 0       | 25,792     | 0              |  | 6.00  |
| 7.00                           | I&R SRVCES-SALARY & FRINGES          | 21.00  | 0       | 160        | 0              |  | 7.00  |
| 8.00                           | OPERATING ROOM                       | 50.00  | 0       | 276,746    | 0              |  | 8.00  |
| 9.00                           | LABORATORY                           | 60.00  | 0       | 378,838    | 0              |  | 9.00  |
| 10.00                          | RENAL DIALYSIS                       | 74.00  | 0       | 4,327      | 0              |  | 10.00 |
| 11.00                          | PHYSICIAN OFFICES                    | 90.03  | 0       | 975        | 0              |  | 11.00 |
| 12.00                          | INTENSIVISTS CLINIC                  | 90.08  | 0       | 74         | 0              |  | 12.00 |
|                                | 0                                    |        | 0       | 937,624    |                |  |       |
| F - CHILD CARE                 |                                      |        |         |            |                |  |       |
| 1.00                           | EMPLOYEE BENEFITS DEPARTMENT         | 4.00   | 653,651 | 328,701    | 0              |  | 1.00  |
|                                | 0                                    |        | 653,651 | 328,701    |                |  |       |
| H - PT BILLING                 |                                      |        |         |            |                |  |       |
| 1.00                           | HOME HEALTH AGENCY                   | 101.00 | 76,570  | 32,065     | 0              |  | 1.00  |
|                                | 0                                    |        | 76,570  | 32,065     |                |  |       |
| I - IP AMBULANCE               |                                      |        |         |            |                |  |       |
| 1.00                           | AMBULANCE SERVICES                   | 95.00  | 0       | 11,149     | 0              |  | 1.00  |
|                                | 0                                    |        | 0       | 11,149     |                |  |       |
| L - PROPERTY INSURANCE         |                                      |        |         |            |                |  |       |
| 1.00                           | ADMINISTRATIVE & GENERAL             | 5.00   | 0       | 454,589    | 12             |  | 1.00  |
| 2.00                           |                                      | 0.00   | 0       | 0          | 12             |  | 2.00  |
|                                | 0                                    |        | 0       | 454,589    |                |  |       |
| M - NORTHSIDE ADMIN ALLOCATION |                                      |        |         |            |                |  |       |
| 1.00                           | NORTHSIDE ADMIN                      | 54.05  | 0       | 1,177,054  | 0              |  | 1.00  |
| 2.00                           |                                      | 0.00   | 0       | 0          | 0              |  | 2.00  |
| 3.00                           |                                      | 0.00   | 0       | 0          | 0              |  | 3.00  |
| 4.00                           |                                      | 0.00   | 0       | 0          | 0              |  | 4.00  |
| 5.00                           |                                      | 0.00   | 0       | 0          | 0              |  | 5.00  |
|                                | 0                                    |        | 0       | 1,177,054  |                |  |       |

## RECLASSIFICATIONS

Provider CCN: 14-0209

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

Worksheet A-6

Date/Time Prepared:  
8/5/2020 1:45 pm

|        | Decreases                         |        |            |            | Wkst. A-7 Ref. |        |  |
|--------|-----------------------------------|--------|------------|------------|----------------|--------|--|
|        | Cost Center                       | Line # | Salary     | Other      |                |        |  |
|        | 6.00                              | 7.00   | 8.00       | 9.00       |                |        |  |
|        | N - HYPERBARIC OXYGEN             |        |            |            |                |        |  |
| 1.00   | WOUND CARE CENTER                 | 90.07  | 86,900     | 215,038    | 0              | 1.00   |  |
|        | 0                                 |        | 86,900     | 215,038    |                |        |  |
|        | P - BH ADMIN                      |        |            |            |                |        |  |
| 1.00   | ADULTS & PEDIATRICS               | 30.00  | 0          | 278,709    | 0              | 1.00   |  |
|        | 0                                 |        | 0          | 278,709    |                |        |  |
|        | Q - COST CENTER MAPPING RECLASSES |        |            |            |                |        |  |
| 1.00   | ADULTS & PEDIATRICS               | 30.00  | 1,302,341  | 455,843    | 0              | 1.00   |  |
| 2.00   | INTENSIVE CARE UNIT               | 31.00  | 56,695     | 22,871     | 0              | 2.00   |  |
| 3.00   | SURGICAL INTENSIVE CARE UNIT      | 34.00  | 1,572,331  | 512,302    | 0              | 3.00   |  |
| 4.00   | SUBPROVIDER - IRF                 | 41.00  | 366,621    | 271,874    | 0              | 4.00   |  |
| 5.00   | NURSERY                           | 43.00  | 374,570    | 265,474    | 0              | 5.00   |  |
| 6.00   | OPERATING ROOM                    | 50.00  | 892,899    | 797,608    | 0              | 6.00   |  |
| 7.00   | RECOVERY ROOM                     | 51.00  | 47,433     | 12,130     | 0              | 7.00   |  |
| 8.00   | DELIVERY ROOM & LABOR ROOM        | 52.00  | 1,037,462  | 851,874    | 0              | 8.00   |  |
| 9.00   | PAIN CLINIC                       | 53.01  | 383,003    | 366,201    | 0              | 9.00   |  |
| 10.00  | RADIOLOGY-DIAGNOSTIC              | 54.00  | 362,433    | 284,862    | 0              | 10.00  |  |
| 11.00  | NORTHSIDE MAMMOGRAPHY             | 54.02  | 1,226      | 1,743      | 0              | 11.00  |  |
| 12.00  | NUCLEAR MEDICINE -                | 56.01  | 12,151     | 9,116      | 0              | 12.00  |  |
|        | DIAGNOSTIC                        |        |            |            |                |        |  |
| 13.00  | NORTHSIDE CT                      | 57.01  | 1,328      | 760        | 0              | 13.00  |  |
| 14.00  | INTRAVENOUS THERAPY               | 64.00  | 40,546     | 20,654     | 0              | 14.00  |  |
| 15.00  | RESPIRATORY THERAPY               | 65.00  | 302,915    | 84,874     | 0              | 15.00  |  |
| 16.00  | PHYSICAL THERAPY                  | 66.00  | 0          | 598,289    | 0              | 16.00  |  |
| 17.00  | ELECTROENCEPHALOGRAPHY            | 70.00  | 26,445     | 10,482     | 0              | 17.00  |  |
| 18.00  | RENAL DIALYSIS                    | 74.00  | 20,483     | 13,345     | 0              | 18.00  |  |
| 19.00  | PSYCHIATRIC/PSYCHOLOGICAL         | 76.00  | 3,069      | 817        | 0              | 19.00  |  |
|        | SERVICES                          |        |            |            |                |        |  |
| 20.00  | GASTRO INTESTINAL SERVICES        | 76.01  | 4,723      | 6,081      | 0              | 20.00  |  |
| 21.00  | CARDIOLOGY                        | 76.02  | 10,879     | 7,016      | 0              | 21.00  |  |
| 22.00  | ENDOCRINOLOGY, DIABETES &         | 90.06  | 9,384      | 2,203      | 0              | 22.00  |  |
|        | METABOLISM                        |        |            |            |                |        |  |
| 23.00  | WOUND CARE CENTER                 | 90.07  | 300,842    | 186,687    | 0              | 23.00  |  |
| 24.00  | EMERGENCY                         | 91.00  | 708,843    | 287,436    | 0              | 24.00  |  |
|        | 0                                 |        | 7,838,622  | 5,070,542  |                |        |  |
|        | R - TEACHING PHYSICIAN SALARY     |        |            |            |                |        |  |
| 1.00   | I&R SRVCES-SALARY & FRINGES       | 21.00  | 2,085,342  | 0          | 0              | 1.00   |  |
|        | APPRVD                            |        |            |            |                |        |  |
|        | 0                                 |        | 2,085,342  | 0          |                |        |  |
|        | S - BLOOD RECLASS                 |        |            |            |                |        |  |
| 1.00   | OPERATING ROOM                    | 50.00  | 0          | 100,189    | 0              | 1.00   |  |
| 2.00   | LABORATORY                        | 60.00  | 0          | 1,011,595  | 0              | 2.00   |  |
| 3.00   | RENAL DIALYSIS                    | 74.00  | 0          | 3,289      | 0              | 3.00   |  |
|        | 0                                 |        | 0          | 1,115,073  |                |        |  |
|        | T - TEMP LOCUM                    |        |            |            |                |        |  |
| 1.00   | ADULTS & PEDIATRICS               | 30.00  | 1,811,534  | 0          | 0              | 1.00   |  |
| 2.00   | RADIOLOGY-THERAPEUTIC             | 55.00  | 189,929    | 0          | 0              | 2.00   |  |
| 3.00   | PHYSICIAN OFFICES                 | 90.03  | 385,921    | 0          | 0              | 3.00   |  |
| 4.00   | RADIOLOGY-THERAPEUTIC             | 55.00  | 0          | 1,764      | 0              | 4.00   |  |
|        | 0                                 |        | 2,387,384  | 1,764      |                |        |  |
| 500.00 | Grand Total: Decreases            |        | 13,384,646 | 40,679,956 |                | 500.00 |  |

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet A-7  
Part I  
Date/Time Prepared:  
8/5/2020 1:45 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                                                   | 1,458,352             | 0                              | 0        | 0          | 0                            | 1.00  |  |
| 2.00  | Land Improvements                                      | 10,390,246            | 48,300                         | 0        | 48,300     | 0                            | 2.00  |  |
| 3.00  | Buildings and Fixtures                                 | 226,444,993           | 1,943,092                      | 0        | 1,943,092  | 164,749                      | 3.00  |  |
| 4.00  | Building Improvements                                  | 0                     | 0                              | 0        | 0          | 0                            | 4.00  |  |
| 5.00  | Fixed Equipment                                        | 75,643,778            | 901,796                        | 0        | 901,796    | 0                            | 5.00  |  |
| 6.00  | Movable Equipment                                      | 130,242,675           | 8,508,894                      | 0        | 8,508,894  | 183,077                      | 6.00  |  |
| 7.00  | HIT designated Assets                                  | 0                     | 0                              | 0        | 0          | 0                            | 7.00  |  |
| 8.00  | Subtotal (sum of lines 1-7)                            | 444,180,044           | 11,402,082                     | 0        | 11,402,082 | 347,826                      | 8.00  |  |
| 9.00  | Reconciling Items                                      | 0                     | 0                              | 0        | 0          | 0                            | 9.00  |  |
| 10.00 | Total (line 8 minus line 9)                            | 444,180,044           | 11,402,082                     | 0        | 11,402,082 | 347,826                      | 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                                                   | 1,458,352             | 0                              |          |            |                              | 1.00  |  |
| 2.00  | Land Improvements                                      | 10,438,546            | 0                              |          |            |                              | 2.00  |  |
| 3.00  | Buildings and Fixtures                                 | 228,223,336           | 0                              |          |            |                              | 3.00  |  |
| 4.00  | Building Improvements                                  | 0                     | 0                              |          |            |                              | 4.00  |  |
| 5.00  | Fixed Equipment                                        | 76,545,574            | 0                              |          |            |                              | 5.00  |  |
| 6.00  | Movable Equipment                                      | 138,568,492           | 0                              |          |            |                              | 6.00  |  |
| 7.00  | HIT designated Assets                                  | 0                     | 0                              |          |            |                              | 7.00  |  |
| 8.00  | Subtotal (sum of lines 1-7)                            | 455,234,300           | 0                              |          |            |                              | 8.00  |  |
| 9.00  | Reconciling Items                                      | 0                     | 0                              |          |            |                              | 9.00  |  |
| 10.00 | Total (line 8 minus line 9)                            | 455,234,300           | 0                              |          |            |                              | 10.00 |  |

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet A-7  
Part II  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description |                                                                               | SUMMARY OF CAPITAL |                |          |                              |                          |      |
|-------------------------|-------------------------------------------------------------------------------|--------------------|----------------|----------|------------------------------|--------------------------|------|
|                         |                                                                               | Depreciation       | Lease          | Interest | Insurance (see instructions) | Taxes (see instructions) |      |
|                         |                                                                               | 9.00               | 10.00          | 11.00    | 12.00                        | 13.00                    |      |
|                         | PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2 |                    |                |          |                              |                          |      |
| 1.00                    | CAP REL COSTS-BLDG & FIXT                                                     | 6,709,316          | 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)                                                      | 6,709,316          | 0              | 0        | 0                            | 0                        | 3.00 |
| Cost Center Description |                                                                               | SUMMARY OF CAPITAL |                |          |                              |                          |      |
|                         |                                                                               | Other              | Total (1) (sum |          |                              |                          |      |
|                         |                                                                               | Capital-Relate     | of cols. 9     |          |                              |                          |      |
|                         |                                                                               | d Costs (see       | through 14)    |          |                              |                          |      |
|                         |                                                                               | instructions)      |                |          |                              |                          |      |
|                         |                                                                               | 14.00              | 15.00          |          |                              |                          |      |
|                         | PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2 |                    |                |          |                              |                          |      |
| 1.00                    | CAP REL COSTS-BLDG & FIXT                                                     | 0                  | 6,709,316      |          |                              |                          | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                                                     | 0                  | 0              |          |                              |                          | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                                                      | 0                  | 6,709,316      |          |                              |                          | 3.00 |

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet A-7  
Part III  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description |                                                    | COMPUTATION OF RATIOS       |                              |                                          | ALLOCATION OF OTHER CAPITAL                    |                                       |      |
|-------------------------|----------------------------------------------------|-----------------------------|------------------------------|------------------------------------------|------------------------------------------------|---------------------------------------|------|
|                         |                                                    | Gross Assets                | Capitalized Leases           | Gross Assets for Ratio (col. 1 - col. 2) | Ratio (see instructions)                       | Insurance                             |      |
|                         |                                                    | 1.00                        | 2.00                         | 3.00                                     | 4.00                                           | 5.00                                  |      |
|                         | PART III - RECONCILIATION OF CAPITAL COSTS CENTERS |                             |                              |                                          |                                                |                                       |      |
| 1.00                    | CAP REL COSTS-BLDG & FIXT                          | 316,665,808                 | 0                            | 316,665,808                              | 0.695611                                       | 0                                     | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                          | 138,568,492                 | 0                            | 138,568,492                              | 0.304389                                       | 0                                     | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                           | 455,234,300                 | 0                            | 455,234,300                              | 1.000000                                       | 0                                     | 3.00 |
| Cost Center Description |                                                    | ALLOCATION OF OTHER CAPITAL |                              |                                          | SUMMARY OF CAPITAL                             |                                       |      |
|                         |                                                    | Taxes                       | Other Capital-Related Costs  | Total (sum of cols. 5 through 7)         | Depreciation                                   | Lease                                 |      |
|                         |                                                    | 6.00                        | 7.00                         | 8.00                                     | 9.00                                           | 10.00                                 |      |
|                         | PART III - RECONCILIATION OF CAPITAL COSTS CENTERS |                             |                              |                                          |                                                |                                       |      |
| 1.00                    | CAP REL COSTS-BLDG & FIXT                          | 0                           | 0                            | 0                                        | 6,709,316                                      | 0                                     | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                          | 0                           | 0                            | 0                                        | 0                                              | 937,624                               | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                           | 0                           | 0                            | 0                                        | 6,709,316                                      | 937,624                               | 3.00 |
| Cost Center Description |                                                    | SUMMARY OF CAPITAL          |                              |                                          |                                                |                                       |      |
|                         |                                                    | Interest                    | Insurance (see instructions) | Taxes (see instructions)                 | Other Capital-Related Costs (see instructions) | Total (2) (sum of cols. 9 through 14) |      |
|                         |                                                    | 11.00                       | 12.00                        | 13.00                                    | 14.00                                          | 15.00                                 |      |
|                         | PART III - RECONCILIATION OF CAPITAL COSTS CENTERS |                             |                              |                                          |                                                |                                       |      |
| 1.00                    | CAP REL COSTS-BLDG & FIXT                          | 0                           | 282,852                      | 0                                        | 0                                              | 6,992,168                             | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                          | 0                           | 171,737                      | 0                                        | 0                                              | 1,109,361                             | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                           | 0                           | 454,589                      | 0                                        | 0                                              | 8,101,529                             | 3.00 |

## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0209

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

Worksheet A-8

Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description |                                                                                         | Basis/Code (2) | Amount      | Expense Classification on Worksheet A<br>To/From Which the Amount is to be Adjusted |        | Wkst. A-7 Ref. |       |
|-------------------------|-----------------------------------------------------------------------------------------|----------------|-------------|-------------------------------------------------------------------------------------|--------|----------------|-------|
|                         |                                                                                         |                |             | Cost Center                                                                         | Line # |                |       |
|                         |                                                                                         | 1.00           | 2.00        | 3.00                                                                                | 4.00   | 5.00           |       |
| 1.00                    | Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)                               |                |             | 0CAP REL COSTS-BLDG & FIXT                                                          | 1.00   | 0              | 1.00  |
| 2.00                    | Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)                               |                |             | 0CAP REL COSTS-MVBLE EQUIP                                                          | 2.00   | 0              | 2.00  |
| 3.00                    | Investment income - other (chapter 2)                                                   |                | 0           |                                                                                     | 0.00   | 0              | 3.00  |
| 4.00                    | Trade, quantity, and time discounts (chapter 8)                                         |                | 0           |                                                                                     | 0.00   | 0              | 4.00  |
| 5.00                    | Refunds and rebates of expenses (chapter 8)                                             |                | 0           |                                                                                     | 0.00   | 0              | 5.00  |
| 6.00                    | Rental of provider space by suppliers (chapter 8)                                       |                | 0           |                                                                                     | 0.00   | 0              | 6.00  |
| 7.00                    | Telephone services (pay stations excluded) (chapter 21)                                 | A              | -5,304      | ADMINISTRATIVE & GENERAL                                                            | 5.00   | 0              | 7.00  |
| 8.00                    | Television and radio service (chapter 21)                                               | A              | -2,967      | OPERATION OF PLANT                                                                  | 7.00   | 0              | 8.00  |
| 9.00                    | Parking lot (chapter 21)                                                                | A              | 0           | PARKING                                                                             | 4.01   | 0              | 9.00  |
| 10.00                   | Provider-based physician adjustment                                                     | A-8-2          | -47,443,382 |                                                                                     |        | 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          | 66,421,302  |                                                                                     |        | 0              | 12.00 |
| 13.00                   | Laundry and linen service                                                               |                | 0           |                                                                                     | 0.00   | 0              | 13.00 |
| 14.00                   | Cafeteria-employees and guests                                                          | B              | -1,710,144  | 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                                                    | B              | -2,883,581  | PHARMACY                                                                            | 15.00  | 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.)                        | B              | -12,332,066 | NURSING SCHOOL                                                                      | 20.00  | 0              | 19.00 |
| 19.01                   | Nursing and allied health education (tuition, fees, books, etc.)                        |                | 0           |                                                                                     | 0.00   | 0              | 19.01 |
| 19.02                   | Nursing and allied health education (tuition, fees, books, etc.)                        |                | 0           |                                                                                     | 0.00   | 0              | 19.02 |
| 19.03                   | Nursing and allied health education (tuition, fees, books, etc.)                        |                | 0           |                                                                                     | 0.00   | 0              | 19.03 |
| 19.04                   | Nursing and allied health education (tuition, fees, books, etc.)                        |                | 0           |                                                                                     | 0.00   | 0              | 19.04 |
| 20.00                   | Vending machines                                                                        | B              | 54,071      | CAFETERIA                                                                           | 11.00  | 0              | 20.00 |
| 21.00                   | Income from imposition of interest, finance or penalty charges (chapter 21)             |                | 0           |                                                                                     | 0.00   | 0              | 21.00 |
| 22.00                   | Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments |                | 0           |                                                                                     | 0.00   | 0              | 22.00 |
| 23.00                   | Adjustment for respiratory therapy costs in excess of limitation (chapter 14)           | A-8-3          |             | 0RESPIRATORY THERAPY                                                                | 65.00  |                | 23.00 |
| 24.00                   | Adjustment for physical therapy costs in excess of limitation (chapter 14)              | A-8-3          |             | 0PHYSICAL THERAPY                                                                   | 66.00  |                | 24.00 |
| 25.00                   | Utilization review - physicians' compensation (chapter 21)                              |                |             | 0*** Cost Center Deleted ***                                                        | 114.00 |                | 25.00 |
| 26.00                   | Depreciation - CAP REL COSTS-BLDG & FIXT                                                |                |             | 0CAP REL COSTS-BLDG & FIXT                                                          | 1.00   | 0              | 26.00 |
| 27.00                   | Depreciation - CAP REL COSTS-MVBLE EQUIP                                                |                |             | 0CAP REL COSTS-MVBLE EQUIP                                                          | 2.00   | 0              | 27.00 |
| 28.00                   | Non-physician Anesthetist                                                               |                |             | 0NONPHYSICIAN ANESTHETISTS                                                          | 19.00  |                | 28.00 |

## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0209

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

Worksheet A-8

Date/Time Prepared:  
8/5/2020 1:45 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           |       |
| 29.00 Physicians' assistant                                                                |                | 0          |                                                                                     | 0.00   | 0              | 29.00 |
| 30.00 Adjustment for occupational<br>therapy costs in excess of<br>limitation (chapter 14) | A-8-3          | 0          | OCCUPATIONAL THERAPY                                                                | 67.00  |                | 30.00 |
| 30.99 Hospice (non-distinct) (see<br>instructions)                                         |                | 0          | ADULTS & PEDIATRICS                                                                 | 30.00  |                | 30.99 |
| 31.00 Adjustment for speech<br>pathology costs in excess of<br>limitation (chapter 14)     | A-8-3          | 0          | SPEECH PATHOLOGY                                                                    | 68.00  |                | 31.00 |
| 32.00 CAH HIT Adjustment for<br>Depreciation and Interest                                  |                | 0          |                                                                                     | 0.00   | 0              | 32.00 |
| 33.00 OTHER ADJUSTMENTS (SPECIFY)<br>(3)                                                   |                | 0          |                                                                                     | 0.00   | 0              | 33.00 |
| 34.00 OTHER ADJUSTMENTS (SPECIFY)<br>(3)                                                   |                | 0          |                                                                                     | 0.00   | 0              | 34.00 |
| 35.00 MALPRACTICE NET OF INCOME                                                            | A              | -3,708,524 | ADMINISTRATIVE & GENERAL                                                            | 5.00   | 0              | 35.00 |
| 36.00 OTHER ADJUSTMENTS (SPECIFY)<br>(3)                                                   |                | 0          |                                                                                     | 0.00   | 0              | 36.00 |
| 37.00 OTHER ADJUSTMENTS (SPECIFY)<br>(3)                                                   |                | 0          |                                                                                     | 0.00   | 0              | 37.00 |
| 37.01 OTHER ADJUSTMENTS (SPECIFY)<br>(3)                                                   |                | 0          |                                                                                     | 0.00   | 0              | 37.01 |
| 37.02 OTHER ADJUSTMENTS (SPECIFY)<br>(3)                                                   |                | 0          |                                                                                     | 0.00   | 0              | 37.02 |
| 38.00 A&G MISC INCOME                                                                      | B              | -77,812    | ADMINISTRATIVE & GENERAL                                                            | 5.00   | 0              | 38.00 |
| 38.01 MAINTENANCE MISC INCOME                                                              | B              | 0          | MAINTENANCE & REPAIRS                                                               | 6.00   | 0              | 38.01 |
| 38.02 I&R MISC INCOME                                                                      | B              | -129,614   | I&R SRVCES-SALARY & FRINGES<br>APPRVD                                               | 21.00  | 0              | 38.02 |
| 38.03 A&P MISC INCOME                                                                      | B              | -1,890     | ADULTS & PEDIATRICS                                                                 | 30.00  | 0              | 38.03 |
| 38.04 SURGICAL ICU MISC INCOME                                                             | B              | -870       | SURGICAL INTENSIVE CARE UNIT                                                        | 34.00  | 0              | 38.04 |
| 38.05 NURSERY MISC INCOME                                                                  | B              | -1,992     | NURSERY                                                                             | 43.00  | 0              | 38.05 |
| 38.06 PSYCH MISC INCOME                                                                    | B              | -31,200    | SUBPROVIDER - IPF                                                                   | 40.00  | 0              | 38.06 |
| 38.07 LABOR & DELIVERY MISC INCOME                                                         | B              | -8,380     | DELIVERY ROOM & LABOR ROOM                                                          | 52.00  | 0              | 38.07 |
| 38.08 RAD-DIAG MISC INCOME                                                                 | B              | -23,127    | RADIOLOGY-DIAGNOSTIC                                                                | 54.00  | 0              | 38.08 |
| 38.09 PLANT OP MISC INCOME                                                                 | B              | -12,765    | OPERATION OF PLANT                                                                  | 7.00   | 0              | 38.09 |
| 38.10 OTHER ADJUSTMENTS (SPECIFY)<br>(3)                                                   | B              | 0          |                                                                                     | 0.00   | 0              | 38.10 |
| 38.11 PT MISC INCOME                                                                       | B              | -127,692   | PHYSICAL THERAPY                                                                    | 66.00  | 0              | 38.11 |
| 38.12 ENDO MISC INCOME                                                                     | B              | -12,600    | ENDOCRINOLOGY, DIABETES &<br>METABOLISM                                             | 90.06  | 0              | 38.12 |
| 38.13 CLINIC MISC INCOME                                                                   | B              | 0          | CLINIC                                                                              | 90.00  | 0              | 38.13 |
| 38.14 BENEFITS MISC INCOME                                                                 | B              | -2,554     | EMPLOYEE BENEFITS DEPARTMENT                                                        | 4.00   | 0              | 38.14 |
| 38.15 PHYSICIAN OFFICE MISC INCOME                                                         | B              | -2,458,573 | PHYSICIAN OFFICES                                                                   | 90.03  | 0              | 38.15 |
| 38.16 RT MISC INCOME                                                                       | B              | -9,946     | RESPIRATORY THERAPY                                                                 | 65.00  | 0              | 38.16 |
| 38.17 ER MISC INCOME                                                                       | B              | -73,281    | EMERGENCY                                                                           | 91.00  | 0              | 38.17 |
| 38.18 RAD-THER MISC INCOME                                                                 | B              | -534,644   | RADIOLOGY-THERAPEUTIC                                                               | 55.00  | 0              | 38.18 |
| 38.19 HHA MISC INCOME                                                                      | B              | -183,041   | HOME HEALTH AGENCY                                                                  | 101.00 | 0              | 38.19 |
| 38.20 LAB MISC REV                                                                         | B              | -17,262    | LABORATORY                                                                          | 60.00  | 0              | 38.20 |
| 38.21 ICU MISC REV                                                                         | B              | -2,250     | INTENSIVE CARE UNIT                                                                 | 31.00  | 0              | 38.21 |
| 38.22 CHILD CARE EMPLOYEE REVENUE                                                          | B              | -552,500   | INTENSIVE CARE UNIT                                                                 | 31.00  | 0              | 38.22 |
| 39.00 PROMOTION EXPENSE                                                                    | A              | -245       | EMPLOYEE BENEFITS DEPARTMENT                                                        | 4.00   | 0              | 39.00 |
| 39.01 PROMOTION EXPENSE                                                                    | A              | -15,000    | ADMINISTRATIVE & GENERAL                                                            | 5.00   | 0              | 39.01 |
| 39.02 PROMOTION EXPENSE                                                                    | A              | -1,208     | PHARMACY                                                                            | 15.00  | 0              | 39.02 |
| 39.03 PROMOTION EXPENSE                                                                    | A              | -154,581   | NURSING SCHOOL                                                                      | 20.00  | 0              | 39.03 |
| 39.04 PROMOTION EXPENSE                                                                    | A              | -50        | I&R SRVCES-SALARY & FRINGES<br>APPRVD                                               | 21.00  | 0              | 39.04 |
| 39.05 PROMOTION EXPENSE                                                                    | A              | -3,735     | ADULTS & PEDIATRICS                                                                 | 30.00  | 0              | 39.05 |
| 39.06 PROMOTION EXPENSE                                                                    | A              | -590       | INTENSIVE CARE UNIT                                                                 | 31.00  | 0              | 39.06 |
| 39.07 PROMOTION EXPENSE                                                                    | A              | -466       | SUBPROVIDER - IRF                                                                   | 41.00  | 0              | 39.07 |
| 39.08 PROMOTION EXPENSE                                                                    | A              | -95        | NURSERY                                                                             | 43.00  | 0              | 39.08 |
| 39.09 PROMOTION EXPENSE                                                                    | A              | -948       | OPERATING ROOM                                                                      | 50.00  | 0              | 39.09 |
| 39.10 PROMOTION EXPENSE                                                                    | A              | -456       | RADIOLOGY-DIAGNOSTIC                                                                | 54.00  | 0              | 39.10 |
| 39.11 PROMOTION EXPENSE                                                                    | A              | -360       | LABORATORY                                                                          | 60.00  | 0              | 39.11 |
| 39.12 PROMOTION EXPENSE                                                                    | A              | -446       | RESPIRATORY THERAPY                                                                 | 65.00  | 0              | 39.12 |
| 39.13 PROMOTION EXPENSE                                                                    | A              | -1,700     | CLINIC                                                                              | 90.00  | 0              | 39.13 |
| 39.14 PROMOTION EXPENSE                                                                    | A              | -1,985     | PHYSICIAN OFFICES                                                                   | 90.03  | 0              | 39.14 |
| 39.15 PROMOTION EXPENSE                                                                    | A              | -433       | WOUND CARE CENTER                                                                   | 90.07  | 0              | 39.15 |
| 39.16 PROMOTION EXPENSE                                                                    | A              | -21        | INTENSIVISTS CLINIC                                                                 | 90.08  | 0              | 39.16 |
| 39.17 PROMOTION EXPENSE                                                                    | A              | -8         | ONCOLOGY CLINIC                                                                     | 90.13  | 0              | 39.17 |
| 39.18 PROMOTION EXPENSE                                                                    | A              | -3,082     | EMERGENCY                                                                           | 91.00  | 0              | 39.18 |

## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0209

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

Worksheet A-8

Date/Time Prepared:  
8/5/2020 1:45 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           |
| 39.19                   | PROMOTION EXPENSE           | A              | -1,801     | HOSPICE                                                                             |  | 116.00 | 0 39.19        |
| 40.00                   | PHYSICIAN RECRUITMENT       | A              | -28,214    | NURSING SCHOOL                                                                      |  | 20.00  | 0 40.00        |
| 40.01                   | PHYSICIAN RECRUITMENT       | A              | -32,806    | I&R SRVCS-SALARY & FRINGES                                                          |  | 21.00  | 0 40.01        |
|                         |                             |                |            | APPRVD                                                                              |  |        |                |
| 40.02                   | PHYSICIAN RECRUITMENT       | A              | -823       | INTENSIVISTS CLINIC                                                                 |  | 90.08  | 0 40.02        |
| 40.03                   | PHYSICIAN RECRUITMENT       | A              |            | HOME HEALTH AGENCY                                                                  |  | 101.00 | 0 40.03        |
| 40.04                   | PHYSICIAN RECRUITMENT       | A              |            | PHYSICIAN OFFICES                                                                   |  | 90.03  | 0 40.04        |
| 41.00                   | DEPR EXP TO AHA             | A              | 0          |                                                                                     |  | 0.00   | 0 41.00        |
| 41.01                   | DEPR EXP TO AHA             | A              | 329,690    | PARKING                                                                             |  | 4.01   | 0 41.01        |
| 41.02                   | DEPR EXP TO AHA             | A              | 3,212      | ADMINISTRATIVE & GENERAL                                                            |  | 5.00   | 0 41.02        |
| 41.03                   | DEPR EXP TO AHA             | A              | 195,847    | MAINTENANCE & REPAIRS                                                               |  | 6.00   | 0 41.03        |
| 41.04                   | DEPR EXP TO AHA             | A              | 386,552    | OPERATION OF PLANT                                                                  |  | 7.00   | 0 41.04        |
| 41.05                   | DEPR EXP TO AHA             | A              | 9,870      | HOUSEKEEPING                                                                        |  | 9.00   | 0 41.05        |
| 41.06                   | DEPR EXP TO AHA             | A              | 113,594    | CAFETERIA                                                                           |  | 11.00  | 0 41.06        |
| 41.07                   | DEPR EXP TO AHA             | A              | 35,640     | CENTRAL SERVICES & SUPPLY                                                           |  | 14.00  | 0 41.07        |
| 41.08                   | DEPR EXP TO AHA             | A              | -42,137    | PHARMACY                                                                            |  | 15.00  | 0 41.08        |
| 41.09                   | DEPR EXP TO AHA             | A              | 26,678     | NURSING SCHOOL                                                                      |  | 20.00  | 0 41.09        |
| 41.10                   | DEPR EXP TO AHA             | A              | 1,746      | I&R SRVCS-SALARY & FRINGES                                                          |  | 21.00  | 0 41.10        |
|                         |                             |                |            | APPRVD                                                                              |  |        |                |
| 41.11                   | DEPR EXP TO AHA             | A              | 471,133    | ADULTS & PEDIATRICS                                                                 |  | 30.00  | 0 41.11        |
| 41.12                   | DEPR EXP TO AHA             | A              | 5,619      | INTENSIVE CARE UNIT                                                                 |  | 31.00  | 0 41.12        |
| 41.13                   | DEPR EXP TO AHA             | A              | 1,851      | SURGICAL INTENSIVE CARE UNIT                                                        |  | 34.00  | 0 41.13        |
| 41.14                   | DEPR EXP TO AHA             | A              | 18,921     | SUBPROVIDER - IPF                                                                   |  | 40.00  | 0 41.14        |
| 41.15                   | DEPR EXP TO AHA             | A              | 1,810      | SUBPROVIDER - IRF                                                                   |  | 41.00  | 0 41.15        |
| 41.16                   | DEPR EXP TO AHA             | A              | 479,717    | OPERATING ROOM                                                                      |  | 50.00  | 0 41.16        |
| 41.17                   | DEPR EXP TO AHA             | A              | 58,122     | RECOVERY ROOM                                                                       |  | 51.00  | 0 41.17        |
| 41.18                   | DEPR EXP TO AHA             | A              | 26,701     | DELIVERY ROOM & LABOR ROOM                                                          |  | 52.00  | 0 41.18        |
| 41.19                   | DEPR EXP TO AHA             | A              | 63,078     | ANESTHESIOLOGY                                                                      |  | 53.00  | 0 41.19        |
| 41.20                   | DEPR EXP TO AHA             | A              | 609,903    | RADIOLOGY-DIAGNOSTIC                                                                |  | 54.00  | 0 41.20        |
| 41.21                   | DEPR EXP TO AHA             | A              | 253,999    | RADIOLOGY-THERAPEUTIC                                                               |  | 55.00  | 0 41.21        |
| 41.22                   | DEPR EXP TO AHA             | A              | -45,238    | NUCLEAR MEDICINE -                                                                  |  | 56.01  | 0 41.22        |
|                         |                             |                |            | DIAGNOSTIC                                                                          |  |        |                |
| 41.23                   | DEPR EXP TO AHA             | A              | 14,049     | COMPUTED TOMOGRAPHY (CT)                                                            |  | 57.00  | 0 41.23        |
|                         |                             |                |            | SCAN                                                                                |  |        |                |
| 41.24                   | DEPR EXP TO AHA             | A              | -2,809     | MAGNETIC RESONANCE IMAGING                                                          |  | 58.00  | 0 41.24        |
|                         |                             |                |            | (MRI)                                                                               |  |        |                |
| 41.25                   | DEPR EXP TO AHA             | A              | 11,915     | LABORATORY                                                                          |  | 60.00  | 0 41.25        |
| 41.26                   | DEPR EXP TO AHA             | A              | 12,441     | RESPIRATORY THERAPY                                                                 |  | 65.00  | 0 41.26        |
| 41.27                   | DEPR EXP TO AHA             | A              | -7,032     | RENAL DIALYSIS                                                                      |  | 74.00  | 0 41.27        |
| 41.28                   | DEPR EXP TO AHA             | A              | 260        | PSYCHIATRIC/PSYCHOLOGICAL                                                           |  | 76.00  | 0 41.28        |
|                         |                             |                |            | SERVICES                                                                            |  |        |                |
| 41.29                   | DEPR EXP TO AHA             | A              | 42,716     | GASTRO INTESTINAL SERVICES                                                          |  | 76.01  | 0 41.29        |
| 41.30                   | DEPR EXP TO AHA             | A              | 913        | CARDIOLOGY                                                                          |  | 76.02  | 0 41.30        |
| 41.31                   | DEPR EXP TO AHA             | A              | 10,745     | CLINIC                                                                              |  | 90.00  | 0 41.31        |
| 41.32                   | DEPR EXP TO AHA             | A              | 117,928    | PHYSICIAN OFFICES                                                                   |  | 90.03  | 0 41.32        |
| 41.33                   | DEPR EXP TO AHA             | A              | 8,364      | ENDOCRINOLOGY, DIABETES &                                                           |  | 90.06  | 0 41.33        |
|                         |                             |                |            | METABOLISM                                                                          |  |        |                |
| 41.34                   | DEPR EXP TO AHA             | A              | -14,921    | VASCULAR CLINIC                                                                     |  | 90.12  | 0 41.34        |
| 41.35                   | DEPR EXP TO AHA             | A              | 67,745     | EMERGENCY                                                                           |  | 91.00  | 0 41.35        |
| 41.36                   | DEPR EXP TO AHA             | A              | 3,302      | HOME HEALTH AGENCY                                                                  |  | 101.00 | 0 41.36        |
| 41.37                   | DEPR EXP TO AHA             | A              | 728        | WELLNESS CENTER                                                                     |  | 194.02 | 0 41.37        |
| 41.38                   | OTHER ADJUSTMENTS (SPECIFY) | A              | 0          |                                                                                     |  | 0.00   | 0 41.38        |
|                         | (3)                         |                |            |                                                                                     |  |        |                |
| 42.00                   | OTHER ADJUSTMENTS (SPECIFY) | A              | 0          |                                                                                     |  | 0.00   | 0 42.00        |
|                         | (3)                         |                |            |                                                                                     |  |        |                |
| 43.00                   | CRNA SALARIES               | A              | -5,139,867 | ANESTHESIOLOGY                                                                      |  | 53.00  | 0 43.00        |
| 43.02                   | CRNA BENEFITS               | A              | -1,224,042 | EMPLOYEE BENEFITS DEPARTMENT                                                        |  | 4.00   | 0 43.02        |
| 44.00                   | PHYSICIAN BENEFITS          | A              | -1,169,386 | ANESTHESIOLOGY                                                                      |  | 53.00  | 0 44.00        |
| 44.01                   | PHYSICIAN BENEFITS          | A              | -343       | INTRAVENOUS THERAPY                                                                 |  | 64.00  | 0 44.01        |
| 44.02                   | PHYSICIAN BENEFITS          | A              | -1,368     | PSYCHIATRIC/PSYCHOLOGICAL                                                           |  | 76.00  | 0 44.02        |
|                         |                             |                |            | SERVICES                                                                            |  |        |                |
| 44.03                   | PHYSICIAN BENEFITS          | A              | -39,582    | CLINIC                                                                              |  | 90.00  | 0 44.03        |
| 44.04                   | PHYSICIAN BENEFITS          | A              | -4,843,676 | PHYSICIAN OFFICES                                                                   |  | 90.03  | 0 44.04        |
| 44.05                   | PHYSICIAN BENEFITS          | A              | -122,733   | ENDOCRINOLOGY, DIABETES &                                                           |  | 90.06  | 0 44.05        |
|                         |                             |                |            | METABOLISM                                                                          |  |        |                |
| 44.06                   | PHYSICIAN BENEFITS          | A              | -75,054    | WOUND CARE CENTER                                                                   |  | 90.07  | 0 44.06        |
| 44.07                   | PHYSICIAN BENEFITS          | A              | -374,417   | INTENSIVISTS CLINIC                                                                 |  | 90.08  | 0 44.07        |
| 44.08                   | PHYSICIAN BENEFITS          | A              | -173,116   | MULTI-SPECIALITY CLINIC                                                             |  | 90.10  | 0 44.08        |
| 44.09                   | PHYSICIAN BENEFITS          | A              | -102,917   | PEDIATRICS-GASTROENTEROL                                                            |  | 90.11  | 0 44.09        |
|                         |                             |                |            | CLINIC                                                                              |  |        |                |

## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0209

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

Worksheet A-8

Date/Time Prepared:  
8/5/2020 1:45 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           |       |
| 44.10                   | PHYSICIAN BENEFITS                                                                  | A              | -5,979      | ONCOLOGY CLINIC                                                                     | 90.13  | 0              | 44.10 |
| 44.11                   | PHYSICIAN BENEFITS                                                                  | A              | -213,451    | EMERGENCY                                                                           | 91.00  | 0              | 44.11 |
| 44.12                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)                                                  | A              | 0           |                                                                                     | 0.00   | 0              | 44.12 |
| 44.13                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)                                                  | A              | 0           |                                                                                     | 0.00   | 0              | 44.13 |
| 44.14                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)                                                  | A              | 0           |                                                                                     | 0.00   | 0              | 44.14 |
| 44.15                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)                                                  | A              | 0           |                                                                                     | 0.00   | 0              | 44.15 |
| 45.00                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)                                                  | A              | 0           |                                                                                     | 0.00   | 0              | 45.00 |
| 46.00                   | REMOVE NON-ALLOWABLE INTEREST                                                       | A              | -4,256,283  | INTEREST EXPENSE                                                                    | 113.00 | 0              | 46.00 |
| 47.00                   | SELF INSURANCE ADJUSTMENT                                                           | A              | -7,084,363  | EMPLOYEE BENEFITS DEPARTMENT                                                        | 4.00   | 0              | 47.00 |
| 47.01                   | PENSION ADJUSTMENT                                                                  | A              | 15,961,251  | EMPLOYEE BENEFITS DEPARTMENT                                                        | 4.00   | 0              | 47.01 |
| 50.00                   | TOTAL (sum of lines 1 thru 49)<br>(Transfer to Worksheet A,<br>column 6, line 200.) |                | -11,714,315 |                                                                                     |        |                | 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: 14-0209

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

Worksheet A-8-1

Date/Time Prepared:  
8/5/2020 1:45 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 | PEORIA HOME OFFICE      | 2,837,787                | 0                                   | 1.00 |
| 2.00 | 16.00                                                                                                                           | MEDICAL RECORDS & LIBRARY    | PEORIA HOME OFFICE      | 1,694,492                | 0                                   | 2.00 |
| 3.00 | 13.00                                                                                                                           | NURSING ADMINISTRATION       | PEORIA HOME OFFICE      | 6,210,442                | 0                                   | 3.00 |
| 3.01 | 7.00                                                                                                                            | OPERATION OF PLANT           | PEORIA HOME OFFICE      | 267,082                  | 0                                   | 3.01 |
| 3.02 | 5.00                                                                                                                            | ADMINISTRATIVE & GENERAL     | PEORIA HOME OFFICE      | 56,260,024               | 0                                   | 3.02 |
| 4.00 | 30.00                                                                                                                           | ADULTS & PEDIATRICS          | PEORIA HOME OFFICE      | 422,553                  | 0                                   | 4.00 |
| 4.01 | 113.00                                                                                                                          | INTEREST EXPENSE             | PEORIA HOME OFFICE      | 3,096,332                | 3,459,470                           | 4.01 |
| 4.02 | 90.03                                                                                                                           | PHYSICIAN OFFICES            | GLEN OAK MEDICAL PLAZA  | 35,400                   | 0                                   | 4.02 |
| 4.03 | 101.00                                                                                                                          | HOME HEALTH AGENCY           | GLEN OAK MEDICAL PLAZA  | 58,878                   | 62,055                              | 4.03 |
| 4.04 | 116.00                                                                                                                          | HOSPICE                      | GLEN OAK MEDICAL PLAZA  | 27,154                   | 29,202                              | 4.04 |
| 4.05 | 5.00                                                                                                                            | ADMINISTRATIVE & GENERAL     | GLEN OAK MEDICAL PLAZA  | 46,762                   | 0                                   | 4.05 |
| 4.06 | 6.00                                                                                                                            | MAINTENANCE & REPAIRS        | GLEN OAK MEDICAL PLAZA  | 5,300                    | 0                                   | 4.06 |
| 4.07 | 7.00                                                                                                                            | OPERATION OF PLANT           | GLEN OAK MEDICAL PLAZA  | 3,870                    | 0                                   | 4.07 |
| 4.08 | 9.00                                                                                                                            | HOUSEKEEPING                 | GLEN OAK MEDICAL PLAZA  | 2,365                    | 0                                   | 4.08 |
| 4.09 | 53.01                                                                                                                           | PAIN CLINIC                  | ATRIUM BUILDING         | 144,214                  | 250,863                             | 4.09 |
| 4.10 | 64.00                                                                                                                           | INTRAVENOUS THERAPY          | ATRIUM BUILDING         | 22,045                   | 0                                   | 4.10 |
| 4.11 | 70.00                                                                                                                           | ELECTROENCEPHALOGRAPHY       | ATRIUM BUILDING         | 65,019                   | 101,943                             | 4.11 |
| 4.12 | 90.03                                                                                                                           | PHYSICIAN OFFICES            | ATRIUM BUILDING         | 78,751                   | 120,884                             | 4.12 |
| 4.13 | 90.03                                                                                                                           | PHYSICIAN OFFICES            | ATRIUM BUILDING         | 84,997                   | 130,472                             | 4.13 |
| 4.14 | 90.03                                                                                                                           | PHYSICIAN OFFICES            | ATRIUM BUILDING         | 28,445                   | 43,663                              | 4.14 |
| 4.15 | 90.03                                                                                                                           | PHYSICIAN OFFICES            | ATRIUM BUILDING         | 24,464                   | 63,732                              | 4.15 |
| 4.16 | 90.06                                                                                                                           | ENDOCRINOLOGY, DIABETES & ME | ATRIUM BUILDING         | 20,530                   | 37,365                              | 4.16 |
| 4.17 | 90.07                                                                                                                           | WOUND CARE CENTER            | ATRIUM BUILDING         | 110,931                  | 170,281                             | 4.17 |
| 4.18 | 90.08                                                                                                                           | INTENSIVISTS CLINIC          | ATRIUM BUILDING         | 64,728                   | 143,632                             | 4.18 |
| 4.19 | 90.09                                                                                                                           | NEUROLOGY CLINIC             | ATRIUM BUILDING         | 82,823                   | 127,135                             | 4.19 |
| 4.20 | 90.10                                                                                                                           | MULTI-SPECIALITY CLINIC      | ATRIUM BUILDING         | 59,324                   | 101,637                             | 4.20 |
| 4.21 | 90.11                                                                                                                           | PEDIATRICS-GASTROENTEROL CLI | ATRIUM BUILDING         | 46,954                   | 85,274                              | 4.21 |
| 4.22 | 90.12                                                                                                                           | VASCULAR CLINIC              | ATRIUM BUILDING         | 47,382                   | 73,932                              | 4.22 |
| 4.23 | 90.13                                                                                                                           | ONCOLOGY CLINIC              | ATRIUM BUILDING         | 62,661                   | 96,186                              | 4.23 |
| 4.24 | 191.00                                                                                                                          | RESEARCH                     | ATRIUM BUILDING         | 39,115                   | 43,076                              | 4.24 |
| 4.25 | 194.02                                                                                                                          | WELLNESS CENTER              | ATRIUM BUILDING         | 218,939                  | 339,058                             | 4.25 |
| 4.27 | 21.00                                                                                                                           | I&R SRVCES-SALARY & FRINGES  | FAMILY MEDICAL BUILDING | 89,870                   | 167,643                             | 4.27 |
| 4.28 | 90.00                                                                                                                           | CLINIC                       | FAMILY MEDICAL BUILDING | 182,450                  | 340,347                             | 4.28 |
| 4.29 | 90.03                                                                                                                           | PHYSICIAN OFFICES            | EAST PEORIA             | 74,629                   | 136,120                             | 4.29 |
| 4.30 | 54.01                                                                                                                           | NORTHSIDE IMAGING            | NORTHSIDE IMAGING       | 501,377                  | 488,771                             | 4.30 |
| 4.31 | 58.01                                                                                                                           | NORTHSIDE MRI                | NORTHSIDE MRI           | 437,654                  | 426,650                             | 4.31 |
| 4.32 | 57.01                                                                                                                           | NORTHSIDE CT                 | NORTHSIDE CT            | 196,848                  | 191,898                             | 4.32 |
| 4.33 | 0.00                                                                                                                            |                              |                         | 0                        | 0                                   | 4.33 |
| 4.34 | 0.00                                                                                                                            |                              |                         | 0                        | 0                                   | 4.34 |
| 4.36 | 0.00                                                                                                                            |                              |                         | 0                        | 0                                   | 4.36 |
| 4.37 | 0.00                                                                                                                            |                              |                         | 0                        | 0                                   | 4.37 |
| 4.38 | 0.00                                                                                                                            |                              |                         | 0                        | 0                                   | 4.38 |
| 4.39 | 0.00                                                                                                                            |                              |                         | 0                        | 0                                   | 4.39 |
| 4.40 | 0.00                                                                                                                            |                              |                         | 0                        | 0                                   | 4.40 |
| 4.42 | 0.00                                                                                                                            |                              |                         | 0                        | 0                                   | 4.42 |
| 4.43 | 0.00                                                                                                                            |                              |                         | 0                        | 0                                   | 4.43 |
| 4.44 | 0.00                                                                                                                            |                              |                         | 0                        | 0                                   | 4.44 |
| 4.45 | 0.00                                                                                                                            |                              |                         | 0                        | 0                                   | 4.45 |
| 4.46 | 0.00                                                                                                                            |                              |                         | 0                        | 0                                   | 4.46 |
| 4.47 | 0.00                                                                                                                            |                              |                         | 0                        | 0                                   | 4.47 |
| 4.48 | 0.00                                                                                                                            |                              |                         | 0                        | 0                                   | 4.48 |
| 4.50 | 0.00                                                                                                                            |                              |                         | 0                        | 0                                   | 4.50 |
| 4.51 | 0.00                                                                                                                            |                              |                         | 0                        | 0                                   | 4.51 |
| 4.52 | 0.00                                                                                                                            |                              |                         | 0                        | 0                                   | 4.52 |
| 4.54 | 0.00                                                                                                                            |                              |                         | 0                        | 0                                   | 4.54 |
| 4.55 | 0.00                                                                                                                            |                              |                         | 0                        | 0                                   | 4.55 |
| 4.56 | 0.00                                                                                                                            |                              |                         | 0                        | 0                                   | 4.56 |
| 4.57 | 0.00                                                                                                                            |                              |                         | 0                        | 0                                   | 4.57 |
| 4.59 | 0.00                                                                                                                            |                              |                         | 0                        | 0                                   | 4.59 |
| 4.60 | 0.00                                                                                                                            |                              |                         | 0                        | 0                                   | 4.60 |
| 4.73 | 0.00                                                                                                                            |                              |                         | 0                        | 0                                   | 4.73 |
| 5.00 | 0                                                                                                                               |                              | 0                       | 73,652,591               | 7,231,289                           | 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.

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

Provider CCN: 14-0209

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

Worksheet A-8-1

Date/Time Prepared:  
8/5/2020 1:45 pm

| Symbol (1) | Name | Percentage of<br>Ownership | Related Organization(s) and/or Home Office |                            |
|------------|------|----------------------------|--------------------------------------------|----------------------------|
|            |      |                            | Name                                       | Percentage of<br>Ownership |
| 1.00       | 2.00 | 3.00                       | 4.00                                       | 5.00                       |

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

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

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

|        |                                                |                    |        |                 |        |        |
|--------|------------------------------------------------|--------------------|--------|-----------------|--------|--------|
| 6.00   | B                                              | UNITYPOINT HEAL    | 100.00 | UNITYPOINT HEAL | 100.00 | 6.00   |
| 7.00   | B                                              | METHODIST SERVICES | 100.00 | METHODIST SERV  | 100.00 | 7.00   |
| 8.00   | B                                              | HEARTLAND HOME     | 100.00 | HEARTLAND HOME  | 100.00 | 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: 14-0209

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

Worksheet A-8-1

Date/Time Prepared:  
8/5/2020 1:45 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                                                                                                                            | 2,837,787                                       | 0              |  | 1.00 |
| 2.00                                                                                                                            | 1,694,492                                       | 0              |  | 2.00 |
| 3.00                                                                                                                            | 6,210,442                                       | 0              |  | 3.00 |
| 3.01                                                                                                                            | 267,082                                         | 0              |  | 3.01 |
| 3.02                                                                                                                            | 56,260,024                                      | 0              |  | 3.02 |
| 4.00                                                                                                                            | 422,553                                         | 0              |  | 4.00 |
| 4.01                                                                                                                            | -363,138                                        | 0              |  | 4.01 |
| 4.02                                                                                                                            | 35,400                                          | 0              |  | 4.02 |
| 4.03                                                                                                                            | -3,177                                          | 0              |  | 4.03 |
| 4.04                                                                                                                            | -2,048                                          | 0              |  | 4.04 |
| 4.05                                                                                                                            | 46,762                                          | 0              |  | 4.05 |
| 4.06                                                                                                                            | 5,300                                           | 0              |  | 4.06 |
| 4.07                                                                                                                            | 3,870                                           | 0              |  | 4.07 |
| 4.08                                                                                                                            | 2,365                                           | 0              |  | 4.08 |
| 4.09                                                                                                                            | -106,649                                        | 0              |  | 4.09 |
| 4.10                                                                                                                            | 22,045                                          | 0              |  | 4.10 |
| 4.11                                                                                                                            | -36,924                                         | 0              |  | 4.11 |
| 4.12                                                                                                                            | -42,133                                         | 0              |  | 4.12 |
| 4.13                                                                                                                            | -45,475                                         | 0              |  | 4.13 |
| 4.14                                                                                                                            | -15,218                                         | 0              |  | 4.14 |
| 4.15                                                                                                                            | -39,268                                         | 0              |  | 4.15 |
| 4.16                                                                                                                            | -16,835                                         | 0              |  | 4.16 |
| 4.17                                                                                                                            | -59,350                                         | 0              |  | 4.17 |
| 4.18                                                                                                                            | -78,904                                         | 0              |  | 4.18 |
| 4.19                                                                                                                            | -44,312                                         | 0              |  | 4.19 |
| 4.20                                                                                                                            | -42,313                                         | 0              |  | 4.20 |
| 4.21                                                                                                                            | -38,320                                         | 0              |  | 4.21 |
| 4.22                                                                                                                            | -26,550                                         | 0              |  | 4.22 |
| 4.23                                                                                                                            | -33,525                                         | 0              |  | 4.23 |
| 4.24                                                                                                                            | -3,961                                          | 0              |  | 4.24 |
| 4.25                                                                                                                            | -120,119                                        | 0              |  | 4.25 |
| 4.27                                                                                                                            | -77,773                                         | 0              |  | 4.27 |
| 4.28                                                                                                                            | -157,897                                        | 0              |  | 4.28 |
| 4.29                                                                                                                            | -61,491                                         | 0              |  | 4.29 |
| 4.30                                                                                                                            | 12,606                                          | 0              |  | 4.30 |
| 4.31                                                                                                                            | 11,004                                          | 0              |  | 4.31 |
| 4.32                                                                                                                            | 4,950                                           | 0              |  | 4.32 |
| 4.33                                                                                                                            | 0                                               | 0              |  | 4.33 |
| 4.34                                                                                                                            | 0                                               | 0              |  | 4.34 |
| 4.36                                                                                                                            | 0                                               | 0              |  | 4.36 |
| 4.37                                                                                                                            | 0                                               | 0              |  | 4.37 |
| 4.38                                                                                                                            | 0                                               | 0              |  | 4.38 |
| 4.39                                                                                                                            | 0                                               | 0              |  | 4.39 |
| 4.40                                                                                                                            | 0                                               | 0              |  | 4.40 |
| 4.42                                                                                                                            | 0                                               | 0              |  | 4.42 |
| 4.43                                                                                                                            | 0                                               | 0              |  | 4.43 |
| 4.44                                                                                                                            | 0                                               | 0              |  | 4.44 |
| 4.45                                                                                                                            | 0                                               | 0              |  | 4.45 |
| 4.46                                                                                                                            | 0                                               | 0              |  | 4.46 |
| 4.47                                                                                                                            | 0                                               | 0              |  | 4.47 |
| 4.48                                                                                                                            | 0                                               | 9              |  | 4.48 |
| 4.50                                                                                                                            | 0                                               | 9              |  | 4.50 |
| 4.51                                                                                                                            | 0                                               | 9              |  | 4.51 |
| 4.52                                                                                                                            | 0                                               | 9              |  | 4.52 |
| 4.54                                                                                                                            | 0                                               | 9              |  | 4.54 |
| 4.55                                                                                                                            | 0                                               | 9              |  | 4.55 |
| 4.56                                                                                                                            | 0                                               | 9              |  | 4.56 |
| 4.57                                                                                                                            | 0                                               | 9              |  | 4.57 |
| 4.59                                                                                                                            | 0                                               | 9              |  | 4.59 |
| 4.60                                                                                                                            | 0                                               | 9              |  | 4.60 |
| 4.73                                                                                                                            | 0                                               | 0              |  | 4.73 |
| 5.00                                                                                                                            | 66,421,302                                      |                |  | 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.

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

Provider CCN: 14-0209

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

Worksheet A-8-1

Date/Time Prepared:  
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|  |                                               |  |  |
|--|-----------------------------------------------|--|--|
|  | 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 SYSTEM  |  | 6.00   |
| 7.00   | NOT FOR PROFIT |  | 7.00   |
| 8.00   | NOT FOR PROFIT |  | 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: 14-0209

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

Worksheet A-8-2

Date/Time Prepared:  
8/5/2020 1:45 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                  | 822,639                             | 822,639                           | 0                                          | 211,500                             | 0                                       | 1.00   |
| 2.00   | 31.00          | INTENSIVE CARE UNIT                  | 3,150                               | 0                                 | 3,150                                      | 211,500                             | 21                                      | 2.00   |
| 3.00   | 41.00          | SUBPROVIDER - IRF                    | 84,652                              | 73,409                            | 11,243                                     | 211,500                             | 86                                      | 3.00   |
| 4.00   | 43.00          | NURSERY                              | 1,035,500                           | 1,035,500                         | 0                                          | 169,700                             | 0                                       | 4.00   |
| 5.00   | 50.00          | OPERATING ROOM                       | 1,197,646                           | 1,188,246                         | 9,400                                      | 246,400                             | 47                                      | 5.00   |
| 6.00   | 52.00          | DELIVERY ROOM & LABOR ROOM           | 1,400,547                           | 1,374,500                         | 26,047                                     | 237,100                             | 104                                     | 6.00   |
| 7.00   | 53.00          | ANESTHESIOLOGY                       | 5,487,654                           | 5,465,920                         | 21,734                                     | 239,400                             | 120                                     | 7.00   |
| 8.00   | 53.01          | PAIN CLINIC                          | 13,500                              | 0                                 | 13,500                                     | 211,500                             | 75                                      | 8.00   |
| 9.00   | 54.00          | RADIOLOGY-DIAGNOSTIC                 | 159,396                             | 153,996                           | 5,400                                      | 271,900                             | 36                                      | 9.00   |
| 10.00  | 60.00          | LABORATORY                           | 567,517                             | 567,517                           | 0                                          | 260,300                             | 0                                       | 10.00  |
| 11.00  | 64.00          | INTRAVENOUS THERAPY                  | 1,440                               | 1,440                             | 0                                          | 211,500                             | 0                                       | 11.00  |
| 12.00  | 70.00          | ELECTROENCEPHALOGRAPHY               | 37,800                              | 0                                 | 37,800                                     | 211,500                             | 489                                     | 12.00  |
| 13.00  | 74.00          | RENAL DIALYSIS                       | 3,880                               | 0                                 | 3,880                                      | 211,500                             | 28                                      | 13.00  |
| 14.00  | 76.00          | PSYCHIATRIC/PSYCHOLOGICAL SERVICES   | 5,744                               | 5,744                             | 0                                          | 211,500                             | 0                                       | 14.00  |
| 15.00  | 76.02          | CARDIOLOGY                           | 31,586                              | 0                                 | 31,586                                     | 211,500                             | 211                                     | 15.00  |
| 16.00  | 90.00          | CLINIC                               | 166,030                             | 166,207                           | -177                                       | 211,500                             | -2                                      | 16.00  |
| 17.00  | 90.03          | PHYSICIAN OFFICES                    | 21,630,576                          | 21,256,822                        | 373,754                                    | 211,500                             | 2,533                                   | 17.00  |
| 18.00  | 90.06          | ENDOCRINOLOGY, DIABETES & METABOLISM | 515,366                             | 515,366                           | 0                                          | 211,500                             | 0                                       | 18.00  |
| 19.00  | 90.07          | WOUND CARE CENTER                    | 334,924                             | 315,159                           | 19,765                                     | 211,500                             | 120                                     | 19.00  |
| 20.00  | 90.08          | INTENSIVISTS CLINIC                  | 2,780,626                           | 2,792,641                         | -12,015                                    | 211,500                             | -79                                     | 20.00  |
| 21.00  | 90.09          | NEUROLOGY CLINIC                     | 1,574,523                           | 1,572,210                         | 2,313                                      | 211,500                             | 15                                      | 21.00  |
| 22.00  | 90.10          | MULTI-SPECIALTY CLINIC               | 773,524                             | 773,524                           | 0                                          | 211,500                             | 0                                       | 22.00  |
| 23.00  | 90.11          | PEDIATRICS-GASTROENTEROL CLINIC      | 432,009                             | 432,157                           | -148                                       | 211,500                             | -1                                      | 23.00  |
| 24.00  | 90.12          | VASCULAR CLINIC                      | 637,515                             | 620,750                           | 16,765                                     | 211,500                             | 84                                      | 24.00  |
| 25.00  | 90.13          | ONCOLOGY CLINIC                      | 71,424                              | 68,424                            | 3,000                                      | 211,500                             | 15                                      | 25.00  |
| 26.00  | 91.00          | EMERGENCY                            | 8,135,800                           | 7,996,043                         | 139,757                                    | 211,500                             | 748                                     | 26.00  |
| 200.00 |                |                                      | 47,904,968                          | 47,198,214                        | 706,754                                    |                                     | 4,650                                   | 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                  | 2,135                               | 107                               | 0                                          | 0                                   | 0                                       | 2.00   |
| 3.00   | 41.00          | SUBPROVIDER - IRF                    | 8,745                               | 437                               | 0                                          | 0                                   | 0                                       | 3.00   |
| 4.00   | 43.00          | NURSERY                              | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 4.00   |
| 5.00   | 50.00          | OPERATING ROOM                       | 5,568                               | 278                               | 0                                          | 0                                   | 0                                       | 5.00   |
| 6.00   | 52.00          | DELIVERY ROOM & LABOR ROOM           | 11,855                              | 593                               | 0                                          | 0                                   | 0                                       | 6.00   |
| 7.00   | 53.00          | ANESTHESIOLOGY                       | 13,811                              | 691                               | 0                                          | 0                                   | 0                                       | 7.00   |
| 8.00   | 53.01          | PAIN CLINIC                          | 7,626                               | 381                               | 0                                          | 0                                   | 0                                       | 8.00   |
| 9.00   | 54.00          | RADIOLOGY-DIAGNOSTIC                 | 4,706                               | 235                               | 0                                          | 0                                   | 0                                       | 9.00   |
| 10.00  | 60.00          | LABORATORY                           | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 10.00  |
| 11.00  | 64.00          | INTRAVENOUS THERAPY                  | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 11.00  |
| 12.00  | 70.00          | ELECTROENCEPHALOGRAPHY               | 49,723                              | 2,486                             | 0                                          | 0                                   | 0                                       | 12.00  |
| 13.00  | 74.00          | RENAL DIALYSIS                       | 2,847                               | 142                               | 0                                          | 0                                   | 0                                       | 13.00  |
| 14.00  | 76.00          | PSYCHIATRIC/PSYCHOLOGICAL SERVICES   | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 14.00  |
| 15.00  | 76.02          | CARDIOLOGY                           | 21,455                              | 1,073                             | 0                                          | 0                                   | 0                                       | 15.00  |
| 16.00  | 90.00          | CLINIC                               | -203                                | -10                               | 0                                          | 0                                   | 0                                       | 16.00  |
| 17.00  | 90.03          | PHYSICIAN OFFICES                    | 257,562                             | 12,878                            | 0                                          | 0                                   | 0                                       | 17.00  |
| 18.00  | 90.06          | ENDOCRINOLOGY, DIABETES & METABOLISM | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 18.00  |
| 19.00  | 90.07          | WOUND CARE CENTER                    | 12,202                              | 610                               | 0                                          | 0                                   | 0                                       | 19.00  |
| 20.00  | 90.08          | INTENSIVISTS CLINIC                  | -8,033                              | -402                              | 0                                          | 0                                   | 0                                       | 20.00  |
| 21.00  | 90.09          | NEUROLOGY CLINIC                     | 1,525                               | 76                                | 0                                          | 0                                   | 0                                       | 21.00  |
| 22.00  | 90.10          | MULTI-SPECIALTY CLINIC               | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 22.00  |
| 23.00  | 90.11          | PEDIATRICS-GASTROENTEROL CLINIC      | -102                                | -5                                | 0                                          | 0                                   | 0                                       | 23.00  |
| 24.00  | 90.12          | VASCULAR CLINIC                      | 8,541                               | 427                               | 0                                          | 0                                   | 0                                       | 24.00  |
| 25.00  | 90.13          | ONCOLOGY CLINIC                      | 1,525                               | 76                                | 0                                          | 0                                   | 0                                       | 25.00  |
| 26.00  | 91.00          | EMERGENCY                            | 76,059                              | 3,803                             | 0                                          | 0                                   | 0                                       | 26.00  |
| 200.00 |                |                                      | 477,547                             | 23,876                            | 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                                          | 822,639                             |                                         | 1.00   |
| 2.00   | 31.00          | INTENSIVE CARE UNIT                  | 0                                   | 2,135                             | 1,015                                      | 1,015                               |                                         | 2.00   |
| 3.00   | 41.00          | SUBPROVIDER - IRF                    | 0                                   | 8,745                             | 2,498                                      | 75,907                              |                                         | 3.00   |

## PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0209

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

Worksheet A-8-2

Date/Time Prepared:  
8/5/2020 1:45 pm

|        | 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      |  |        |
| 4.00   | 43.00          | NURSERY                              | 0                                   | 0                  | 0                | 1,035,500  |  | 4.00   |
| 5.00   | 50.00          | OPERATING ROOM                       | 0                                   | 5,568              | 3,832            | 1,192,078  |  | 5.00   |
| 6.00   | 52.00          | DELIVERY ROOM & LABOR ROOM           | 0                                   | 11,855             | 14,192           | 1,388,692  |  | 6.00   |
| 7.00   | 53.00          | ANESTHESIOLOGY                       | 0                                   | 13,811             | 7,923            | 5,473,843  |  | 7.00   |
| 8.00   | 53.01          | PAIN CLINIC                          | 0                                   | 7,626              | 5,874            | 5,874      |  | 8.00   |
| 9.00   | 54.00          | RADIOLOGY-DIAGNOSTIC                 | 0                                   | 4,706              | 694              | 154,690    |  | 9.00   |
| 10.00  | 60.00          | LABORATORY                           | 0                                   | 0                  | 0                | 567,517    |  | 10.00  |
| 11.00  | 64.00          | INTRAVENOUS THERAPY                  | 0                                   | 0                  | 0                | 1,440      |  | 11.00  |
| 12.00  | 70.00          | ELECTROENCEPHALOGRAPHY               | 0                                   | 49,723             | 0                | 0          |  | 12.00  |
| 13.00  | 74.00          | RENAL DIALYSIS                       | 0                                   | 2,847              | 1,033            | 1,033      |  | 13.00  |
| 14.00  | 76.00          | PSYCHIATRIC/PSYCHOLOGICAL SERVICES   | 0                                   | 0                  | 0                | 5,744      |  | 14.00  |
| 15.00  | 76.02          | CARDIOLOGY                           | 0                                   | 21,455             | 10,131           | 10,131     |  | 15.00  |
| 16.00  | 90.00          | CLINIC                               | 0                                   | -213               | 36               | 166,243    |  | 16.00  |
| 17.00  | 90.03          | PHYSICIAN OFFICES                    | 0                                   | 257,562            | 116,192          | 21,373,014 |  | 17.00  |
| 18.00  | 90.06          | ENDOCRINOLOGY, DIABETES & METABOLISM | 0                                   | 0                  | 0                | 515,366    |  | 18.00  |
| 19.00  | 90.07          | WOUND CARE CENTER                    | 0                                   | 12,202             | 7,563            | 322,722    |  | 19.00  |
| 20.00  | 90.08          | INTENSIVISTS CLINIC                  | 0                                   | -8,435             | 0                | 2,792,641  |  | 20.00  |
| 21.00  | 90.09          | NEUROLOGY CLINIC                     | 0                                   | 1,525              | 788              | 1,572,998  |  | 21.00  |
| 22.00  | 90.10          | MULTI-SPECIALITY CLINIC              | 0                                   | 0                  | 0                | 773,524    |  | 22.00  |
| 23.00  | 90.11          | PEDIATRICS-GASTROENTEROL CLINIC      | 0                                   | -107               | 0                | 432,157    |  | 23.00  |
| 24.00  | 90.12          | VASCULAR CLINIC                      | 0                                   | 8,541              | 8,224            | 628,974    |  | 24.00  |
| 25.00  | 90.13          | ONCOLOGY CLINIC                      | 0                                   | 1,525              | 1,475            | 69,899     |  | 25.00  |
| 26.00  | 91.00          | EMERGENCY                            | 0                                   | 76,059             | 63,698           | 8,059,741  |  | 26.00  |
| 200.00 |                |                                      | 0                                   | 477,130            | 245,168          | 47,443,382 |  | 200.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description                |       |                                         | CAPITAL RELATED COSTS                                             |             | EMPLOYEE<br>BENEFITS<br>DEPARTMENT | PARKING    |       |
|----------------------------------------|-------|-----------------------------------------|-------------------------------------------------------------------|-------------|------------------------------------|------------|-------|
|                                        |       |                                         | Net Expenses<br>for Cost<br>Allocation<br>(from Wkst A<br>col. 7) | BLDG & FIXT | MVBLE EQUIP                        |            |       |
|                                        |       |                                         | 0                                                                 | 1.00        | 2.00                               | 4.00       | 4.01  |
| GENERAL SERVICE COST CENTERS           |       |                                         |                                                                   |             |                                    |            |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT               | 6,992,168                                                         | 6,992,168   |                                    |            | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP               | 1,109,361                                                         |             | 1,109,361                          |            | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT            | 13,109,206                                                        | 9,736       | 306                                | 13,119,248 | 4.00  |
| 4.01                                   | 00401 | PARKING                                 | 418,026                                                           |             | 74,802                             | 7,896      | 4.01  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL                | 78,664,152                                                        | 235,688     | 15,541                             | 173,089    | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                   | 3,353,744                                                         | 132,549     | 32,686                             | 153,983    | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                      | 11,315,302                                                        | 1,098,077   | 111,898                            | 105,793    | 7.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                 | 214,283                                                           | 23,682      | 0                                  | 9,305      | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                            | 3,440,079                                                         | 86,703      | 5,610                              | 179,544    | 9.00  |
| 10.00                                  | 01000 | DIETARY                                 | 1,740,933                                                         | 135,520     | 2,604                              | 106,660    | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                               | 1,868,787                                                         | 92,274      | 17,020                             | 133,645    | 11.00 |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL                | 0                                                                 | 0           | 0                                  | 0          | 12.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                  | 7,188,918                                                         | 0           | 0                                  | 70,939     | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY               | -1,108,028                                                        | 66,557      | 14,394                             | 62,204     | 14.00 |
| 15.00                                  | 01500 | PHARMACY                                | 3,061,055                                                         | 51,389      | 12,146                             | 404,552    | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY               | 1,694,492                                                         | 0           | 0                                  | 0          | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                          | 0                                                                 | 0           | 0                                  | 0          | 17.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS               | 0                                                                 | 0           | 0                                  | 0          | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                          | 0                                                                 | 1,177,996   | 37,510                             | 588,371    | 20.00 |
| 21.00                                  | 02100 | I&R SRVCES-SALARY & FRINGES APPRVD      | 6,574,472                                                         | 74,377      | 747                                | 477,969    | 21.00 |
| 22.00                                  | 02200 | I&R SRVCES-OTHER PRGM COSTS APPRVD      | 2,085,342                                                         | 0           | 0                                  | 0          | 22.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                         |                                                                   |             |                                    |            |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                     | 19,931,803                                                        | 891,290     | 77,442                             | 1,398,662  | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                     | 3,930,692                                                         | 130,199     | 10,112                             | 297,876    | 31.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT            | 393,416                                                           | 3,637       | 247                                | 19,312     | 34.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                       | 6,323,751                                                         | 227,933     | 3,619                              | 431,674    | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                       | 2,026,434                                                         | 166,374     | 1,602                              | 129,936    | 41.00 |
| 43.00                                  | 04300 | NURSERY                                 | 1,359,444                                                         | 29,364      | 3,202                              | 99,291     | 43.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                         |                                                                   |             |                                    |            |       |
| 50.00                                  | 05000 | OPERATING ROOM                          | 19,216,554                                                        | 413,574     | 210,471                            | 686,064    | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                           | 2,505,685                                                         | 150,660     | 12,287                             | 162,740    | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM              | 1,842,438                                                         | 88,601      | 5,796                              | 139,890    | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                          | 2,722,170                                                         | 10,670      | 14,087                             | 537,038    | 53.00 |
| 53.01                                  | 03950 | PAIN CLINIC                             | 194,030                                                           | 0           | 478                                | 5,605      | 53.01 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                    | 6,652,543                                                         | 320,735     | 133,826                            | 324,425    | 54.00 |
| 54.01                                  | 05401 | NORTHSIDE IMAGING                       | 496,837                                                           | 0           | 2,649                              | 8,056      | 54.01 |
| 54.02                                  | 05402 | NORTHSIDE MAMMOGRAPHY                   | 297,519                                                           | 0           | 2,313                              | 4,502      | 54.02 |
| 54.03                                  | 05403 | NORTHSIDE ULTRASOUND                    | 121,563                                                           | 0           | 1,210                              | 2,995      | 54.03 |
| 54.04                                  | 05404 | NORTHSIDE CARDIO                        | 0                                                                 | 0           | 0                                  | 0          | 54.04 |
| 54.05                                  | 05405 | NORTHSIDE ADMIN                         | 0                                                                 | 0           | 0                                  | 0          | 54.05 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                   | 2,166,634                                                         | 116,724     | 54,147                             | 106,189    | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                            | 0                                                                 | 0           | 0                                  | 0          | 56.00 |
| 56.01                                  | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 1,332,346                                                         | 103,232     | 19,938                             | 33,300     | 56.01 |
| 57.00                                  | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 903,940                                                           | 0           | 5,023                              | 47,266     | 57.00 |
| 57.01                                  | 05701 | NORTHSIDE CT                            | 351,129                                                           | 0           | 507                                | 6,383      | 57.01 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 651,224                                                           | 34,139      | 4,204                              | 36,190     | 58.00 |
| 58.01                                  | 05801 | NORTHSIDE MRI                           | 558,804                                                           | 0           | 0                                  | 9,509      | 58.01 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                 | 798,081                                                           | 33,824      | 28,643                             | 44,776     | 59.00 |
| 60.00                                  | 06000 | LABORATORY                              | 17,829,160                                                        | 206,824     | 44,650                             | 554,031    | 60.00 |
| 60.01                                  | 06001 | NORTHSIDE LAB                           | 0                                                                 | 0           | 0                                  | 0          | 60.01 |
| 62.30                                  | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0                                                                 | 0           | 0                                  | 0          | 62.30 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 1,115,073                                                         | 0           | 0                                  | 0          | 63.00 |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                     | 2,807,993                                                         | 133,104     | 9,581                              | 180,884    | 64.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                     | 1,660,478                                                         | 22,423      | 6,611                              | 103,932    | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                        | 1,392,694                                                         | 53,851      | 16                                 | 1,301      | 3,862 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                    | 697,031                                                           | 7,949       | 17                                 | 1,334      | 570   |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                        | 619,611                                                           | 18,629      | 199                                | 8,493      | 1,336 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                       | 250,011                                                           | 3,646       | 1,118                              | 17,456     | 261   |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                  | 1,055,057                                                         | 0           | 650                                | 63,891     | 0     |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 1,453,343                                                         | 0           | 0                                  | 0          | 0     |
| 72.00                                  | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 17,504,775                                                        | 0           | 0                                  | 0          | 0     |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS               | 11,551,856                                                        | 0           | 0                                  | 0          | 0     |
| 74.00                                  | 07400 | RENAL DIALYSIS                          | 538,974                                                           | 23,080      | 9,839                              | 20,471     | 1,655 |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 600,243                                                           | 45,068      | 351                                | 39,714     | 3,232 |
| 76.01                                  | 03340 | GASTRO INTESTINAL SERVICES              | 1,096,026                                                         | 33,195      | 27,070                             | 34,236     | 2,380 |
| 76.02                                  | 03140 | CARDIOLOGY                              | 902,488                                                           | 62,809      | 4,294                              | 61,502     | 4,504 |
| 76.03                                  | 03560 | PULMONARY FUNCTION TESTING              | 142,861                                                           | 4,146       | 1,209                              | 9,458      | 297   |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
8/5/2020 1:45 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 | PARKING |        |
|---------------------------------|-------------------------|----------------------------------------|-------------------------------------------------------------------|-----------------------|-------------|------------------------------------|---------|--------|
|                                 |                         |                                        |                                                                   | BLDG & FIXT           | MVBLE EQUIP |                                    |         |        |
|                                 |                         |                                        |                                                                   |                       |             |                                    |         |        |
|                                 |                         |                                        | 0                                                                 | 1.00                  | 2.00        | 4.00                               | 4.01    |        |
| 76.97                           | 07697                   | CARDIAC REHABILITATION                 | 10,401                                                            | 0                     | 73          | 565                                | 0       | 76.97  |
| 76.98                           | 07698                   | HYPERBARIC OXYGEN THERAPY              | 789,467                                                           | 18,490                | 165         | 34,658                             | 1,326   | 76.98  |
| 76.99                           | 07699                   | LITHOTRIPSY                            | -236                                                              | 0                     | 0           | 0                                  | 0       | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |                         |                                        |                                                                   |                       |             |                                    |         |        |
| 90.00                           | 09000                   | CLINIC                                 | 3,892,896                                                         | 94,912                | 12,292      | 224,554                            | 6,806   | 90.00  |
| 90.01                           | 09001                   | CHILLI FAMILY PHYSICIANS               | 1,416                                                             | 0                     | 0           | 0                                  | 0       | 90.01  |
| 90.02                           | 09005                   | CLINIC                                 | 0                                                                 | 0                     | 0           | 0                                  | 0       | 90.02  |
| 90.03                           | 09002                   | PHYSICIAN OFFICES                      | 11,499,492                                                        | 179,505               | 42,705      | 2,692,939                          | 12,873  | 90.03  |
| 90.06                           | 09003                   | ENDOCRINOLOGY, DIABETES & METABOLISM   | 514,463                                                           | 0                     | 1,637       | 83,544                             | 0       | 90.06  |
| 90.07                           | 09004                   | WOUND CARE CENTER                      | 551,109                                                           | 0                     | 303         | 65,631                             | 0       | 90.07  |
| 90.08                           | 09008                   | INTENSIVISTS CLINIC                    | 2,618,536                                                         | 0                     | 940         | 411,997                            | 0       | 90.08  |
| 90.09                           | 09009                   | NEUROLOGY CLINIC                       | 558,981                                                           | 0                     | 4,734       | 155,684                            | 0       | 90.09  |
| 90.10                           | 09010                   | MULTI-SPECIALITY CLINIC                | 703,364                                                           | 0                     | 1,335       | 112,372                            | 0       | 90.10  |
| 90.11                           | 09011                   | PEDIATRICS-GASTROENTEROL CLINIC        | 172,074                                                           | 0                     | 0           | 49,484                             | 0       | 90.11  |
| 90.12                           | 09012                   | VASCULAR CLINIC                        | 346,671                                                           | 0                     | 443         | 21,799                             | 0       | 90.12  |
| 90.13                           | 09013                   | ONCOLOGY CLINIC                        | 248,673                                                           | 0                     | 1,299       | 13,080                             | 0       | 90.13  |
| 91.00                           | 09100                   | EMERGENCY                              | 6,830,408                                                         | 127,552               | 14,908      | 463,293                            | 9,147   | 91.00  |
| 92.00                           | 09200                   | OBSERVATION BEDS                       |                                                                   |                       |             |                                    |         | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |                         |                                        |                                                                   |                       |             |                                    |         |        |
| 95.00                           | 09500                   | AMBULANCE SERVICES                     | 0                                                                 | 0                     | 0           | 0                                  | 0       | 95.00  |
| 101.00                          | 10100                   | HOME HEALTH AGENCY                     | 8,673,226                                                         | 1,342                 | 4,186       | 405,830                            | 96      | 101.00 |
| SPECIAL PURPOSE COST CENTERS    |                         |                                        |                                                                   |                       |             |                                    |         |        |
| 113.00                          | 11300                   | INTEREST EXPENSE                       |                                                                   |                       |             |                                    |         | 113.00 |
| 116.00                          | 11600                   | HOSPICE                                | 4,216,944                                                         | 23,376                | 104         | 172,529                            | 1,676   | 116.00 |
| 118.00                          |                         | SUBTOTALS (SUM OF LINES 1 through 117) | 319,344,888                                                       | 6,965,405             | 1,107,796   | 13,010,291                         | 498,805 | 118.00 |
| NONREIMBURSABLE COST CENTERS    |                         |                                        |                                                                   |                       |             |                                    |         |        |
| 191.00                          | 19100                   | RESEARCH                               | 1,272,673                                                         | 0                     | 0           | 25,246                             | 0       | 191.00 |
| 192.00                          | 19200                   | PHYSICIANS' PRIVATE OFFICES            | 0                                                                 | 0                     | 0           | 0                                  | 0       | 192.00 |
| 193.00                          | 19300                   | NONPAID WORKERS                        | 0                                                                 | 0                     | 0           | 0                                  | 0       | 193.00 |
| 194.00                          | 07950                   | HEARTLAND PHARMACY                     | 0                                                                 | 0                     | 0           | 0                                  | 0       | 194.00 |
| 194.01                          | 07951                   | FOUNDATION                             | 4,360                                                             | 26,763                | 0           | 0                                  | 1,919   | 194.01 |
| 194.02                          | 07952                   | WELLNESS CENTER                        | 664,488                                                           | 0                     | 1,565       | 20,877                             | 0       | 194.02 |
| 194.03                          | 07954                   | CAPITAL LABOR                          | 0                                                                 | 0                     | 0           | 0                                  | 0       | 194.03 |
| 194.05                          | 07953                   | OTHER NON-REIMBURSABLE                 | 1,682,527                                                         | 0                     | 0           | 62,834                             | 0       | 194.05 |
| 200.00                          |                         | Cross Foot Adjustments                 |                                                                   |                       |             |                                    |         | 200.00 |
| 201.00                          |                         | Negative Cost Centers                  |                                                                   | 0                     | 0           | 0                                  | 0       | 201.00 |
| 202.00                          |                         | TOTAL (sum lines 118 through 201)      | 322,968,936                                                       | 6,992,168             | 1,109,361   | 13,119,248                         | 500,724 | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description                |       | Subtotal                                | ADMINISTRATIVE<br>& GENERAL | MAINTENANCE &<br>REPAIRS | OPERATION OF<br>PLANT | LAUNDRY &<br>LINEN SERVICE |         |
|----------------------------------------|-------|-----------------------------------------|-----------------------------|--------------------------|-----------------------|----------------------------|---------|
|                                        |       | 4A.01                                   | 5.00                        | 6.00                     | 7.00                  | 8.00                       |         |
| GENERAL SERVICE COST CENTERS           |       |                                         |                             |                          |                       |                            |         |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT               |                             |                          |                       |                            | 1.00    |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP               |                             |                          |                       |                            | 2.00    |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT            |                             |                          |                       |                            | 4.00    |
| 4.01                                   | 00401 | PARKING                                 |                             |                          |                       |                            | 4.01    |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL                | 79,105,372                  | 79,105,372               |                       |                            | 5.00    |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                   | 3,682,467                   | 1,189,846                | 4,872,313             |                            | 6.00    |
| 7.00                                   | 00700 | OPERATION OF PLANT                      | 12,709,815                  | 4,106,681                | 808,892               | 17,625,388                 | 7.00    |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                 | 248,968                     | 80,444                   | 17,445                | 75,669                     | 422,526 |
| 9.00                                   | 00900 | HOUSEKEEPING                            | 3,718,154                   | 1,201,376                | 63,870                | 277,039                    | 0       |
| 10.00                                  | 01000 | DIETARY                                 | 1,995,435                   | 644,747                  | 99,830                | 433,020                    | 0       |
| 11.00                                  | 01100 | CAFETERIA                               | 2,118,343                   | 684,460                  | 67,974                | 294,840                    | 0       |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL                | 0                           | 0                        | 0                     | 0                          | 0       |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                  | 7,259,857                   | 2,345,740                | 0                     | 0                          | 0       |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY               | -960,100                    | 0                        | 49,029                | 212,666                    | 1,891   |
| 15.00                                  | 01500 | PHARMACY                                | 3,532,827                   | 1,141,495                | 37,855                | 164,201                    | 0       |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY               | 1,694,492                   | 547,509                  | 0                     | 0                          | 0       |
| 17.00                                  | 01700 | SOCIAL SERVICE                          | 0                           | 0                        | 0                     | 0                          | 0       |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS               | 0                           | 0                        | 0                     | 0                          | 0       |
| 20.00                                  | 02000 | NURSING SCHOOL                          | 1,888,354                   | 610,148                  | 867,765               | 3,763,995                  | 0       |
| 21.00                                  | 02100 | I&R SRVCES-SALARY & FRINGES APPRVD      | 7,132,899                   | 2,304,718                | 54,789                | 237,652                    | 0       |
| 22.00                                  | 02200 | I&R SRVCES-OTHER PRGM COSTS APPRVD      | 2,085,342                   | 673,797                  | 0                     | 0                          | 0       |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                         |                             |                          |                       |                            |         |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                     | 22,363,113                  | 7,225,846                | 656,564               | 2,847,894                  | 127,846 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                     | 4,378,216                   | 1,414,650                | 95,910                | 416,017                    | 17,274  |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT            | 416,873                     | 134,696                  | 2,679                 | 11,621                     | 424     |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                       | 7,003,323                   | 2,262,851                | 167,906               | 728,303                    | 16,545  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                       | 2,336,277                   | 754,877                  | 122,558               | 531,605                    | 9,349   |
| 43.00                                  | 04300 | NURSERY                                 | 1,493,407                   | 482,536                  | 21,631                | 93,825                     | 2,447   |
| ANCILLARY SERVICE COST CENTERS         |       |                                         |                             |                          |                       |                            |         |
| 50.00                                  | 05000 | OPERATING ROOM                          | 20,556,321                  | 6,641,973                | 304,657               | 1,321,473                  | 71,815  |
| 51.00                                  | 05100 | RECOVERY ROOM                           | 2,842,176                   | 918,338                  | 110,983               | 481,396                    | 9,082   |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM              | 2,083,079                   | 673,066                  | 65,267                | 283,101                    | 18,498  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                          | 3,284,730                   | 1,061,332                | 7,860                 | 34,094                     | 0       |
| 53.01                                  | 03950 | PAIN CLINIC                             | 200,113                     | 64,659                   | 0                     | 0                          | 0       |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                    | 7,454,530                   | 2,408,641                | 236,268               | 1,024,829                  | 0       |
| 54.01                                  | 05401 | NORTHSIDE IMAGING                       | 507,542                     | 163,992                  | 0                     | 0                          | 32,923  |
| 54.02                                  | 05402 | NORTHSIDE MAMMOGRAPHY                   | 304,334                     | 98,334                   | 0                     | 0                          | 0       |
| 54.03                                  | 05403 | NORTHSIDE ULTRASOUND                    | 125,768                     | 40,637                   | 0                     | 0                          | 0       |
| 54.04                                  | 05404 | NORTHSIDE CARDIO                        | 0                           | 0                        | 0                     | 0                          | 0       |
| 54.05                                  | 05405 | NORTHSIDE ADMIN                         | 0                           | 0                        | 0                     | 0                          | 0       |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                   | 2,452,065                   | 792,289                  | 85,984                | 372,964                    | 8,559   |
| 56.00                                  | 05600 | RADIOISOTOPE                            | 0                           | 0                        | 0                     | 0                          | 0       |
| 56.01                                  | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 1,496,219                   | 483,445                  | 76,045                | 329,851                    | 1,982   |
| 57.00                                  | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 956,229                     | 308,968                  | 0                     | 0                          | 0       |
| 57.01                                  | 05701 | NORTHSIDE CT                            | 358,019                     | 115,680                  | 0                     | 0                          | 0       |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 728,205                     | 235,291                  | 25,148                | 109,083                    | 0       |
| 58.01                                  | 05801 | NORTHSIDE MRI                           | 568,313                     | 183,628                  | 0                     | 0                          | 0       |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                 | 907,750                     | 293,304                  | 24,917                | 108,078                    | 0       |
| 60.00                                  | 06000 | LABORATORY                              | 18,649,497                  | 6,025,858                | 152,356               | 660,855                    | 957     |
| 60.01                                  | 06001 | NORTHSIDE LAB                           | 0                           | 0                        | 0                     | 0                          | 0       |
| 62.30                                  | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0                           | 0                        | 0                     | 0                          | 0       |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 1,115,073                   | 360,292                  | 0                     | 0                          | 0       |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                     | 3,141,107                   | 1,014,926                | 98,051                | 425,302                    | 24,965  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                     | 1,795,052                   | 580,001                  | 16,518                | 71,648                     | 778     |
| 66.00                                  | 06600 | PHYSICAL THERAPY                        | 1,451,724                   | 469,068                  | 39,669                | 172,067                    | 747     |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                    | 706,901                     | 228,407                  | 5,856                 | 25,400                     | 178     |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                        | 648,268                     | 209,463                  | 13,723                | 59,524                     | 560     |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                       | 272,492                     | 88,045                   | 2,686                 | 11,650                     | 1       |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                  | 1,119,598                   | 361,754                  | 0                     | 0                          | 341     |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 1,453,343                   | 469,591                  | 0                     | 0                          | 0       |
| 72.00                                  | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 17,504,775                  | 5,655,985                | 0                     | 0                          | 0       |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS               | 11,551,856                  | 3,732,532                | 0                     | 0                          | 0       |
| 74.00                                  | 07400 | RENAL DIALYSIS                          | 594,019                     | 191,934                  | 17,002                | 73,747                     | 1,134   |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 688,608                     | 222,497                  | 33,199                | 144,005                    | 0       |
| 76.01                                  | 03340 | GASTRO INTESTINAL SERVICES              | 1,192,907                   | 385,441                  | 24,453                | 106,067                    | 5,444   |
| 76.02                                  | 03140 | CARDIOLOGY                              | 1,035,597                   | 334,613                  | 46,268                | 200,690                    | 5,462   |
| 76.03                                  | 03560 | PULMONARY FUNCTION TESTING              | 157,971                     | 51,042                   | 3,054                 | 13,247                     | 55      |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                  | 11,039                      | 3,567                    | 0                     | 0                          | 0       |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY               | 844,106                     | 272,740                  | 13,621                | 59,080                     | 0       |
| 76.99                                  | 07699 | LITHOTRIPSY                             | -236                        | 0                        | 0                     | 0                          | 0       |
| OUTPATIENT SERVICE COST CENTERS        |       |                                         |                             |                          |                       |                            |         |
| 90.00                                  | 09000 | CLINIC                                  | 4,231,460                   | 1,367,231                | 69,916                | 303,268                    | 1,536   |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description         |       |                                        | Subtotal    | ADMINISTRATIVE<br>& GENERAL | MAINTENANCE &<br>REPAIRS | OPERATION OF<br>PLANT | LAUNDRY &<br>LINEN SERVICE |        |
|---------------------------------|-------|----------------------------------------|-------------|-----------------------------|--------------------------|-----------------------|----------------------------|--------|
|                                 |       |                                        | 4A.01       | 5.00                        | 6.00                     | 7.00                  | 8.00                       |        |
| 90.01                           | 09001 | CHILLI FAMILY PHYSICIANS               | 1,416       | 458                         | 0                        | 0                     | 0                          | 90.01  |
| 90.02                           | 09005 | CLINIC                                 | 0           | 0                           | 0                        | 0                     | 0                          | 90.02  |
| 90.03                           | 09002 | PHYSICIAN OFFICES                      | 14,427,514  | 4,661,688                   | 132,232                  | 573,565               | 2,755                      | 90.03  |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM   | 599,644     | 193,752                     | 0                        | 0                     | 0                          | 90.06  |
| 90.07                           | 09004 | WOUND CARE CENTER                      | 617,043     | 199,373                     | 0                        | 0                     | 0                          | 90.07  |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                    | 3,031,473   | 979,502                     | 0                        | 0                     | 0                          | 90.08  |
| 90.09                           | 09009 | NEUROLOGY CLINIC                       | 719,399     | 232,446                     | 0                        | 0                     | 0                          | 90.09  |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                | 817,071     | 264,005                     | 0                        | 0                     | 0                          | 90.10  |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC        | 221,558     | 71,588                      | 0                        | 0                     | 0                          | 90.11  |
| 90.12                           | 09012 | VASCULAR CLINIC                        | 368,913     | 119,200                     | 0                        | 0                     | 0                          | 90.12  |
| 90.13                           | 09013 | ONCOLOGY CLINIC                        | 263,052     | 84,995                      | 0                        | 0                     | 0                          | 90.13  |
| 91.00                           | 09100 | EMERGENCY                              | 7,445,308   | 2,405,661                   | 93,960                   | 407,560               | 58,978                     | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS                       | 0           | 0                           | 0                        | 0                     | 0                          | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |       |                                        |             |                             |                          |                       |                            |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                     | 0           | 0                           | 0                        | 0                     | 0                          | 95.00  |
| 101.00                          | 10100 | HOME HEALTH AGENCY                     | 9,084,680   | 2,935,360                   | 988                      | 4,288                 | 0                          | 101.00 |
| SPECIAL PURPOSE COST CENTERS    |       |                                        |             |                             |                          |                       |                            |        |
| 113.00                          | 11300 | INTEREST EXPENSE                       | 0           | 0                           | 0                        | 0                     | 0                          | 113.00 |
| 116.00                          | 11600 | HOSPICE                                | 4,414,629   | 1,426,415                   | 17,220                   | 74,693                | 0                          | 116.00 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117) | 319,205,684 | 77,889,424                  | 4,852,598                | 17,539,872            | 422,526                    | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                        |             |                             |                          |                       |                            |        |
| 191.00                          | 19100 | RESEARCH                               | 1,297,919   | 419,372                     | 0                        | 0                     | 0                          | 191.00 |
| 192.00                          | 19200 | PHYSICIANS' PRIVATE OFFICES            | 0           | 0                           | 0                        | 0                     | 0                          | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                        | 0           | 0                           | 0                        | 0                     | 0                          | 193.00 |
| 194.00                          | 07950 | HEARTLAND PHARMACY                     | 0           | 0                           | 0                        | 0                     | 0                          | 194.00 |
| 194.01                          | 07951 | FOUNDATION                             | 33,042      | 10,676                      | 19,715                   | 85,516                | 0                          | 194.01 |
| 194.02                          | 07952 | WELLNESS CENTER                        | 686,930     | 221,955                     | 0                        | 0                     | 0                          | 194.02 |
| 194.03                          | 07954 | CAPITAL LABOR                          | 0           | 0                           | 0                        | 0                     | 0                          | 194.03 |
| 194.05                          | 07953 | OTHER NON-REIMBURSABLE                 | 1,745,361   | 563,945                     | 0                        | 0                     | 0                          | 194.05 |
| 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)      | 322,968,936 | 79,105,372                  | 4,872,313                | 17,625,388            | 422,526                    | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description                |       |                                         | HOUSEKEEPING | DIETARY   | CAFETERIA | MAINTENANCE OF PERSONNEL | NURSING ADMINISTRATION |       |
|----------------------------------------|-------|-----------------------------------------|--------------|-----------|-----------|--------------------------|------------------------|-------|
|                                        |       |                                         | 9.00         | 10.00     | 11.00     | 12.00                    | 13.00                  |       |
| GENERAL SERVICE COST CENTERS           |       |                                         |              |           |           |                          |                        |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT               |              |           |           |                          |                        | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP               |              |           |           |                          |                        | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT            |              |           |           |                          |                        | 4.00  |
| 4.01                                   | 00401 | PARKING                                 |              |           |           |                          |                        | 4.01  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL                |              |           |           |                          |                        | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                   |              |           |           |                          |                        | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                      |              |           |           |                          |                        | 7.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                 |              |           |           |                          |                        | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                            | 5,260,439    |           |           |                          |                        | 9.00  |
| 10.00                                  | 01000 | DIETARY                                 | 0            | 3,173,032 |           |                          |                        | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                               | 79,545       | 0         | 3,245,162 |                          |                        | 11.00 |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL                | 0            | 0         | 0         | 0                        |                        | 12.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                  | 0            | 0         | 24,414    | 0                        | 9,630,011              | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY               | 79,545       | 0         | 35,934    | 0                        | 0                      | 14.00 |
| 15.00                                  | 01500 | PHARMACY                                | 0            | 0         | 87,894    | 0                        | 0                      | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY               | 0            | 0         | 0         | 0                        | 0                      | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                          | 0            | 0         | 0         | 0                        | 0                      | 17.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS               | 0            | 0         | 0         | 0                        | 0                      | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                          | 0            | 0         | 202,436   | 0                        | 0                      | 20.00 |
| 21.00                                  | 02100 | I&R SRVCS-SALARY & FRINGES APPRVD       | 0            | 0         | 108,993   | 0                        | 0                      | 21.00 |
| 22.00                                  | 02200 | I&R SRVCS-OTHER PRGM COSTS APPRVD       | 0            | 0         | 0         | 0                        | 0                      | 22.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                         |              |           |           |                          |                        |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                     | 1,572,061    | 2,045,229 | 471,809   | 0                        | 1,631,152              | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                     | 404,005      | 129,291   | 85,165    | 0                        | 294,432                | 31.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT            | 12,560       | 124,391   | 2,509     | 0                        | 8,675                  | 34.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                       | 420,751      | 639,730   | 163,754   | 0                        | 566,132                | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                       | 133,971      | 234,391   | 47,711    | 0                        | 164,945                | 41.00 |
| 43.00                                  | 04300 | NURSERY                                 | 0            | 0         | 26,850    | 0                        | 92,825                 | 43.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                         |              |           |           |                          |                        |       |
| 50.00                                  | 05000 | OPERATING ROOM                          | 998,500      | 0         | 219,780   | 0                        | 759,824                | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                           | 54,426       | 0         | 51,777    | 0                        | 179,002                | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM              | 205,142      | 0         | 42,051    | 0                        | 145,380                | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                          | 0            | 0         | 73,571    | 0                        | 254,351                | 53.00 |
| 53.01                                  | 03950 | PAIN CLINIC                             | 0            | 0         | 2,546     | 0                        | 8,801                  | 53.01 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                    | 121,411      | 0         | 111,776   | 0                        | 386,434                | 54.00 |
| 54.01                                  | 05401 | NORTHSIDE IMAGING                       | 0            | 0         | 3,370     | 0                        | 11,651                 | 54.01 |
| 54.02                                  | 05402 | NORTHSIDE MAMMOGRAPHY                   | 0            | 0         | 1,795     | 0                        | 6,205                  | 54.02 |
| 54.03                                  | 05403 | NORTHSIDE ULTRASOUND                    | 0            | 0         | 678       | 0                        | 2,343                  | 54.03 |
| 54.04                                  | 05404 | NORTHSIDE CARDIO                        | 0            | 0         | 0         | 0                        | 0                      | 54.04 |
| 54.05                                  | 05405 | NORTHSIDE ADMIN                         | 0            | 0         | 0         | 0                        | 0                      | 54.05 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                   | 113,038      | 0         | 27,216    | 0                        | 94,092                 | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                            | 0            | 0         | 0         | 0                        | 0                      | 56.00 |
| 56.01                                  | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 0            | 0         | 7,857     | 0                        | 27,164                 | 56.01 |
| 57.00                                  | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 0            | 0         | 17,418    | 0                        | 60,216                 | 57.00 |
| 57.01                                  | 05701 | NORTHSIDE CT                            | 0            | 0         | 1,905     | 0                        | 6,585                  | 57.01 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 0            | 0         | 11,722    | 0                        | 40,524                 | 58.00 |
| 58.01                                  | 05801 | NORTHSIDE MRI                           | 0            | 0         | 3,297     | 0                        | 11,397                 | 58.01 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                 | 0            | 0         | 12,674    | 0                        | 43,817                 | 59.00 |
| 60.00                                  | 06000 | LABORATORY                              | 117,224      | 0         | 243,003   | 0                        | 840,112                | 60.00 |
| 60.01                                  | 06001 | NORTHSIDE LAB                           | 0            | 0         | 0         | 0                        | 0                      | 60.01 |
| 62.30                                  | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0            | 0         | 0         | 0                        | 0                      | 62.30 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 0            | 0         | 0         | 0                        | 0                      | 63.00 |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                     | 232,355      | 0         | 64,560    | 0                        | 223,198                | 64.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                     | 6,280        | 0         | 37,363    | 0                        | 129,170                | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                        | 2,093        | 0         | 476       | 0                        | 1,646                  | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                    | 35,586       | 0         | 495       | 0                        | 1,710                  | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                        | 4,187        | 0         | 2,692     | 0                        | 9,308                  | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                       | 0            | 0         | 6,282     | 0                        | 21,718                 | 69.00 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                  | 0            | 0         | 22,308    | 0                        | 77,122                 | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 0            | 0         | 0         | 0                        | 0                      | 71.00 |
| 72.00                                  | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 0            | 0         | 0         | 0                        | 0                      | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS               | 0            | 0         | 0         | 0                        | 0                      | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                          | 8,373        | 0         | 4,451     | 0                        | 15,386                 | 74.00 |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 0            | 0         | 15,110    | 0                        | 52,238                 | 76.00 |
| 76.01                                  | 03340 | GASTRO INTESTINAL SERVICES              | 81,638       | 0         | 11,575    | 0                        | 40,017                 | 76.01 |
| 76.02                                  | 03140 | CARDIOLOGY                              | 100,478      | 0         | 16,429    | 0                        | 56,797                 | 76.02 |
| 76.03                                  | 03560 | PULMONARY FUNCTION TESTING              | 2,093        | 0         | 3,315     | 0                        | 11,461                 | 76.03 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                  | 0            | 0         | 0         | 0                        | 0                      | 76.97 |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY               | 0            | 0         | 8,919     | 0                        | 30,836                 | 76.98 |
| 76.99                                  | 07699 | LITHOTRIPS                              | 0            | 0         | 0         | 0                        | 0                      | 76.99 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                         |              |           |           |                          |                        |       |
| 90.00                                  | 09000 | CLINIC                                  | 27,213       | 0         | 93,553    | 0                        | 323,432                | 90.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description         |       |                                        | HOUSEKEEPING | DIETARY   | CAFETERIA | MAINTENANCE OF PERSONNEL | NURSING ADMINISTRATION |        |
|---------------------------------|-------|----------------------------------------|--------------|-----------|-----------|--------------------------|------------------------|--------|
|                                 |       |                                        | 9.00         | 10.00     | 11.00     | 12.00                    | 13.00                  |        |
| 90.01                           | 09001 | CHILLI FAMILY PHYSICIANS               | 0            | 0         | 0         | 0                        | 0                      | 90.01  |
| 90.02                           | 09005 | CLINIC                                 | 0            | 0         | 0         | 0                        | 0                      | 90.02  |
| 90.03                           | 09002 | PHYSICIAN OFFICES                      | 0            | 0         | 349,798   | 0                        | 1,209,323              | 90.03  |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM   | 0            | 0         | 16,410    | 0                        | 56,734                 | 90.06  |
| 90.07                           | 09004 | WOUND CARE CENTER                      | 0            | 0         | 16,795    | 0                        | 58,063                 | 90.07  |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                    | 0            | 0         | 49,689    | 0                        | 171,784                | 90.08  |
| 90.09                           | 09009 | NEUROLOGY CLINIC                       | 0            | 0         | 18,425    | 0                        | 63,699                 | 90.09  |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                | 0            | 0         | 27,125    | 0                        | 93,775                 | 90.10  |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC        | 0            | 0         | 7,106     | 0                        | 24,568                 | 90.11  |
| 90.12                           | 09012 | VASCULAR CLINIC                        | 0            | 0         | 8,663     | 0                        | 29,950                 | 90.12  |
| 90.13                           | 09013 | ONCOLOGY CLINIC                        | 0            | 0         | 5,000     | 0                        | 17,286                 | 90.13  |
| 91.00                           | 09100 | EMERGENCY                              | 447,964      | 0         | 110,073   | 0                        | 380,545                | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS                       |              |           |           |                          |                        | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |       |                                        |              |           |           |                          |                        |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                     | 0            | 0         | 0         | 0                        | 0                      | 95.00  |
| 101.00                          | 10100 | HOME HEALTH AGENCY                     | 0            | 0         | 133,571   | 0                        | 461,783                | 101.00 |
| SPECIAL PURPOSE COST CENTERS    |       |                                        |              |           |           |                          |                        |        |
| 113.00                          | 11300 | INTEREST EXPENSE                       |              |           |           |                          |                        | 113.00 |
| 116.00                          | 11600 | HOSPICE                                | 0            | 0         | 51,465    | 0                        | 177,925                | 116.00 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117) | 5,260,439    | 3,173,032 | 3,171,553 | 0                        | 9,375,533              | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                        |              |           |           |                          |                        |        |
| 191.00                          | 19100 | RESEARCH                               | 0            | 0         | 7,363     | 0                        | 25,454                 | 191.00 |
| 192.00                          | 19200 | PHYSICIANS' PRIVATE OFFICES            | 0            | 0         | 0         | 0                        | 0                      | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                        | 0            | 0         | 0         | 0                        | 0                      | 193.00 |
| 194.00                          | 07950 | HEARTLAND PHARMACY                     | 0            | 0         | 0         | 0                        | 0                      | 194.00 |
| 194.01                          | 07951 | FOUNDATION                             | 0            | 0         | 0         | 0                        | 0                      | 194.01 |
| 194.02                          | 07952 | WELLNESS CENTER                        | 0            | 0         | 10,733    | 0                        | 37,105                 | 194.02 |
| 194.03                          | 07954 | CAPITAL LABOR                          | 0            | 0         | 0         | 0                        | 0                      | 194.03 |
| 194.05                          | 07953 | OTHER NON-REIMBURSABLE                 | 0            | 0         | 55,513    | 0                        | 191,919                | 194.05 |
| 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)      | 5,260,439    | 3,173,032 | 3,245,162 | 0                        | 9,630,011              | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description                |       |                                         | CENTRAL<br>SERVICES &<br>SUPPLY | PHARMACY  | MEDICAL<br>RECORDS &<br>LIBRARY | SOCIAL SERVICE | NONPHYSICIAN<br>ANESTHETISTS |       |
|----------------------------------------|-------|-----------------------------------------|---------------------------------|-----------|---------------------------------|----------------|------------------------------|-------|
|                                        |       |                                         | 14.00                           | 15.00     | 16.00                           | 17.00          | 19.00                        |       |
| GENERAL SERVICE COST CENTERS           |       |                                         |                                 |           |                                 |                |                              |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT               |                                 |           |                                 |                |                              | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP               |                                 |           |                                 |                |                              | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT            |                                 |           |                                 |                |                              | 4.00  |
| 4.01                                   | 00401 | PARKING                                 |                                 |           |                                 |                |                              | 4.01  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL                |                                 |           |                                 |                |                              | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                   |                                 |           |                                 |                |                              | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                      |                                 |           |                                 |                |                              | 7.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                 |                                 |           |                                 |                |                              | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                            |                                 |           |                                 |                |                              | 9.00  |
| 10.00                                  | 01000 | DIETARY                                 |                                 |           |                                 |                |                              | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                               |                                 |           |                                 |                |                              | 11.00 |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL                |                                 |           |                                 |                |                              | 12.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                  |                                 |           |                                 |                |                              | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY               | -581,035                        |           |                                 |                |                              | 14.00 |
| 15.00                                  | 01500 | PHARMACY                                | 0                               | 4,964,272 |                                 |                |                              | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY               | 0                               | 0         | 2,242,001                       |                |                              | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                          | 0                               | 0         | 0                               | 0              |                              | 17.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS               | 0                               | 0         | 0                               | 0              | 0                            | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                          | 0                               | 0         | 0                               | 0              |                              | 20.00 |
| 21.00                                  | 02100 | I&R SRVCES-SALARY & FRINGES APPRVD      | 0                               | 0         | 0                               | 0              |                              | 21.00 |
| 22.00                                  | 02200 | I&R SRVCES-OTHER PRGM COSTS APPRVD      | 0                               | 0         | 0                               | 0              |                              | 22.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                         |                                 |           |                                 |                |                              |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                     | 0                               | 0         | 762,848                         | 0              | 0                            | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                     | 0                               | 0         | 16,052                          | 0              | 0                            | 31.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT            | 0                               | 0         | 22,743                          | 0              | 0                            | 34.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                       | 0                               | 0         | 170,849                         | 0              | 0                            | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                       | 0                               | 0         | 32,357                          | 0              | 0                            | 41.00 |
| 43.00                                  | 04300 | NURSERY                                 | 0                               | 0         | 116,088                         | 0              | 0                            | 43.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                         |                                 |           |                                 |                |                              |       |
| 50.00                                  | 05000 | OPERATING ROOM                          | 0                               | 0         | 747,517                         | 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 |
| 53.01                                  | 03950 | PAIN CLINIC                             | 0                               | 0         | 0                               | 0              | 0                            | 53.01 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                    | 0                               | 0         | 0                               | 0              | 0                            | 54.00 |
| 54.01                                  | 05401 | NORTHSIDE IMAGING                       | 0                               | 0         | 0                               | 0              | 0                            | 54.01 |
| 54.02                                  | 05402 | NORTHSIDE MAMMOGRAPHY                   | 0                               | 0         | 0                               | 0              | 0                            | 54.02 |
| 54.03                                  | 05403 | NORTHSIDE ULTRASOUND                    | 0                               | 0         | 0                               | 0              | 0                            | 54.03 |
| 54.04                                  | 05404 | NORTHSIDE CARDIO                        | 0                               | 0         | 0                               | 0              | 0                            | 54.04 |
| 54.05                                  | 05405 | NORTHSIDE ADMIN                         | 0                               | 0         | 0                               | 0              | 0                            | 54.05 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                   | 0                               | 0         | 106,431                         | 0              | 0                            | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                            | 0                               | 0         | 0                               | 0              | 0                            | 56.00 |
| 56.01                                  | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 0                               | 0         | 0                               | 0              | 0                            | 56.01 |
| 57.00                                  | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 0                               | 0         | 0                               | 0              | 0                            | 57.00 |
| 57.01                                  | 05701 | NORTHSIDE CT                            | 0                               | 0         | 0                               | 0              | 0                            | 57.01 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 0                               | 0         | 0                               | 0              | 0                            | 58.00 |
| 58.01                                  | 05801 | NORTHSIDE MRI                           | 0                               | 0         | 0                               | 0              | 0                            | 58.01 |
| 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 | NORTHSIDE LAB                           | 0                               | 0         | 0                               | 0              | 0                            | 60.01 |
| 62.30                                  | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0                               | 0         | 0                               | 0              | 0                            | 62.30 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 0                               | 0         | 0                               | 0              | 0                            | 63.00 |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                     | 0                               | 0         | 0                               | 0              | 0                            | 64.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                     | 0                               | 0         | 0                               | 0              | 0                            | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                        | 0                               | 0         | 0                               | 0              | 0                            | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                    | 0                               | 0         | 0                               | 0              | 0                            | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                        | 0                               | 0         | 0                               | 0              | 0                            | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                       | 0                               | 0         | 0                               | 0              | 0                            | 69.00 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                  | 0                               | 0         | 0                               | 0              | 0                            | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 0                               | 0         | 0                               | 0              | 0                            | 71.00 |
| 72.00                                  | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 0                               | 0         | 0                               | 0              | 0                            | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS               | 0                               | 4,798,513 | 0                               | 0              | 0                            | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                          | 0                               | 0         | 0                               | 0              | 0                            | 74.00 |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 0                               | 0         | 0                               | 0              | 0                            | 76.00 |
| 76.01                                  | 03340 | GASTRO INTESTINAL SERVICES              | 0                               | 0         | 0                               | 0              | 0                            | 76.01 |
| 76.02                                  | 03140 | CARDIOLOGY                              | 0                               | 0         | 0                               | 0              | 0                            | 76.02 |
| 76.03                                  | 03560 | PULMONARY FUNCTION TESTING              | 0                               | 0         | 0                               | 0              | 0                            | 76.03 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                  | 0                               | 0         | 0                               | 0              | 0                            | 76.97 |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY               | 0                               | 0         | 0                               | 0              | 0                            | 76.98 |
| 76.99                                  | 07699 | LITHOTRIPSY                             | 0                               | 0         | 0                               | 0              | 0                            | 76.99 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description         |       |                                        | CENTRAL<br>SERVICES &<br>SUPPLY | PHARMACY  | MEDICAL<br>RECORDS &<br>LIBRARY | SOCIAL SERVICE | NONPHYSICIAN<br>ANESTHETISTS |        |
|---------------------------------|-------|----------------------------------------|---------------------------------|-----------|---------------------------------|----------------|------------------------------|--------|
|                                 |       |                                        | 14.00                           | 15.00     | 16.00                           | 17.00          | 19.00                        |        |
| OUTPATIENT SERVICE COST CENTERS |       |                                        |                                 |           |                                 |                |                              |        |
| 90.00                           | 09000 | CLINIC                                 | 0                               | 0         | 0                               | 0              | 0                            | 90.00  |
| 90.01                           | 09001 | CHILLI FAMILY PHYSICIANS               | 0                               | 0         | 0                               | 0              | 0                            | 90.01  |
| 90.02                           | 09005 | CLINIC                                 | 0                               | 0         | 0                               | 0              | 0                            | 90.02  |
| 90.03                           | 09002 | PHYSICIAN OFFICES                      | 0                               | 0         | 0                               | 0              | 0                            | 90.03  |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM   | 0                               | 0         | 0                               | 0              | 0                            | 90.06  |
| 90.07                           | 09004 | WOUND CARE CENTER                      | 0                               | 0         | 0                               | 0              | 0                            | 90.07  |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                    | 0                               | 0         | 0                               | 0              | 0                            | 90.08  |
| 90.09                           | 09009 | NEUROLOGY CLINIC                       | 0                               | 0         | 0                               | 0              | 0                            | 90.09  |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                | 0                               | 0         | 0                               | 0              | 0                            | 90.10  |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC        | 0                               | 0         | 0                               | 0              | 0                            | 90.11  |
| 90.12                           | 09012 | VASCULAR CLINIC                        | 0                               | 0         | 0                               | 0              | 0                            | 90.12  |
| 90.13                           | 09013 | ONCOLOGY CLINIC                        | 0                               | 0         | 0                               | 0              | 0                            | 90.13  |
| 91.00                           | 09100 | EMERGENCY                              | 0                               | 0         | 267,116                         | 0              | 0                            | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS                       |                                 |           |                                 |                |                              | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |       |                                        |                                 |           |                                 |                |                              |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                     | 0                               | 0         | 0                               | 0              | 0                            | 95.00  |
| 101.00                          | 10100 | HOME HEALTH AGENCY                     | 0                               | 231       | 0                               | 0              | 0                            | 101.00 |
| SPECIAL PURPOSE COST CENTERS    |       |                                        |                                 |           |                                 |                |                              |        |
| 113.00                          | 11300 | INTEREST EXPENSE                       |                                 |           |                                 |                |                              | 113.00 |
| 116.00                          | 11600 | HOSPICE                                | 0                               | 159,517   | 0                               | 0              | 0                            | 116.00 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117) | 0                               | 4,958,261 | 2,242,001                       | 0              | 0                            | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                        |                                 |           |                                 |                |                              |        |
| 191.00                          | 19100 | RESEARCH                               | 0                               | 0         | 0                               | 0              | 0                            | 191.00 |
| 192.00                          | 19200 | PHYSICIANS' PRIVATE OFFICES            | 0                               | 0         | 0                               | 0              | 0                            | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                        | 0                               | 0         | 0                               | 0              | 0                            | 193.00 |
| 194.00                          | 07950 | HEARTLAND PHARMACY                     | 0                               | 0         | 0                               | 0              | 0                            | 194.00 |
| 194.01                          | 07951 | FOUNDATION                             | 0                               | 0         | 0                               | 0              | 0                            | 194.01 |
| 194.02                          | 07952 | WELLNESS CENTER                        | 0                               | 6,011     | 0                               | 0              | 0                            | 194.02 |
| 194.03                          | 07954 | CAPITAL LABOR                          | 0                               | 0         | 0                               | 0              | 0                            | 194.03 |
| 194.05                          | 07953 | OTHER NON-REIMBURSABLE                 | 0                               | 0         | 0                               | 0              | 0                            | 194.05 |
| 200.00                          |       | Cross Foot Adjustments                 |                                 |           |                                 |                |                              | 200.00 |
| 201.00                          |       | Negative Cost Centers                  | -581,035                        | 0         | 0                               | 0              | 0                            | 201.00 |
| 202.00                          |       | TOTAL (sum lines 118 through 201)      | -581,035                        | 4,964,272 | 2,242,001                       | 0              | 0                            | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description                |       |                                         | INTERNS & RESIDENTS |                         |                         | Subtotal   | Intern & Residents Cost & Post Stepdown Adjustments |       |
|----------------------------------------|-------|-----------------------------------------|---------------------|-------------------------|-------------------------|------------|-----------------------------------------------------|-------|
|                                        |       |                                         | NURSING SCHOOL      | SRVCES-SALARY & FRINGES | SRVCES-OTHER PRGM COSTS |            |                                                     |       |
|                                        |       |                                         |                     |                         |                         |            |                                                     |       |
|                                        |       |                                         | 20.00               | 21.00                   | 22.00                   | 24.00      | 25.00                                               |       |
| GENERAL SERVICE COST CENTERS           |       |                                         |                     |                         |                         |            |                                                     |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT               |                     |                         |                         |            |                                                     | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP               |                     |                         |                         |            |                                                     | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT            |                     |                         |                         |            |                                                     | 4.00  |
| 4.01                                   | 00401 | PARKING                                 |                     |                         |                         |            |                                                     | 4.01  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL                |                     |                         |                         |            |                                                     | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                   |                     |                         |                         |            |                                                     | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                      |                     |                         |                         |            |                                                     | 7.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                 |                     |                         |                         |            |                                                     | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                            |                     |                         |                         |            |                                                     | 9.00  |
| 10.00                                  | 01000 | DIETARY                                 |                     |                         |                         |            |                                                     | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                               |                     |                         |                         |            |                                                     | 11.00 |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL                |                     |                         |                         |            |                                                     | 12.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                  |                     |                         |                         |            |                                                     | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY               |                     |                         |                         |            |                                                     | 14.00 |
| 15.00                                  | 01500 | PHARMACY                                |                     |                         |                         |            |                                                     | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY               |                     |                         |                         |            |                                                     | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                          |                     |                         |                         |            |                                                     | 17.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS               |                     |                         |                         |            |                                                     | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                          | 7,332,698           |                         |                         |            |                                                     | 20.00 |
| 21.00                                  | 02100 | I&R SRVCES-SALARY & FRINGES APPRVD      |                     | 9,839,051               |                         |            |                                                     | 21.00 |
| 22.00                                  | 02200 | I&R SRVCES-OTHER PRGM COSTS APPRVD      |                     |                         | 2,759,139               |            |                                                     | 22.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                         |                     |                         |                         |            |                                                     |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                     | 5,952,889           | 922,935                 | 258,816                 | 46,839,002 | -1,181,751                                          | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                     | 114,015             | 373,488                 | 104,736                 | 7,843,251  | -478,224                                            | 31.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT            | 13,614              | 14,378                  | 4,032                   | 769,195    | -18,410                                             | 34.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                       | 242,778             | 298,516                 | 83,712                  | 12,765,150 | -382,228                                            | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                       | 17,017              | 0                       | 0                       | 4,385,058  | 0                                                   | 41.00 |
| 43.00                                  | 04300 | NURSERY                                 | 78,279              | 20,198                  | 5,664                   | 2,433,750  | -25,862                                             | 43.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                         |                     |                         |                         |            |                                                     |       |
| 50.00                                  | 05000 | OPERATING ROOM                          | 66,367              | 337,542                 | 94,656                  | 32,120,425 | -432,198                                            | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                           | 0                   | 0                       | 0                       | 4,647,180  | 0                                                   | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM              | 455,493             | 0                       | 0                       | 3,971,077  | 0                                                   | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                          | 0                   | 0                       | 0                       | 4,715,938  | 0                                                   | 53.00 |
| 53.01                                  | 03950 | PAIN CLINIC                             | 0                   | 10,270                  | 2,880                   | 289,269    | -13,150                                             | 53.01 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                    | 0                   | 231,076                 | 64,800                  | 12,039,765 | -295,876                                            | 54.00 |
| 54.01                                  | 05401 | NORTHSIDE IMAGING                       | 0                   | 0                       | 0                       | 719,478    | 0                                                   | 54.01 |
| 54.02                                  | 05402 | NORTHSIDE MAMMOGRAPHY                   | 0                   | 0                       | 0                       | 410,668    | 0                                                   | 54.02 |
| 54.03                                  | 05403 | NORTHSIDE ULTRASOUND                    | 0                   | 0                       | 0                       | 169,426    | 0                                                   | 54.03 |
| 54.04                                  | 05404 | NORTHSIDE CARDIO                        | 0                   | 0                       | 0                       | 0          | 0                                                   | 54.04 |
| 54.05                                  | 05405 | NORTHSIDE ADMIN                         | 0                   | 0                       | 0                       | 0          | 0                                                   | 54.05 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                   | 0                   | 0                       | 0                       | 4,052,638  | 0                                                   | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                            | 0                   | 0                       | 0                       | 0          | 0                                                   | 56.00 |
| 56.01                                  | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 0                   | 0                       | 0                       | 2,422,563  | 0                                                   | 56.01 |
| 57.00                                  | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 0                   | 0                       | 0                       | 1,342,831  | 0                                                   | 57.00 |
| 57.01                                  | 05701 | NORTHSIDE CT                            | 0                   | 0                       | 0                       | 482,189    | 0                                                   | 57.01 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 0                   | 0                       | 0                       | 1,149,973  | 0                                                   | 58.00 |
| 58.01                                  | 05801 | NORTHSIDE MRI                           | 0                   | 0                       | 0                       | 766,635    | 0                                                   | 58.01 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                 | 0                   | 0                       | 0                       | 1,390,540  | 0                                                   | 59.00 |
| 60.00                                  | 06000 | LABORATORY                              | 0                   | 0                       | 0                       | 26,689,862 | 0                                                   | 60.00 |
| 60.01                                  | 06001 | NORTHSIDE LAB                           | 0                   | 0                       | 0                       | 0          | 0                                                   | 60.01 |
| 62.30                                  | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0                   | 0                       | 0                       | 0          | 0                                                   | 62.30 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 0                   | 0                       | 0                       | 1,475,365  | 0                                                   | 63.00 |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                     | 0                   | 0                       | 0                       | 5,224,464  | 0                                                   | 64.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                     | 0                   | 0                       | 0                       | 2,636,810  | 0                                                   | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                        | 0                   | 0                       | 0                       | 2,137,490  | 0                                                   | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                    | 0                   | 0                       | 0                       | 1,004,533  | 0                                                   | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                        | 0                   | 0                       | 0                       | 947,725    | 0                                                   | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                       | 0                   | 0                       | 0                       | 402,874    | 0                                                   | 69.00 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                  | 0                   | 0                       | 0                       | 1,581,123  | 0                                                   | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 0                   | 0                       | 0                       | 1,922,934  | 0                                                   | 71.00 |
| 72.00                                  | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 0                   | 0                       | 0                       | 23,160,760 | 0                                                   | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS               | 0                   | 0                       | 0                       | 20,082,901 | 0                                                   | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                          | 0                   | 0                       | 0                       | 906,046    | 0                                                   | 74.00 |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 40,841              | 0                       | 0                       | 1,196,498  | 0                                                   | 76.00 |
| 76.01                                  | 03340 | GASTRO INTESTINAL SERVICES              | 0                   | 71,206                  | 19,968                  | 1,938,716  | -91,174                                             | 76.01 |
| 76.02                                  | 03140 | CARDIOLOGY                              | 0                   | 0                       | 0                       | 1,796,334  | 0                                                   | 76.02 |
| 76.03                                  | 03560 | PULMONARY FUNCTION TESTING              | 0                   | 0                       | 0                       | 242,238    | 0                                                   | 76.03 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description         |       |                                        | NURSING SCHOOL | INTERNS & RESIDENTS     |                         | Subtotal    | Intern & Residents Cost & Post Stepdown Adjustments |        |
|---------------------------------|-------|----------------------------------------|----------------|-------------------------|-------------------------|-------------|-----------------------------------------------------|--------|
|                                 |       |                                        |                | SRVCES-SALARY & FRINGES | SRVCES-OTHER PRGM COSTS |             |                                                     |        |
|                                 |       |                                        |                | 20.00                   | 21.00                   | 22.00       | 24.00                                               | 25.00  |
| 76.97                           | 07697 | CARDIAC REHABILITATION                 | 0              | 0                       | 0                       | 14,606      | 0                                                   | 76.97  |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY              | 0              | 0                       | 0                       | 1,229,302   | 0                                                   | 76.98  |
| 76.99                           | 07699 | LITHOTRIPSY                            | 0              | 0                       | 0                       | -236        | 0                                                   | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |       |                                        |                |                         |                         |             |                                                     |        |
| 90.00                           | 09000 | CLINIC                                 | 0              | 3,200,833               | 897,601                 | 10,516,043  | -4,098,434                                          | 90.00  |
| 90.01                           | 09001 | CHILLI FAMILY PHYSICIANS               | 0              | 0                       | 0                       | 1,874       | 0                                                   | 90.01  |
| 90.02                           | 09005 | CLINIC                                 | 0              | 0                       | 0                       | 0           | 0                                                   | 90.02  |
| 90.03                           | 09002 | PHYSICIAN OFFICES                      | 218,954        | 3,935,825               | 1,103,714               | 26,615,368  | -5,039,539                                          | 90.03  |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM   | 0              | 0                       | 0                       | 866,540     | 0                                                   | 90.06  |
| 90.07                           | 09004 | WOUND CARE CENTER                      | 45,663         | 0                       | 0                       | 936,937     | 0                                                   | 90.07  |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                    | 0              | 0                       | 0                       | 4,232,448   | 0                                                   | 90.08  |
| 90.09                           | 09009 | NEUROLOGY CLINIC                       | 0              | 0                       | 0                       | 1,033,969   | 0                                                   | 90.09  |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                | 0              | 0                       | 0                       | 1,201,976   | 0                                                   | 90.10  |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC        | 0              | 0                       | 0                       | 324,820     | 0                                                   | 90.11  |
| 90.12                           | 09012 | VASCULAR CLINIC                        | 0              | 0                       | 0                       | 526,726     | 0                                                   | 90.12  |
| 90.13                           | 09013 | ONCOLOGY CLINIC                        | 0              | 0                       | 0                       | 370,333     | 0                                                   | 90.13  |
| 91.00                           | 09100 | EMERGENCY                              | 86,788         | 371,434                 | 104,160                 | 12,179,547  | -475,594                                            | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS                       | 0              | 0                       | 0                       | 0           | 0                                                   | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |       |                                        |                |                         |                         |             |                                                     |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                     | 0              | 0                       | 0                       | 0           | 0                                                   | 95.00  |
| 101.00                          | 10100 | HOME HEALTH AGENCY                     | 0              | 0                       | 0                       | 12,620,901  | 0                                                   | 101.00 |
| SPECIAL PURPOSE COST CENTERS    |       |                                        |                |                         |                         |             |                                                     |        |
| 113.00                          | 11300 | INTEREST EXPENSE                       | 0              | 0                       | 0                       | 6,321,864   | 0                                                   | 113.00 |
| 116.00                          | 11600 | HOSPICE                                | 0              | 0                       | 0                       | 0           | 0                                                   | 116.00 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117) | 7,332,698      | 9,787,701               | 2,744,739               | 318,065,692 | -12,532,440                                         | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                        |                |                         |                         |             |                                                     |        |
| 191.00                          | 19100 | RESEARCH                               | 0              | 51,350                  | 14,400                  | 1,815,858   | -65,750                                             | 191.00 |
| 192.00                          | 19200 | PHYSICIANS' PRIVATE OFFICES            | 0              | 0                       | 0                       | 0           | 0                                                   | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                        | 0              | 0                       | 0                       | 0           | 0                                                   | 193.00 |
| 194.00                          | 07950 | HEARTLAND PHARMACY                     | 0              | 0                       | 0                       | 0           | 0                                                   | 194.00 |
| 194.01                          | 07951 | FOUNDATION                             | 0              | 0                       | 0                       | 148,949     | 0                                                   | 194.01 |
| 194.02                          | 07952 | WELLNESS CENTER                        | 0              | 0                       | 0                       | 962,734     | 0                                                   | 194.02 |
| 194.03                          | 07954 | CAPITAL LABOR                          | 0              | 0                       | 0                       | 0           | 0                                                   | 194.03 |
| 194.05                          | 07953 | OTHER NON-REIMBURSABLE                 | 0              | 0                       | 0                       | 2,556,738   | 0                                                   | 194.05 |
| 200.00                          |       | Cross Foot Adjustments                 | 0              | 0                       | 0                       | 0           | 0                                                   | 200.00 |
| 201.00                          |       | Negative Cost Centers                  | 0              | 0                       | 0                       | -581,035    | 0                                                   | 201.00 |
| 202.00                          |       | TOTAL (sum lines 118 through 201)      | 7,332,698      | 9,839,051               | 2,759,139               | 322,968,936 | -12,598,190                                         | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description                |       |                                         | Total      |       |
|----------------------------------------|-------|-----------------------------------------|------------|-------|
|                                        |       |                                         | 26.00      |       |
| GENERAL SERVICE COST CENTERS           |       |                                         |            |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT               |            | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP               |            | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT            |            | 4.00  |
| 4.01                                   | 00401 | PARKING                                 |            | 4.01  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL                |            | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                   |            | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                      |            | 7.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                 |            | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                            |            | 9.00  |
| 10.00                                  | 01000 | DIETARY                                 |            | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                               |            | 11.00 |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL                |            | 12.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                  |            | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY               |            | 14.00 |
| 15.00                                  | 01500 | PHARMACY                                |            | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY               |            | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                          |            | 17.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS               |            | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                          |            | 20.00 |
| 21.00                                  | 02100 | I&R SRVCES-SALARY & FRINGES APPRVD      |            | 21.00 |
| 22.00                                  | 02200 | I&R SRVCES-OTHER PRGM COSTS APPRVD      |            | 22.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                         |            |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                     | 45,657,251 | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                     | 7,365,027  | 31.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT            | 750,785    | 34.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                       | 12,382,922 | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                       | 4,385,058  | 41.00 |
| 43.00                                  | 04300 | NURSERY                                 | 2,407,888  | 43.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                         |            |       |
| 50.00                                  | 05000 | OPERATING ROOM                          | 31,688,227 | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                           | 4,647,180  | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM              | 3,971,077  | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                          | 4,715,938  | 53.00 |
| 53.01                                  | 03950 | PAIN CLINIC                             | 276,119    | 53.01 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                    | 11,743,889 | 54.00 |
| 54.01                                  | 05401 | NORTHSIDE IMAGING                       | 719,478    | 54.01 |
| 54.02                                  | 05402 | NORTHSIDE MAMMOGRAPHY                   | 410,668    | 54.02 |
| 54.03                                  | 05403 | NORTHSIDE ULTRASOUND                    | 169,426    | 54.03 |
| 54.04                                  | 05404 | NORTHSIDE CARDIO                        | 0          | 54.04 |
| 54.05                                  | 05405 | NORTHSIDE ADMIN                         | 0          | 54.05 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                   | 4,052,638  | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                            | 0          | 56.00 |
| 56.01                                  | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 2,422,563  | 56.01 |
| 57.00                                  | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 1,342,831  | 57.00 |
| 57.01                                  | 05701 | NORTHSIDE CT                            | 482,189    | 57.01 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 1,149,973  | 58.00 |
| 58.01                                  | 05801 | NORTHSIDE MRI                           | 766,635    | 58.01 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                 | 1,390,540  | 59.00 |
| 60.00                                  | 06000 | LABORATORY                              | 26,689,862 | 60.00 |
| 60.01                                  | 06001 | NORTHSIDE LAB                           | 0          | 60.01 |
| 62.30                                  | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0          | 62.30 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 1,475,365  | 63.00 |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                     | 5,224,464  | 64.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                     | 2,636,810  | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                        | 2,137,490  | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                    | 1,004,533  | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                        | 947,725    | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                       | 402,874    | 69.00 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                  | 1,581,123  | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 1,922,934  | 71.00 |
| 72.00                                  | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 23,160,760 | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS               | 20,082,901 | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                          | 906,046    | 74.00 |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 1,196,498  | 76.00 |
| 76.01                                  | 03340 | GASTRO INTESTINAL SERVICES              | 1,847,542  | 76.01 |
| 76.02                                  | 03140 | CARDIOLOGY                              | 1,796,334  | 76.02 |
| 76.03                                  | 03560 | PULMONARY FUNCTION TESTING              | 242,238    | 76.03 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                  | 14,606     | 76.97 |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY               | 1,229,302  | 76.98 |
| 76.99                                  | 07699 | LITHOTRIPSY                             | -236       | 76.99 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                         |            |       |
| 90.00                                  | 09000 | CLINIC                                  | 6,417,609  | 90.00 |
| 90.01                                  | 09001 | CHILLI FAMILY PHYSICIANS                | 1,874      | 90.01 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description         |       |                                        | Total       |        |
|---------------------------------|-------|----------------------------------------|-------------|--------|
|                                 |       |                                        | 26.00       |        |
| 90.02                           | 09005 | CLINIC                                 | 0           | 90.02  |
| 90.03                           | 09002 | PHYSICIAN OFFICES                      | 21,575,829  | 90.03  |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM   | 866,540     | 90.06  |
| 90.07                           | 09004 | WOUND CARE CENTER                      | 936,937     | 90.07  |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                    | 4,232,448   | 90.08  |
| 90.09                           | 09009 | NEUROLOGY CLINIC                       | 1,033,969   | 90.09  |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                | 1,201,976   | 90.10  |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC        | 324,820     | 90.11  |
| 90.12                           | 09012 | VASCULAR CLINIC                        | 526,726     | 90.12  |
| 90.13                           | 09013 | ONCOLOGY CLINIC                        | 370,333     | 90.13  |
| 91.00                           | 09100 | EMERGENCY                              | 11,703,953  | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS                       |             | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |       |                                        |             |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                     | 0           | 95.00  |
| 101.00                          | 10100 | HOME HEALTH AGENCY                     | 12,620,901  | 101.00 |
| SPECIAL PURPOSE COST CENTERS    |       |                                        |             |        |
| 113.00                          | 11300 | INTEREST EXPENSE                       |             | 113.00 |
| 116.00                          | 11600 | HOSPICE                                | 6,321,864   | 116.00 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117) | 305,533,252 | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                        |             |        |
| 191.00                          | 19100 | RESEARCH                               | 1,750,108   | 191.00 |
| 192.00                          | 19200 | PHYSICIANS' PRIVATE OFFICES            | 0           | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                        | 0           | 193.00 |
| 194.00                          | 07950 | HEARTLAND PHARMACY                     | 0           | 194.00 |
| 194.01                          | 07951 | FOUNDATION                             | 148,949     | 194.01 |
| 194.02                          | 07952 | WELLNESS CENTER                        | 962,734     | 194.02 |
| 194.03                          | 07954 | CAPITAL LABOR                          | 0           | 194.03 |
| 194.05                          | 07953 | OTHER NON-REIMBURSABLE                 | 2,556,738   | 194.05 |
| 200.00                          |       | Cross Foot Adjustments                 | 0           | 200.00 |
| 201.00                          |       | Negative Cost Centers                  | -581,035    | 201.00 |
| 202.00                          |       | TOTAL (sum lines 118 through 201)      | 310,370,746 | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description                |       |                                         | CAPITAL RELATED COSTS                                |             | Subtotal    | EMPLOYEE<br>BENEFITS<br>DEPARTMENT |       |
|----------------------------------------|-------|-----------------------------------------|------------------------------------------------------|-------------|-------------|------------------------------------|-------|
|                                        |       |                                         | Directly<br>Assigned New<br>Capital<br>Related Costs | BLDG & FIXT | MVBLE EQUIP |                                    |       |
|                                        |       |                                         | 0                                                    | 1.00        | 2.00        | 2A                                 | 4.00  |
| GENERAL SERVICE COST CENTERS           |       |                                         |                                                      |             |             |                                    |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT               |                                                      |             |             |                                    | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP               |                                                      |             |             |                                    | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT            | 2,610                                                | 9,736       | 306         | 12,652                             | 4.00  |
| 4.01                                   | 00401 | PARKING                                 | 637,975                                              | 0           | 74,802      | 712,777                            | 4.01  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL                | 317,725                                              | 235,688     | 15,541      | 568,954                            | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                   | 278,770                                              | 132,549     | 32,686      | 444,005                            | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                      | 954,359                                              | 1,098,077   | 111,898     | 2,164,334                          | 7.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                 | 0                                                    | 23,682      | 0           | 23,682                             | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                            | 47,876                                               | 86,703      | 5,610       | 140,189                            | 9.00  |
| 10.00                                  | 01000 | DIETARY                                 | 22,206                                               | 135,520     | 2,604       | 160,330                            | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                               | 145,332                                              | 92,274      | 17,020      | 254,626                            | 11.00 |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL                | 0                                                    | 0           | 0           | 0                                  | 12.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                  | 0                                                    | 0           | 0           | 0                                  | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY               | 356,957                                              | 66,557      | 14,394      | 437,908                            | 14.00 |
| 15.00                                  | 01500 | PHARMACY                                | 108,495                                              | 51,389      | 12,146      | 172,030                            | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY               | 0                                                    | 0           | 0           | 0                                  | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                          | 0                                                    | 0           | 0           | 0                                  | 17.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS               | 0                                                    | 0           | 0           | 0                                  | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                          | 2,284,483                                            | 1,177,996   | 37,510      | 3,499,989                          | 20.00 |
| 21.00                                  | 02100 | I&R SRVCES-SALARY & FRINGES APPRVD      | 196,878                                              | 74,377      | 747         | 272,002                            | 21.00 |
| 22.00                                  | 02200 | I&R SRVCES-OTHER PRGM COSTS APPRVD      | 0                                                    | 0           | 0           | 0                                  | 22.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                         |                                                      |             |             |                                    |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                     | 688,454                                              | 891,290     | 77,442      | 1,657,186                          | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                     | 86,242                                               | 130,199     | 10,112      | 226,553                            | 31.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT            | 2,109                                                | 3,637       | 247         | 5,993                              | 34.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                       | 30,868                                               | 227,933     | 3,619       | 262,420                            | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                       | 13,667                                               | 166,374     | 1,602       | 181,643                            | 41.00 |
| 43.00                                  | 04300 | NURSERY                                 | 27,306                                               | 29,364      | 3,202       | 59,872                             | 43.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                         |                                                      |             |             |                                    |       |
| 50.00                                  | 05000 | OPERATING ROOM                          | 2,290,559                                            | 413,574     | 210,471     | 2,914,604                          | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                           | 104,796                                              | 150,660     | 12,287      | 267,743                            | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM              | 49,433                                               | 88,601      | 5,796       | 143,830                            | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                          | 120,145                                              | 10,670      | 14,087      | 144,902                            | 53.00 |
| 53.01                                  | 03950 | PAIN CLINIC                             | 43,006                                               | 0           | 478         | 43,484                             | 53.01 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                    | 1,153,697                                            | 320,735     | 133,826     | 1,608,258                          | 54.00 |
| 54.01                                  | 05401 | NORTHSIDE IMAGING                       | 38,381                                               | 0           | 2,649       | 41,030                             | 54.01 |
| 54.02                                  | 05402 | NORTHSIDE MAMMOGRAPHY                   | 33,503                                               | 0           | 2,313       | 35,816                             | 54.02 |
| 54.03                                  | 05403 | NORTHSIDE ULTRASOUND                    | 15,069                                               | 0           | 1,210       | 16,279                             | 54.03 |
| 54.04                                  | 05404 | NORTHSIDE CARDIO                        | 0                                                    | 0           | 0           | 0                                  | 54.04 |
| 54.05                                  | 05405 | NORTHSIDE ADMIN                         | 51,193                                               | 0           | 0           | 51,193                             | 54.05 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                   | 461,811                                              | 116,724     | 54,147      | 632,682                            | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                            | 0                                                    | 0           | 0           | 0                                  | 56.00 |
| 56.01                                  | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 170,051                                              | 103,232     | 19,938      | 293,221                            | 56.01 |
| 57.00                                  | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 42,843                                               | 0           | 5,023       | 47,866                             | 57.00 |
| 57.01                                  | 05701 | NORTHSIDE CT                            | 4,324                                                | 0           | 507         | 4,831                              | 57.01 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 35,852                                               | 34,139      | 4,204       | 74,195                             | 58.00 |
| 58.01                                  | 05801 | NORTHSIDE MRI                           | 0                                                    | 0           | 0           | 0                                  | 58.01 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                 | 0                                                    | 33,824      | 28,643      | 62,467                             | 59.00 |
| 60.00                                  | 06000 | LABORATORY                              | 759,649                                              | 206,824     | 44,650      | 1,011,123                          | 60.00 |
| 60.01                                  | 06001 | NORTHSIDE LAB                           | 0                                                    | 0           | 0           | 0                                  | 60.01 |
| 62.30                                  | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0                                                    | 0           | 0           | 0                                  | 62.30 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 0                                                    | 0           | 0           | 0                                  | 63.00 |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                     | 88,427                                               | 133,104     | 9,581       | 231,112                            | 64.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                     | 56,368                                               | 22,423      | 6,611       | 85,402                             | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                        | 109,129                                              | 53,851      | 16          | 162,996                            | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                    | 7,629                                                | 7,949       | 17          | 15,595                             | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                        | 47,999                                               | 18,629      | 199         | 66,827                             | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                       | 9,537                                                | 3,646       | 1,118       | 14,301                             | 69.00 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                  | 122,136                                              | 0           | 650         | 122,786                            | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 0                                                    | 0           | 0           | 0                                  | 71.00 |
| 72.00                                  | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 0                                                    | 0           | 0           | 0                                  | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS               | 0                                                    | 0           | 0           | 0                                  | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                          | 87,889                                               | 23,080      | 9,839       | 120,808                            | 74.00 |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 2,990                                                | 45,068      | 351         | 48,409                             | 76.00 |
| 76.01                                  | 03340 | GASTRO INTESTINAL SERVICES              | 257,787                                              | 33,195      | 27,070      | 318,052                            | 76.01 |
| 76.02                                  | 03140 | CARDIOLOGY                              | 36,622                                               | 62,809      | 4,294       | 103,725                            | 76.02 |
| 76.03                                  | 03560 | PULMONARY FUNCTION TESTING              | 10,115                                               | 4,146       | 1,209       | 15,470                             | 76.03 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                  | 620                                                  | 0           | 73          | 693                                | 76.97 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
8/5/2020 1:45 pm

|                                 | Cost Center Description |                                        | Directly<br>Assigned New<br>Capital<br>Related Costs | CAPITAL RELATED COSTS |             | Subtotal   | EMPLOYEE<br>BENEFITS<br>DEPARTMENT |        |
|---------------------------------|-------------------------|----------------------------------------|------------------------------------------------------|-----------------------|-------------|------------|------------------------------------|--------|
|                                 |                         |                                        |                                                      | BLDG & FIXT           | MVBLE EQUIP |            |                                    |        |
|                                 |                         |                                        |                                                      | 0                     | 1.00        |            |                                    |        |
| 76.98                           | 07698                   | HYPERBARIC OXYGEN THERAPY              | 74,820                                               | 18,490                | 165         | 93,475     | 33                                 | 76.98  |
| 76.99                           | 07699                   | LITHOTRIPSY                            | 0                                                    | 0                     | 0           | 0          | 0                                  | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |                         |                                        |                                                      |                       |             |            |                                    |        |
| 90.00                           | 09000                   | CLINIC                                 | 685,959                                              | 94,912                | 12,292      | 793,163    | 216                                | 90.00  |
| 90.01                           | 09001                   | CHILLI FAMILY PHYSICIANS               | 0                                                    | 0                     | 0           | 0          | 0                                  | 90.01  |
| 90.02                           | 09005                   | CLINIC                                 | 0                                                    | 0                     | 0           | 0          | 0                                  | 90.02  |
| 90.03                           | 09002                   | PHYSICIAN OFFICES                      | 1,181,698                                            | 179,505               | 42,705      | 1,403,908  | 2,620                              | 90.03  |
| 90.06                           | 09003                   | ENDOCRINOLOGY, DIABETES & METABOLISM   | 44,719                                               | 0                     | 1,637       | 46,356     | 80                                 | 90.06  |
| 90.07                           | 09004                   | WOUND CARE CENTER                      | 137,623                                              | 0                     | 303         | 137,926    | 63                                 | 90.07  |
| 90.08                           | 09008                   | INTENSIVISTS CLINIC                    | 168,307                                              | 0                     | 940         | 169,247    | 396                                | 90.08  |
| 90.09                           | 09009                   | NEUROLOGY CLINIC                       | 158,614                                              | 0                     | 4,734       | 163,348    | 150                                | 90.09  |
| 90.10                           | 09010                   | MULTI-SPECIALITY CLINIC                | 124,184                                              | 0                     | 1,335       | 125,519    | 108                                | 90.10  |
| 90.11                           | 09011                   | PEDIATRICS-GASTROENTEROL CLINIC        | 103,116                                              | 0                     | 0           | 103,116    | 48                                 | 90.11  |
| 90.12                           | 09012                   | VASCULAR CLINIC                        | 91,941                                               | 0                     | 443         | 92,384     | 21                                 | 90.12  |
| 90.13                           | 09013                   | ONCOLOGY CLINIC                        | 120,002                                              | 0                     | 1,299       | 121,301    | 13                                 | 90.13  |
| 91.00                           | 09100                   | EMERGENCY                              | 127,145                                              | 127,552               | 14,908      | 269,605    | 446                                | 91.00  |
| 92.00                           | 09200                   | OBSERVATION BEDS                       |                                                      |                       |             | 0          |                                    | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |                         |                                        |                                                      |                       |             |            |                                    |        |
| 95.00                           | 09500                   | AMBULANCE SERVICES                     | 0                                                    | 0                     | 0           | 0          | 0                                  | 95.00  |
| 101.00                          | 10100                   | HOME HEALTH AGENCY                     | 126,960                                              | 1,342                 | 4,186       | 132,488    | 390                                | 101.00 |
| SPECIAL PURPOSE COST CENTERS    |                         |                                        |                                                      |                       |             |            |                                    |        |
| 113.00                          | 11300                   | INTEREST EXPENSE                       |                                                      |                       |             |            |                                    | 113.00 |
| 116.00                          | 11600                   | HOSPICE                                | 469,145                                              | 23,376                | 104         | 492,625    | 166                                | 116.00 |
| 118.00                          |                         | SUBTOTALS (SUM OF LINES 1 through 117) | 16,028,105                                           | 6,965,405             | 1,107,796   | 24,101,306 | 12,548                             | 118.00 |
| NONREIMBURSABLE COST CENTERS    |                         |                                        |                                                      |                       |             |            |                                    |        |
| 191.00                          | 19100                   | RESEARCH                               | 53,742                                               | 0                     | 0           | 53,742     | 24                                 | 191.00 |
| 192.00                          | 19200                   | PHYSICIANS' PRIVATE OFFICES            | 0                                                    | 0                     | 0           | 0          | 0                                  | 192.00 |
| 193.00                          | 19300                   | NONPAID WORKERS                        | 0                                                    | 0                     | 0           | 0          | 0                                  | 193.00 |
| 194.00                          | 07950                   | HEARTLAND PHARMACY                     | 0                                                    | 0                     | 0           | 0          | 0                                  | 194.00 |
| 194.01                          | 07951                   | FOUNDATION                             | 0                                                    | 26,763                | 0           | 26,763     | 0                                  | 194.01 |
| 194.02                          | 07952                   | WELLNESS CENTER                        | 422,270                                              | 0                     | 1,565       | 423,835    | 20                                 | 194.02 |
| 194.03                          | 07954                   | CAPITAL LABOR                          | 0                                                    | 0                     | 0           | 0          | 0                                  | 194.03 |
| 194.05                          | 07953                   | OTHER NON-REIMBURSABLE                 | 0                                                    | 0                     | 0           | 0          | 60                                 | 194.05 |
| 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)      | 16,504,117                                           | 6,992,168             | 1,109,361   | 24,605,646 | 12,652                             | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
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8/5/2020 1:45 pm

| Cost Center Description                |       |                                         | PARKING | ADMINISTRATIVE<br>& GENERAL | MAINTENANCE &<br>REPAIRS | OPERATION OF<br>PLANT | LAUNDRY &<br>LINEN SERVICE |       |
|----------------------------------------|-------|-----------------------------------------|---------|-----------------------------|--------------------------|-----------------------|----------------------------|-------|
|                                        |       |                                         | 4.01    | 5.00                        | 6.00                     | 7.00                  | 8.00                       |       |
| GENERAL SERVICE COST CENTERS           |       |                                         |         |                             |                          |                       |                            |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT               |         |                             |                          |                       |                            | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP               |         |                             |                          |                       |                            | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT            |         |                             |                          |                       |                            | 4.00  |
| 4.01                                   | 00401 | PARKING                                 | 712,785 |                             |                          |                       |                            | 4.01  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL                | 24,060  | 593,181                     |                          |                       |                            | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                   | 13,531  | 8,923                       | 466,607                  |                       |                            | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                      | 112,095 | 30,796                      | 77,465                   | 2,384,792             |                            | 7.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                 | 2,417   | 603                         | 1,671                    | 10,238                | 38,620                     | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                            | 8,851   | 9,009                       | 6,117                    | 37,485                | 0                          | 9.00  |
| 10.00                                  | 01000 | DIETARY                                 | 13,834  | 4,835                       | 9,560                    | 58,589                | 0                          | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                               | 9,420   | 5,133                       | 6,510                    | 39,893                | 0                          | 11.00 |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL                | 0       | 0                           | 0                        | 0                     | 0                          | 12.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                  | 0       | 17,591                      | 0                        | 0                     | 0                          | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY               | 6,794   | 0                           | 4,695                    | 28,775                | 173                        | 14.00 |
| 15.00                                  | 01500 | PHARMACY                                | 5,246   | 8,560                       | 3,625                    | 22,217                | 0                          | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY               | 0       | 4,106                       | 0                        | 0                     | 0                          | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                          | 0       | 0                           | 0                        | 0                     | 0                          | 17.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS               | 0       | 0                           | 0                        | 0                     | 0                          | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                          | 120,251 | 4,575                       | 83,105                   | 509,287               | 0                          | 20.00 |
| 21.00                                  | 02100 | I&R SRVCES-SALARY & FRINGES APPRVD      | 7,593   | 17,283                      | 5,247                    | 32,155                | 0                          | 21.00 |
| 22.00                                  | 02200 | I&R SRVCES-OTHER PRGM COSTS APPRVD      | 0       | 5,053                       | 0                        | 0                     | 0                          | 22.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                         |         |                             |                          |                       |                            |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                     | 90,985  | 54,161                      | 62,877                   | 385,333               | 11,686                     | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                     | 13,291  | 10,608                      | 9,185                    | 56,289                | 1,579                      | 31.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT            | 371     | 1,010                       | 257                      | 1,572                 | 39                         | 34.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                       | 23,268  | 16,969                      | 16,080                   | 98,543                | 1,512                      | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                       | 16,984  | 5,661                       | 11,737                   | 71,929                | 855                        | 41.00 |
| 43.00                                  | 04300 | NURSERY                                 | 2,998   | 3,619                       | 2,072                    | 12,695                | 224                        | 43.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                         |         |                             |                          |                       |                            |       |
| 50.00                                  | 05000 | OPERATING ROOM                          | 42,219  | 49,808                      | 29,176                   | 178,801               | 6,564                      | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                           | 15,380  | 6,887                       | 10,628                   | 65,135                | 830                        | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM              | 9,045   | 5,047                       | 6,250                    | 38,305                | 1,691                      | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                          | 1,089   | 7,959                       | 753                      | 4,613                 | 0                          | 53.00 |
| 53.01                                  | 03950 | PAIN CLINIC                             | 0       | 485                         | 0                        | 0                     | 0                          | 53.01 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                    | 32,741  | 18,062                      | 22,627                   | 138,664               | 0                          | 54.00 |
| 54.01                                  | 05401 | NORTHSIDE IMAGING                       | 0       | 1,230                       | 0                        | 0                     | 3,009                      | 54.01 |
| 54.02                                  | 05402 | NORTHSIDE MAMMOGRAPHY                   | 0       | 737                         | 0                        | 0                     | 0                          | 54.02 |
| 54.03                                  | 05403 | NORTHSIDE ULTRASOUND                    | 0       | 305                         | 0                        | 0                     | 0                          | 54.03 |
| 54.04                                  | 05404 | NORTHSIDE CARDIO                        | 0       | 0                           | 0                        | 0                     | 0                          | 54.04 |
| 54.05                                  | 05405 | NORTHSIDE ADMIN                         | 0       | 0                           | 0                        | 0                     | 0                          | 54.05 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                   | 11,916  | 5,941                       | 8,234                    | 50,464                | 782                        | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                            | 0       | 0                           | 0                        | 0                     | 0                          | 56.00 |
| 56.01                                  | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 10,538  | 3,625                       | 7,283                    | 44,630                | 181                        | 56.01 |
| 57.00                                  | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 0       | 2,317                       | 0                        | 0                     | 0                          | 57.00 |
| 57.01                                  | 05701 | NORTHSIDE CT                            | 0       | 867                         | 0                        | 0                     | 0                          | 57.01 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 3,485   | 1,764                       | 2,408                    | 14,759                | 0                          | 58.00 |
| 58.01                                  | 05801 | NORTHSIDE MRI                           | 0       | 1,377                       | 0                        | 0                     | 0                          | 58.01 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                 | 3,453   | 2,199                       | 2,386                    | 14,623                | 0                          | 59.00 |
| 60.00                                  | 06000 | LABORATORY                              | 21,113  | 45,188                      | 14,591                   | 89,417                | 87                         | 60.00 |
| 60.01                                  | 06001 | NORTHSIDE LAB                           | 0       | 0                           | 0                        | 0                     | 0                          | 60.01 |
| 62.30                                  | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0       | 0                           | 0                        | 0                     | 0                          | 62.30 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 0       | 2,702                       | 0                        | 0                     | 0                          | 63.00 |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                     | 13,588  | 7,611                       | 9,390                    | 57,545                | 2,282                      | 64.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                     | 2,289   | 4,349                       | 1,582                    | 9,694                 | 71                         | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                        | 5,497   | 3,518                       | 3,799                    | 23,281                | 68                         | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                    | 811     | 1,713                       | 561                      | 3,437                 | 16                         | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                        | 1,902   | 1,571                       | 1,314                    | 8,054                 | 51                         | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                       | 372     | 660                         | 257                      | 1,576                 | 0                          | 69.00 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                  | 0       | 2,713                       | 0                        | 0                     | 31                         | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 0       | 3,521                       | 0                        | 0                     | 0                          | 71.00 |
| 72.00                                  | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 0       | 42,414                      | 0                        | 0                     | 0                          | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS               | 0       | 27,990                      | 0                        | 0                     | 0                          | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                          | 2,356   | 1,439                       | 1,628                    | 9,978                 | 104                        | 74.00 |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 4,601   | 1,668                       | 3,179                    | 19,484                | 0                          | 76.00 |
| 76.01                                  | 03340 | GASTRO INTESTINAL SERVICES              | 3,389   | 2,890                       | 2,342                    | 14,351                | 498                        | 76.01 |
| 76.02                                  | 03140 | CARDIOLOGY                              | 6,412   | 2,509                       | 4,431                    | 27,154                | 499                        | 76.02 |
| 76.03                                  | 03560 | PULMONARY FUNCTION TESTING              | 423     | 383                         | 292                      | 1,792                 | 5                          | 76.03 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                  | 0       | 27                          | 0                        | 0                     | 0                          | 76.97 |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY               | 1,888   | 2,045                       | 1,304                    | 7,994                 | 0                          | 76.98 |
| 76.99                                  | 07699 | LITHOTRIPS                              | 0       | 0                           | 0                        | 0                     | 0                          | 76.99 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                         |         |                             |                          |                       |                            |       |
| 90.00                                  | 09000 | CLINIC                                  | 9,689   | 10,253                      | 6,696                    | 41,033                | 140                        | 90.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
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| Cost Center Description         |       |                                        | PARKING | ADMINISTRATIVE<br>& GENERAL | MAINTENANCE &<br>REPAIRS | OPERATION OF<br>PLANT | LAUNDRY &<br>LINEN SERVICE |        |
|---------------------------------|-------|----------------------------------------|---------|-----------------------------|--------------------------|-----------------------|----------------------------|--------|
|                                 |       |                                        | 4.01    | 5.00                        | 6.00                     | 7.00                  | 8.00                       |        |
| 90.01                           | 09001 | CHILLI FAMILY PHYSICIANS               | 0       | 3                           | 0                        | 0                     | 0                          | 90.01  |
| 90.02                           | 09005 | CLINIC                                 | 0       | 0                           | 0                        | 0                     | 0                          | 90.02  |
| 90.03                           | 09002 | PHYSICIAN OFFICES                      | 18,324  | 34,958                      | 12,663                   | 77,606                | 252                        | 90.03  |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM   | 0       | 1,453                       | 0                        | 0                     | 0                          | 90.06  |
| 90.07                           | 09004 | WOUND CARE CENTER                      | 0       | 1,495                       | 0                        | 0                     | 0                          | 90.07  |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                    | 0       | 7,345                       | 0                        | 0                     | 0                          | 90.08  |
| 90.09                           | 09009 | NEUROLOGY CLINIC                       | 0       | 1,743                       | 0                        | 0                     | 0                          | 90.09  |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                | 0       | 1,980                       | 0                        | 0                     | 0                          | 90.10  |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC        | 0       | 537                         | 0                        | 0                     | 0                          | 90.11  |
| 90.12                           | 09012 | VASCULAR CLINIC                        | 0       | 894                         | 0                        | 0                     | 0                          | 90.12  |
| 90.13                           | 09013 | ONCOLOGY CLINIC                        | 0       | 637                         | 0                        | 0                     | 0                          | 90.13  |
| 91.00                           | 09100 | EMERGENCY                              | 13,021  | 18,040                      | 8,998                    | 55,145                | 5,391                      | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS                       |         |                             |                          |                       |                            | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |       |                                        |         |                             |                          |                       |                            |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                     | 0       | 0                           | 0                        | 0                     | 0                          | 95.00  |
| 101.00                          | 10100 | HOME HEALTH AGENCY                     | 137     | 22,012                      | 95                       | 580                   | 0                          | 101.00 |
| SPECIAL PURPOSE COST CENTERS    |       |                                        |         |                             |                          |                       |                            |        |
| 113.00                          | 11300 | INTEREST EXPENSE                       |         |                             |                          |                       |                            | 113.00 |
| 116.00                          | 11600 | HOSPICE                                | 2,386   | 10,697                      | 1,649                    | 10,106                | 0                          | 116.00 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117) | 710,053 | 584,063                     | 464,719                  | 2,373,221             | 38,620                     | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                        |         |                             |                          |                       |                            |        |
| 191.00                          | 19100 | RESEARCH                               | 0       | 3,145                       | 0                        | 0                     | 0                          | 191.00 |
| 192.00                          | 19200 | PHYSICIANS' PRIVATE OFFICES            | 0       | 0                           | 0                        | 0                     | 0                          | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                        | 0       | 0                           | 0                        | 0                     | 0                          | 193.00 |
| 194.00                          | 07950 | HEARTLAND PHARMACY                     | 0       | 0                           | 0                        | 0                     | 0                          | 194.00 |
| 194.01                          | 07951 | FOUNDATION                             | 2,732   | 80                          | 1,888                    | 11,571                | 0                          | 194.01 |
| 194.02                          | 07952 | WELLNESS CENTER                        | 0       | 1,664                       | 0                        | 0                     | 0                          | 194.02 |
| 194.03                          | 07954 | CAPITAL LABOR                          | 0       | 0                           | 0                        | 0                     | 0                          | 194.03 |
| 194.05                          | 07953 | OTHER NON-REIMBURSABLE                 | 0       | 4,229                       | 0                        | 0                     | 0                          | 194.05 |
| 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)      | 712,785 | 593,181                     | 466,607                  | 2,384,792             | 38,620                     | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description                |       |                                         | HOUSEKEEPING | DIETARY | CAFETERIA | MAINTENANCE OF PERSONNEL | NURSING ADMINISTRATION |       |
|----------------------------------------|-------|-----------------------------------------|--------------|---------|-----------|--------------------------|------------------------|-------|
|                                        |       |                                         | 9.00         | 10.00   | 11.00     | 12.00                    | 13.00                  |       |
| GENERAL SERVICE COST CENTERS           |       |                                         |              |         |           |                          |                        |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT               |              |         |           |                          |                        | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP               |              |         |           |                          |                        | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT            |              |         |           |                          |                        | 4.00  |
| 4.01                                   | 00401 | PARKING                                 |              |         |           |                          |                        | 4.01  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL                |              |         |           |                          |                        | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                   |              |         |           |                          |                        | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                      |              |         |           |                          |                        | 7.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                 |              |         |           |                          |                        | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                            | 201,824      |         |           |                          |                        | 9.00  |
| 10.00                                  | 01000 | DIETARY                                 | 0            | 247,251 |           |                          |                        | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                               | 3,052        | 0       | 318,763   |                          |                        | 11.00 |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL                | 0            | 0       | 0         | 0                        |                        | 12.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                  | 0            | 0       | 2,398     | 0                        | 20,057                 | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY               | 3,052        | 0       | 3,530     | 0                        | 0                      | 14.00 |
| 15.00                                  | 01500 | PHARMACY                                | 0            | 0       | 8,634     | 0                        | 0                      | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY               | 0            | 0       | 0         | 0                        | 0                      | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                          | 0            | 0       | 0         | 0                        | 0                      | 17.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS               | 0            | 0       | 0         | 0                        | 0                      | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                          | 0            | 0       | 19,885    | 0                        | 0                      | 20.00 |
| 21.00                                  | 02100 | I&R SRVCES-SALARY & FRINGES APPRVD      | 0            | 0       | 10,706    | 0                        | 0                      | 21.00 |
| 22.00                                  | 02200 | I&R SRVCES-OTHER PRGM COSTS APPRVD      | 0            | 0       | 0         | 0                        | 0                      | 22.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                         |              |         |           |                          |                        |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                     | 60,314       | 159,370 | 46,346    | 0                        | 3,396                  | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                     | 15,500       | 10,075  | 8,365     | 0                        | 613                    | 31.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT            | 482          | 9,693   | 246       | 0                        | 18                     | 34.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                       | 16,143       | 49,849  | 16,085    | 0                        | 1,179                  | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                       | 5,140        | 18,264  | 4,686     | 0                        | 344                    | 41.00 |
| 43.00                                  | 04300 | NURSERY                                 | 0            | 0       | 2,637     | 0                        | 193                    | 43.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                         |              |         |           |                          |                        |       |
| 50.00                                  | 05000 | OPERATING ROOM                          | 38,309       | 0       | 21,588    | 0                        | 1,583                  | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                           | 2,088        | 0       | 5,086     | 0                        | 373                    | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM              | 7,871        | 0       | 4,131     | 0                        | 303                    | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                          | 0            | 0       | 7,227     | 0                        | 530                    | 53.00 |
| 53.01                                  | 03950 | PAIN CLINIC                             | 0            | 0       | 250       | 0                        | 18                     | 53.01 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                    | 4,658        | 0       | 10,979    | 0                        | 805                    | 54.00 |
| 54.01                                  | 05401 | NORTHSIDE IMAGING                       | 0            | 0       | 331       | 0                        | 24                     | 54.01 |
| 54.02                                  | 05402 | NORTHSIDE MAMMOGRAPHY                   | 0            | 0       | 176       | 0                        | 13                     | 54.02 |
| 54.03                                  | 05403 | NORTHSIDE ULTRASOUND                    | 0            | 0       | 67        | 0                        | 5                      | 54.03 |
| 54.04                                  | 05404 | NORTHSIDE CARDIO                        | 0            | 0       | 0         | 0                        | 0                      | 54.04 |
| 54.05                                  | 05405 | NORTHSIDE ADMIN                         | 0            | 0       | 0         | 0                        | 0                      | 54.05 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                   | 4,337        | 0       | 2,673     | 0                        | 196                    | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                            | 0            | 0       | 0         | 0                        | 0                      | 56.00 |
| 56.01                                  | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 0            | 0       | 772       | 0                        | 57                     | 56.01 |
| 57.00                                  | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 0            | 0       | 1,711     | 0                        | 125                    | 57.00 |
| 57.01                                  | 05701 | NORTHSIDE CT                            | 0            | 0       | 187       | 0                        | 14                     | 57.01 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 0            | 0       | 1,151     | 0                        | 84                     | 58.00 |
| 58.01                                  | 05801 | NORTHSIDE MRI                           | 0            | 0       | 324       | 0                        | 24                     | 58.01 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                 | 0            | 0       | 1,245     | 0                        | 91                     | 59.00 |
| 60.00                                  | 06000 | LABORATORY                              | 4,497        | 0       | 23,870    | 0                        | 1,750                  | 60.00 |
| 60.01                                  | 06001 | NORTHSIDE LAB                           | 0            | 0       | 0         | 0                        | 0                      | 60.01 |
| 62.30                                  | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0            | 0       | 0         | 0                        | 0                      | 62.30 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 0            | 0       | 0         | 0                        | 0                      | 63.00 |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                     | 8,915        | 0       | 6,342     | 0                        | 465                    | 64.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                     | 241          | 0       | 3,670     | 0                        | 269                    | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                        | 80           | 0       | 47        | 0                        | 3                      | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                    | 1,365        | 0       | 49        | 0                        | 4                      | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                        | 161          | 0       | 264       | 0                        | 19                     | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                       | 0            | 0       | 617       | 0                        | 45                     | 69.00 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                  | 0            | 0       | 2,191     | 0                        | 161                    | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 0            | 0       | 0         | 0                        | 0                      | 71.00 |
| 72.00                                  | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 0            | 0       | 0         | 0                        | 0                      | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS               | 0            | 0       | 0         | 0                        | 0                      | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                          | 321          | 0       | 437       | 0                        | 32                     | 74.00 |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 0            | 0       | 1,484     | 0                        | 109                    | 76.00 |
| 76.01                                  | 03340 | GASTRO INTESTINAL SERVICES              | 3,132        | 0       | 1,137     | 0                        | 83                     | 76.01 |
| 76.02                                  | 03140 | CARDIOLOGY                              | 3,855        | 0       | 1,614     | 0                        | 118                    | 76.02 |
| 76.03                                  | 03560 | PULMONARY FUNCTION TESTING              | 80           | 0       | 326       | 0                        | 24                     | 76.03 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                  | 0            | 0       | 0         | 0                        | 0                      | 76.97 |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY               | 0            | 0       | 876       | 0                        | 64                     | 76.98 |
| 76.99                                  | 07699 | LITHOTRIPS                              | 0            | 0       | 0         | 0                        | 0                      | 76.99 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                         |              |         |           |                          |                        |       |
| 90.00                                  | 09000 | CLINIC                                  | 1,044        | 0       | 9,189     | 0                        | 674                    | 90.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description         |       |                                        | HOUSEKEEPING | DIETARY | CAFETERIA | MAINTENANCE OF PERSONNEL | NURSING ADMINISTRATION |        |
|---------------------------------|-------|----------------------------------------|--------------|---------|-----------|--------------------------|------------------------|--------|
|                                 |       |                                        | 9.00         | 10.00   | 11.00     | 12.00                    | 13.00                  |        |
| 90.01                           | 09001 | CHILLI FAMILY PHYSICIANS               | 0            | 0       | 0         | 0                        | 0                      | 90.01  |
| 90.02                           | 09005 | CLINIC                                 | 0            | 0       | 0         | 0                        | 0                      | 90.02  |
| 90.03                           | 09002 | PHYSICIAN OFFICES                      | 0            | 0       | 34,360    | 0                        | 2,519                  | 90.03  |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM   | 0            | 0       | 1,612     | 0                        | 118                    | 90.06  |
| 90.07                           | 09004 | WOUND CARE CENTER                      | 0            | 0       | 1,650     | 0                        | 121                    | 90.07  |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                    | 0            | 0       | 4,881     | 0                        | 358                    | 90.08  |
| 90.09                           | 09009 | NEUROLOGY CLINIC                       | 0            | 0       | 1,810     | 0                        | 133                    | 90.09  |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                | 0            | 0       | 2,664     | 0                        | 195                    | 90.10  |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC        | 0            | 0       | 698       | 0                        | 51                     | 90.11  |
| 90.12                           | 09012 | VASCULAR CLINIC                        | 0            | 0       | 851       | 0                        | 62                     | 90.12  |
| 90.13                           | 09013 | ONCOLOGY CLINIC                        | 0            | 0       | 491       | 0                        | 36                     | 90.13  |
| 91.00                           | 09100 | EMERGENCY                              | 17,187       | 0       | 10,812    | 0                        | 793                    | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS                       |              |         |           |                          |                        | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |       |                                        |              |         |           |                          |                        |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                     | 0            | 0       | 0         | 0                        | 0                      | 95.00  |
| 101.00                          | 10100 | HOME HEALTH AGENCY                     | 0            | 0       | 13,120    | 0                        | 962                    | 101.00 |
| SPECIAL PURPOSE COST CENTERS    |       |                                        |              |         |           |                          |                        |        |
| 113.00                          | 11300 | INTEREST EXPENSE                       |              |         |           |                          |                        | 113.00 |
| 116.00                          | 11600 | HOSPICE                                | 0            | 0       | 5,055     | 0                        | 371                    | 116.00 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117) | 201,824      | 247,251 | 311,533   | 0                        | 19,527                 | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                        |              |         |           |                          |                        |        |
| 191.00                          | 19100 | RESEARCH                               | 0            | 0       | 723       | 0                        | 53                     | 191.00 |
| 192.00                          | 19200 | PHYSICIANS' PRIVATE OFFICES            | 0            | 0       | 0         | 0                        | 0                      | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                        | 0            | 0       | 0         | 0                        | 0                      | 193.00 |
| 194.00                          | 07950 | HEARTLAND PHARMACY                     | 0            | 0       | 0         | 0                        | 0                      | 194.00 |
| 194.01                          | 07951 | FOUNDATION                             | 0            | 0       | 0         | 0                        | 0                      | 194.01 |
| 194.02                          | 07952 | WELLNESS CENTER                        | 0            | 0       | 1,054     | 0                        | 77                     | 194.02 |
| 194.03                          | 07954 | CAPITAL LABOR                          | 0            | 0       | 0         | 0                        | 0                      | 194.03 |
| 194.05                          | 07953 | OTHER NON-REIMBURSABLE                 | 0            | 0       | 5,453     | 0                        | 400                    | 194.05 |
| 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)      | 201,824      | 247,251 | 318,763   | 0                        | 20,057                 | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description                |       |                                         | CENTRAL<br>SERVICES &<br>SUPPLY | PHARMACY | MEDICAL<br>RECORDS &<br>LIBRARY | SOCIAL SERVICE | NONPHYSICIAN<br>ANESTHETISTS |       |
|----------------------------------------|-------|-----------------------------------------|---------------------------------|----------|---------------------------------|----------------|------------------------------|-------|
|                                        |       |                                         | 14.00                           | 15.00    | 16.00                           | 17.00          | 19.00                        |       |
| GENERAL SERVICE COST CENTERS           |       |                                         |                                 |          |                                 |                |                              |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT               |                                 |          |                                 |                |                              | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP               |                                 |          |                                 |                |                              | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT            |                                 |          |                                 |                |                              | 4.00  |
| 4.01                                   | 00401 | PARKING                                 |                                 |          |                                 |                |                              | 4.01  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL                |                                 |          |                                 |                |                              | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                   |                                 |          |                                 |                |                              | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                      |                                 |          |                                 |                |                              | 7.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                 |                                 |          |                                 |                |                              | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                            |                                 |          |                                 |                |                              | 9.00  |
| 10.00                                  | 01000 | DIETARY                                 |                                 |          |                                 |                |                              | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                               |                                 |          |                                 |                |                              | 11.00 |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL                |                                 |          |                                 |                |                              | 12.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                  |                                 |          |                                 |                |                              | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY               | 484,987                         |          |                                 |                |                              | 14.00 |
| 15.00                                  | 01500 | PHARMACY                                | 0                               | 220,701  |                                 |                |                              | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY               | 0                               | 0        | 4,106                           |                |                              | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                          | 0                               | 0        | 0                               | 0              |                              | 17.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS               | 0                               | 0        | 0                               | 0              | 0                            | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                          | 0                               | 0        | 0                               | 0              |                              | 20.00 |
| 21.00                                  | 02100 | I&R SRVCES-SALARY & FRINGES APPRVD      | 0                               | 0        | 0                               | 0              |                              | 21.00 |
| 22.00                                  | 02200 | I&R SRVCES-OTHER PRGM COSTS APPRVD      | 0                               | 0        | 0                               | 0              |                              | 22.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                         |                                 |          |                                 |                |                              |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                     | 0                               | 0        | 1,397                           | 0              |                              | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                     | 0                               | 0        | 29                              | 0              |                              | 31.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT            | 0                               | 0        | 42                              | 0              |                              | 34.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                       | 0                               | 0        | 313                             | 0              |                              | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                       | 0                               | 0        | 59                              | 0              |                              | 41.00 |
| 43.00                                  | 04300 | NURSERY                                 | 0                               | 0        | 213                             | 0              |                              | 43.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                         |                                 |          |                                 |                |                              |       |
| 50.00                                  | 05000 | OPERATING ROOM                          | 0                               | 0        | 1,369                           | 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 |
| 53.01                                  | 03950 | PAIN CLINIC                             | 0                               | 0        | 0                               | 0              |                              | 53.01 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                    | 0                               | 0        | 0                               | 0              |                              | 54.00 |
| 54.01                                  | 05401 | NORTHSIDE IMAGING                       | 0                               | 0        | 0                               | 0              |                              | 54.01 |
| 54.02                                  | 05402 | NORTHSIDE MAMMOGRAPHY                   | 0                               | 0        | 0                               | 0              |                              | 54.02 |
| 54.03                                  | 05403 | NORTHSIDE ULTRASOUND                    | 0                               | 0        | 0                               | 0              |                              | 54.03 |
| 54.04                                  | 05404 | NORTHSIDE CARDIO                        | 0                               | 0        | 0                               | 0              |                              | 54.04 |
| 54.05                                  | 05405 | NORTHSIDE ADMIN                         | 0                               | 0        | 0                               | 0              |                              | 54.05 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                   | 0                               | 0        | 195                             | 0              |                              | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                            | 0                               | 0        | 0                               | 0              |                              | 56.00 |
| 56.01                                  | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 0                               | 0        | 0                               | 0              |                              | 56.01 |
| 57.00                                  | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 0                               | 0        | 0                               | 0              |                              | 57.00 |
| 57.01                                  | 05701 | NORTHSIDE CT                            | 0                               | 0        | 0                               | 0              |                              | 57.01 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 0                               | 0        | 0                               | 0              |                              | 58.00 |
| 58.01                                  | 05801 | NORTHSIDE MRI                           | 0                               | 0        | 0                               | 0              |                              | 58.01 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                 | 0                               | 0        | 0                               | 0              |                              | 59.00 |
| 60.00                                  | 06000 | LABORATORY                              | 0                               | 0        | 0                               | 0              |                              | 60.00 |
| 60.01                                  | 06001 | NORTHSIDE LAB                           | 0                               | 0        | 0                               | 0              |                              | 60.01 |
| 62.30                                  | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0                               | 0        | 0                               | 0              |                              | 62.30 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 0                               | 0        | 0                               | 0              |                              | 63.00 |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                     | 0                               | 0        | 0                               | 0              |                              | 64.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                     | 0                               | 0        | 0                               | 0              |                              | 65.00 |
| 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 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                  | 0                               | 0        | 0                               | 0              |                              | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 0                               | 0        | 0                               | 0              |                              | 71.00 |
| 72.00                                  | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 0                               | 0        | 0                               | 0              |                              | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS               | 0                               | 213,332  | 0                               | 0              |                              | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                          | 0                               | 0        | 0                               | 0              |                              | 74.00 |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 0                               | 0        | 0                               | 0              |                              | 76.00 |
| 76.01                                  | 03340 | GASTRO INTESTINAL SERVICES              | 0                               | 0        | 0                               | 0              |                              | 76.01 |
| 76.02                                  | 03140 | CARDIOLOGY                              | 0                               | 0        | 0                               | 0              |                              | 76.02 |
| 76.03                                  | 03560 | PULMONARY FUNCTION TESTING              | 0                               | 0        | 0                               | 0              |                              | 76.03 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                  | 0                               | 0        | 0                               | 0              |                              | 76.97 |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY               | 0                               | 0        | 0                               | 0              |                              | 76.98 |
| 76.99                                  | 07699 | LITHOTRIPSY                             | 0                               | 0        | 0                               | 0              |                              | 76.99 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description         |                                            | CENTRAL<br>SERVICES &<br>SUPPLY | PHARMACY | MEDICAL<br>RECORDS &<br>LIBRARY | SOCIAL SERVICE | NONPHYSICIAN<br>ANESTHETISTS |          |
|---------------------------------|--------------------------------------------|---------------------------------|----------|---------------------------------|----------------|------------------------------|----------|
|                                 |                                            | 14.00                           | 15.00    | 16.00                           | 17.00          | 19.00                        |          |
| OUTPATIENT SERVICE COST CENTERS |                                            |                                 |          |                                 |                |                              |          |
| 90.00                           | 09000 CLINIC                               | 0                               | 0        | 0                               | 0              |                              | 90.00    |
| 90.01                           | 09001 CHILLI FAMILY PHYSICIANS             | 0                               | 0        | 0                               | 0              |                              | 90.01    |
| 90.02                           | 09005 CLINIC                               | 0                               | 0        | 0                               | 0              |                              | 90.02    |
| 90.03                           | 09002 PHYSICIAN OFFICES                    | 0                               | 0        | 0                               | 0              |                              | 90.03    |
| 90.06                           | 09003 ENDOCRINOLOGY, DIABETES & METABOLISM | 0                               | 0        | 0                               | 0              |                              | 90.06    |
| 90.07                           | 09004 WOUND CARE CENTER                    | 0                               | 0        | 0                               | 0              |                              | 90.07    |
| 90.08                           | 09008 INTENSIVISTS CLINIC                  | 0                               | 0        | 0                               | 0              |                              | 90.08    |
| 90.09                           | 09009 NEUROLOGY CLINIC                     | 0                               | 0        | 0                               | 0              |                              | 90.09    |
| 90.10                           | 09010 MULTI-SPECIALITY CLINIC              | 0                               | 0        | 0                               | 0              |                              | 90.10    |
| 90.11                           | 09011 PEDIATRICS-GASTROENTEROL CLINIC      | 0                               | 0        | 0                               | 0              |                              | 90.11    |
| 90.12                           | 09012 VASCULAR CLINIC                      | 0                               | 0        | 0                               | 0              |                              | 90.12    |
| 90.13                           | 09013 ONCOLOGY CLINIC                      | 0                               | 0        | 0                               | 0              |                              | 90.13    |
| 91.00                           | 09100 EMERGENCY                            | 0                               | 0        | 489                             | 0              |                              | 91.00    |
| 92.00                           | 09200 OBSERVATION BEDS                     |                                 |          |                                 |                |                              | 92.00    |
| OTHER REIMBURSABLE COST CENTERS |                                            |                                 |          |                                 |                |                              |          |
| 95.00                           | 09500 AMBULANCE SERVICES                   | 0                               | 0        | 0                               | 0              |                              | 95.00    |
| 101.00                          | 10100 HOME HEALTH AGENCY                   | 0                               | 10       | 0                               | 0              |                              | 101.00   |
| SPECIAL PURPOSE COST CENTERS    |                                            |                                 |          |                                 |                |                              |          |
| 113.00                          | 11300 INTEREST EXPENSE                     |                                 |          |                                 |                |                              | 113.00   |
| 116.00                          | 11600 HOSPICE                              | 0                               | 7,092    | 0                               | 0              |                              | 116.00   |
| 118.00                          | SUBTOTALS (SUM OF LINES 1 through 117)     | 0                               | 220,434  | 4,106                           | 0              | 0                            | 118.00   |
| NONREIMBURSABLE COST CENTERS    |                                            |                                 |          |                                 |                |                              |          |
| 191.00                          | 19100 RESEARCH                             | 0                               | 0        | 0                               | 0              |                              | 191.00   |
| 192.00                          | 19200 PHYSICIANS' PRIVATE OFFICES          | 0                               | 0        | 0                               | 0              |                              | 192.00   |
| 193.00                          | 19300 NONPAID WORKERS                      | 0                               | 0        | 0                               | 0              |                              | 193.00   |
| 194.00                          | 07950 HEARTLAND PHARMACY                   | 0                               | 0        | 0                               | 0              |                              | 194.00   |
| 194.01                          | 07951 FOUNDATION                           | 0                               | 0        | 0                               | 0              |                              | 194.01   |
| 194.02                          | 07952 WELLNESS CENTER                      | 0                               | 267      | 0                               | 0              |                              | 194.02   |
| 194.03                          | 07954 CAPITAL LABOR                        | 0                               | 0        | 0                               | 0              |                              | 194.03   |
| 194.05                          | 07953 OTHER NON-REIMBURSABLE               | 0                               | 0        | 0                               | 0              |                              | 194.05   |
| 200.00                          | Cross Foot Adjustments                     |                                 |          |                                 |                |                              | 0 200.00 |
| 201.00                          | Negative Cost Centers                      | 484,987                         | 0        | 0                               | 0              |                              | 0 201.00 |
| 202.00                          | TOTAL (sum lines 118 through 201)          | 484,987                         | 220,701  | 4,106                           | 0              |                              | 0 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description                |       |                                         | INTERNS & RESIDENTS |                         | Subtotal                | Intern & Residents Cost & Post Stepdown Adjustments |       |
|----------------------------------------|-------|-----------------------------------------|---------------------|-------------------------|-------------------------|-----------------------------------------------------|-------|
|                                        |       |                                         | NURSING SCHOOL      | SRVCES-SALARY & FRINGES | SRVCES-OTHER PRGM COSTS |                                                     |       |
|                                        |       |                                         | 20.00               | 21.00                   | 22.00                   | 24.00                                               | 25.00 |
| GENERAL SERVICE COST CENTERS           |       |                                         |                     |                         |                         |                                                     |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT               |                     |                         |                         |                                                     | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP               |                     |                         |                         |                                                     | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT            |                     |                         |                         |                                                     | 4.00  |
| 4.01                                   | 00401 | PARKING                                 |                     |                         |                         |                                                     | 4.01  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL                |                     |                         |                         |                                                     | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                   |                     |                         |                         |                                                     | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                      |                     |                         |                         |                                                     | 7.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                 |                     |                         |                         |                                                     | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                            |                     |                         |                         |                                                     | 9.00  |
| 10.00                                  | 01000 | DIETARY                                 |                     |                         |                         |                                                     | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                               |                     |                         |                         |                                                     | 11.00 |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL                |                     |                         |                         |                                                     | 12.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                  |                     |                         |                         |                                                     | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY               |                     |                         |                         |                                                     | 14.00 |
| 15.00                                  | 01500 | PHARMACY                                |                     |                         |                         |                                                     | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY               |                     |                         |                         |                                                     | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                          |                     |                         |                         |                                                     | 17.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS               |                     |                         |                         |                                                     | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                          | 4,237,658           |                         |                         |                                                     | 20.00 |
| 21.00                                  | 02100 | I&R SRVCES-SALARY & FRINGES APPRVD      |                     | 345,446                 |                         |                                                     | 21.00 |
| 22.00                                  | 02200 | I&R SRVCES-OTHER PRGM COSTS APPRVD      |                     |                         | 5,053                   |                                                     | 22.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                         |                     |                         |                         |                                                     |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                     |                     |                         | 2,534,397               | 0                                                   | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                     |                     |                         | 352,374                 | 0                                                   | 31.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT            |                     |                         | 19,742                  | 0                                                   | 34.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                       |                     |                         | 502,776                 | 0                                                   | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                       |                     |                         | 317,427                 | 0                                                   | 41.00 |
| 43.00                                  | 04300 | NURSERY                                 |                     |                         | 84,619                  | 0                                                   | 43.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                         |                     |                         |                         |                                                     |       |
| 50.00                                  | 05000 | OPERATING ROOM                          |                     |                         | 3,284,681               | 0                                                   | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                           |                     |                         | 374,307                 | 0                                                   | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM              |                     |                         | 216,608                 | 0                                                   | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                          |                     |                         | 167,590                 | 0                                                   | 53.00 |
| 53.01                                  | 03950 | PAIN CLINIC                             |                     |                         | 44,242                  | 0                                                   | 53.01 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                    |                     |                         | 1,837,106               | 0                                                   | 54.00 |
| 54.01                                  | 05401 | NORTHSIDE IMAGING                       |                     |                         | 45,632                  | 0                                                   | 54.01 |
| 54.02                                  | 05402 | NORTHSIDE MAMMOGRAPHY                   |                     |                         | 36,746                  | 0                                                   | 54.02 |
| 54.03                                  | 05403 | NORTHSIDE ULTRASOUND                    |                     |                         | 16,659                  | 0                                                   | 54.03 |
| 54.04                                  | 05404 | NORTHSIDE CARDIO                        |                     |                         | 0                       | 0                                                   | 54.04 |
| 54.05                                  | 05405 | NORTHSIDE ADMIN                         |                     |                         | 51,193                  | 0                                                   | 54.05 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                   |                     |                         | 717,522                 | 0                                                   | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                            |                     |                         | 0                       | 0                                                   | 56.00 |
| 56.01                                  | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           |                     |                         | 360,339                 | 0                                                   | 56.01 |
| 57.00                                  | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           |                     |                         | 52,064                  | 0                                                   | 57.00 |
| 57.01                                  | 05701 | NORTHSIDE CT                            |                     |                         | 5,905                   | 0                                                   | 57.01 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        |                     |                         | 97,881                  | 0                                                   | 58.00 |
| 58.01                                  | 05801 | NORTHSIDE MRI                           |                     |                         | 1,734                   | 0                                                   | 58.01 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                 |                     |                         | 86,507                  | 0                                                   | 59.00 |
| 60.00                                  | 06000 | LABORATORY                              |                     |                         | 1,212,169               | 0                                                   | 60.00 |
| 60.01                                  | 06001 | NORTHSIDE LAB                           |                     |                         | 0                       | 0                                                   | 60.01 |
| 62.30                                  | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      |                     |                         | 0                       | 0                                                   | 62.30 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING, & TRANS.     |                     |                         | 2,702                   | 0                                                   | 63.00 |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                     |                     |                         | 337,424                 | 0                                                   | 64.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                     |                     |                         | 107,667                 | 0                                                   | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                        |                     |                         | 199,290                 | 0                                                   | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                    |                     |                         | 23,552                  | 0                                                   | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                        |                     |                         | 80,171                  | 0                                                   | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                       |                     |                         | 17,845                  | 0                                                   | 69.00 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                  |                     |                         | 127,943                 | 0                                                   | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      |                     |                         | 3,521                   | 0                                                   | 71.00 |
| 72.00                                  | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS |                     |                         | 42,414                  | 0                                                   | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS               |                     |                         | 241,322                 | 0                                                   | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                          |                     |                         | 137,123                 | 0                                                   | 74.00 |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      |                     |                         | 78,972                  | 0                                                   | 76.00 |
| 76.01                                  | 03340 | GASTRO INTESTINAL SERVICES              |                     |                         | 345,907                 | 0                                                   | 76.01 |
| 76.02                                  | 03140 | CARDIOLOGY                              |                     |                         | 150,376                 | 0                                                   | 76.02 |
| 76.03                                  | 03560 | PULMONARY FUNCTION TESTING              |                     |                         | 18,804                  | 0                                                   | 76.03 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description         |       |                                        | NURSING SCHOOL | INTERNS & RESIDENTS     |                         | Subtotal   | Intern & Residents Cost & Post Stepdown Adjustments |        |
|---------------------------------|-------|----------------------------------------|----------------|-------------------------|-------------------------|------------|-----------------------------------------------------|--------|
|                                 |       |                                        |                | SRVCES-SALARY & FRINGES | SRVCES-OTHER PRGM COSTS |            |                                                     |        |
|                                 |       |                                        |                | 20.00                   | 21.00                   | 22.00      | 24.00                                               | 25.00  |
| 76.97                           | 07697 | CARDIAC REHABILITATION                 |                |                         |                         | 721        | 0                                                   | 76.97  |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY              |                |                         |                         | 107,679    | 0                                                   | 76.98  |
| 76.99                           | 07699 | LITHOTRIPSY                            |                |                         |                         | 0          | 0                                                   | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |       |                                        |                |                         |                         |            |                                                     |        |
| 90.00                           | 09000 | CLINIC                                 |                |                         |                         | 872,097    | 0                                                   | 90.00  |
| 90.01                           | 09001 | CHILLI FAMILY PHYSICIANS               |                |                         |                         | 3          | 0                                                   | 90.01  |
| 90.02                           | 09005 | CLINIC                                 |                |                         |                         | 0          | 0                                                   | 90.02  |
| 90.03                           | 09002 | PHYSICIAN OFFICES                      |                |                         |                         | 1,587,210  | 0                                                   | 90.03  |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM   |                |                         |                         | 49,619     | 0                                                   | 90.06  |
| 90.07                           | 09004 | WOUND CARE CENTER                      |                |                         |                         | 141,255    | 0                                                   | 90.07  |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                    |                |                         |                         | 182,227    | 0                                                   | 90.08  |
| 90.09                           | 09009 | NEUROLOGY CLINIC                       |                |                         |                         | 167,184    | 0                                                   | 90.09  |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                |                |                         |                         | 130,466    | 0                                                   | 90.10  |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC        |                |                         |                         | 104,450    | 0                                                   | 90.11  |
| 90.12                           | 09012 | VASCULAR CLINIC                        |                |                         |                         | 94,212     | 0                                                   | 90.12  |
| 90.13                           | 09013 | ONCOLOGY CLINIC                        |                |                         |                         | 122,478    | 0                                                   | 90.13  |
| 91.00                           | 09100 | EMERGENCY                              |                |                         |                         | 399,927    | 0                                                   | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS                       |                |                         |                         |            | 0                                                   | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |       |                                        |                |                         |                         |            |                                                     |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                     |                |                         |                         | 0          | 0                                                   | 95.00  |
| 101.00                          | 10100 | HOME HEALTH AGENCY                     |                |                         |                         | 169,794    | 0                                                   | 101.00 |
| SPECIAL PURPOSE COST CENTERS    |       |                                        |                |                         |                         |            |                                                     |        |
| 113.00                          | 11300 | INTEREST EXPENSE                       |                |                         |                         |            |                                                     | 113.00 |
| 116.00                          | 11600 | HOSPICE                                |                |                         |                         | 530,147    | 0                                                   | 116.00 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117) | 0              | 0                       | 0                       | 18,994,722 | 0                                                   | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                        |                |                         |                         |            |                                                     |        |
| 191.00                          | 19100 | RESEARCH                               |                |                         |                         | 57,687     | 0                                                   | 191.00 |
| 192.00                          | 19200 | PHYSICIANS' PRIVATE OFFICES            |                |                         |                         | 0          | 0                                                   | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                        |                |                         |                         | 0          | 0                                                   | 193.00 |
| 194.00                          | 07950 | HEARTLAND PHARMACY                     |                |                         |                         | 0          | 0                                                   | 194.00 |
| 194.01                          | 07951 | FOUNDATION                             |                |                         |                         | 43,034     | 0                                                   | 194.01 |
| 194.02                          | 07952 | WELLNESS CENTER                        |                |                         |                         | 426,917    | 0                                                   | 194.02 |
| 194.03                          | 07954 | CAPITAL LABOR                          |                |                         |                         | 0          | 0                                                   | 194.03 |
| 194.05                          | 07953 | OTHER NON-REIMBURSABLE                 |                |                         |                         | 10,142     | 0                                                   | 194.05 |
| 200.00                          |       | Cross Foot Adjustments                 | 4,237,658      | 345,446                 | 5,053                   | 4,588,157  | 0                                                   | 200.00 |
| 201.00                          |       | Negative Cost Centers                  | 0              | 0                       | 0                       | 484,987    | 0                                                   | 201.00 |
| 202.00                          |       | TOTAL (sum lines 118 through 201)      | 4,237,658      | 345,446                 | 5,053                   | 24,605,646 | 0                                                   | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description                |       |                                         | Total     |       |
|----------------------------------------|-------|-----------------------------------------|-----------|-------|
|                                        |       |                                         | 26.00     |       |
| GENERAL SERVICE COST CENTERS           |       |                                         |           |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT               |           | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP               |           | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT            |           | 4.00  |
| 4.01                                   | 00401 | PARKING                                 |           | 4.01  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL                |           | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                   |           | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                      |           | 7.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                 |           | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                            |           | 9.00  |
| 10.00                                  | 01000 | DIETARY                                 |           | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                               |           | 11.00 |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL                |           | 12.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                  |           | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY               |           | 14.00 |
| 15.00                                  | 01500 | PHARMACY                                |           | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY               |           | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                          |           | 17.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS               |           | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                          |           | 20.00 |
| 21.00                                  | 02100 | I&R SRVCES-SALARY & FRINGES APPRVD      |           | 21.00 |
| 22.00                                  | 02200 | I&R SRVCES-OTHER PRGM COSTS APPRVD      |           | 22.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                         |           |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                     | 2,534,397 | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                     | 352,374   | 31.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT            | 19,742    | 34.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                       | 502,776   | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                       | 317,427   | 41.00 |
| 43.00                                  | 04300 | NURSERY                                 | 84,619    | 43.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                         |           |       |
| 50.00                                  | 05000 | OPERATING ROOM                          | 3,284,681 | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                           | 374,307   | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM              | 216,608   | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                          | 167,590   | 53.00 |
| 53.01                                  | 03950 | PAIN CLINIC                             | 44,242    | 53.01 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                    | 1,837,106 | 54.00 |
| 54.01                                  | 05401 | NORTHSIDE IMAGING                       | 45,632    | 54.01 |
| 54.02                                  | 05402 | NORTHSIDE MAMMOGRAPHY                   | 36,746    | 54.02 |
| 54.03                                  | 05403 | NORTHSIDE ULTRASOUND                    | 16,659    | 54.03 |
| 54.04                                  | 05404 | NORTHSIDE CARDIO                        | 0         | 54.04 |
| 54.05                                  | 05405 | NORTHSIDE ADMIN                         | 51,193    | 54.05 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                   | 717,522   | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                            | 0         | 56.00 |
| 56.01                                  | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 360,339   | 56.01 |
| 57.00                                  | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 52,064    | 57.00 |
| 57.01                                  | 05701 | NORTHSIDE CT                            | 5,905     | 57.01 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 97,881    | 58.00 |
| 58.01                                  | 05801 | NORTHSIDE MRI                           | 1,734     | 58.01 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                 | 86,507    | 59.00 |
| 60.00                                  | 06000 | LABORATORY                              | 1,212,169 | 60.00 |
| 60.01                                  | 06001 | NORTHSIDE LAB                           | 0         | 60.01 |
| 62.30                                  | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0         | 62.30 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 2,702     | 63.00 |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                     | 337,424   | 64.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                     | 107,667   | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                        | 199,290   | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                    | 23,552    | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                        | 80,171    | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                       | 17,845    | 69.00 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                  | 127,943   | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 3,521     | 71.00 |
| 72.00                                  | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 42,414    | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS               | 241,322   | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                          | 137,123   | 74.00 |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 78,972    | 76.00 |
| 76.01                                  | 03340 | GASTRO INTESTINAL SERVICES              | 345,907   | 76.01 |
| 76.02                                  | 03140 | CARDIOLOGY                              | 150,376   | 76.02 |
| 76.03                                  | 03560 | PULMONARY FUNCTION TESTING              | 18,804    | 76.03 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                  | 721       | 76.97 |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY               | 107,679   | 76.98 |
| 76.99                                  | 07699 | LITHOTRIPSY                             | 0         | 76.99 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                         |           |       |
| 90.00                                  | 09000 | CLINIC                                  | 872,097   | 90.00 |
| 90.01                                  | 09001 | CHILLI FAMILY PHYSICIANS                | 3         | 90.01 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description         |       |                                        | Total      |        |
|---------------------------------|-------|----------------------------------------|------------|--------|
|                                 |       |                                        | 26.00      |        |
| 90.02                           | 09005 | CLINIC                                 | 0          | 90.02  |
| 90.03                           | 09002 | PHYSICIAN OFFICES                      | 1,587,210  | 90.03  |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM   | 49,619     | 90.06  |
| 90.07                           | 09004 | WOUND CARE CENTER                      | 141,255    | 90.07  |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                    | 182,227    | 90.08  |
| 90.09                           | 09009 | NEUROLOGY CLINIC                       | 167,184    | 90.09  |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                | 130,466    | 90.10  |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC        | 104,450    | 90.11  |
| 90.12                           | 09012 | VASCULAR CLINIC                        | 94,212     | 90.12  |
| 90.13                           | 09013 | ONCOLOGY CLINIC                        | 122,478    | 90.13  |
| 91.00                           | 09100 | EMERGENCY                              | 399,927    | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS                       |            | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |       |                                        |            |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                     | 0          | 95.00  |
| 101.00                          | 10100 | HOME HEALTH AGENCY                     | 169,794    | 101.00 |
| SPECIAL PURPOSE COST CENTERS    |       |                                        |            |        |
| 113.00                          | 11300 | INTEREST EXPENSE                       |            | 113.00 |
| 116.00                          | 11600 | HOSPICE                                | 530,147    | 116.00 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117) | 18,994,722 | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                        |            |        |
| 191.00                          | 19100 | RESEARCH                               | 57,687     | 191.00 |
| 192.00                          | 19200 | PHYSICIANS' PRIVATE OFFICES            | 0          | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                        | 0          | 193.00 |
| 194.00                          | 07950 | HEARTLAND PHARMACY                     | 0          | 194.00 |
| 194.01                          | 07951 | FOUNDATION                             | 43,034     | 194.01 |
| 194.02                          | 07952 | WELLNESS CENTER                        | 426,917    | 194.02 |
| 194.03                          | 07954 | CAPITAL LABOR                          | 0          | 194.03 |
| 194.05                          | 07953 | OTHER NON-REIMBURSABLE                 | 10,142     | 194.05 |
| 200.00                          |       | Cross Foot Adjustments                 | 4,588,157  | 200.00 |
| 201.00                          |       | Negative Cost Centers                  | 484,987    | 201.00 |
| 202.00                          |       | TOTAL (sum lines 118 through 201)      | 24,605,646 | 202.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

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

Worksheet B-1

Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description                |       |                                         | CAPITAL RELATED COSTS        |                               | EMPLOYEE<br>BENEFITS<br>DEPARTMENT<br>(GROSS<br>SALARIES) | PARKING<br>(SQUARE FEET) | Reconciliation |       |
|----------------------------------------|-------|-----------------------------------------|------------------------------|-------------------------------|-----------------------------------------------------------|--------------------------|----------------|-------|
|                                        |       |                                         | BLDG & FIXT<br>(SQUARE FEET) | MVBLE EQUIP<br>(DOLLAR VALUE) |                                                           |                          |                |       |
|                                        |       |                                         | 1.00                         | 2.00                          | 4.00                                                      | 4.01                     | 5A             |       |
| GENERAL SERVICE COST CENTERS           |       |                                         |                              |                               |                                                           |                          |                |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT               | 755,560                      |                               |                                                           |                          |                | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP               |                              | 9,461,586                     |                                                           |                          |                | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT            | 1,052                        | 2,610                         | 146,775,342                                               |                          |                | 4.00  |
| 4.01                                   | 00401 | PARKING                                 | 0                            | 637,975                       | 88,336                                                    | 754,508                  |                | 4.01  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL                | 25,468                       | 132,548                       | 1,936,485                                                 | 25,468                   | -79,105,372    | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                   | 14,323                       | 278,770                       | 1,722,730                                                 | 14,323                   | 0              | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                      | 118,656                      | 954,359                       | 1,183,588                                                 | 118,656                  | 0              | 7.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                 | 2,559                        | 0                             | 104,098                                                   | 2,559                    | 0              | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                            | 9,369                        | 47,846                        | 2,008,707                                                 | 9,369                    | 0              | 9.00  |
| 10.00                                  | 01000 | DIETARY                                 | 14,644                       | 22,206                        | 1,193,291                                                 | 14,644                   | 0              | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                               | 9,971                        | 145,162                       | 1,495,196                                                 | 9,971                    | 0              | 11.00 |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL                | 0                            | 0                             | 0                                                         | 0                        | 0              | 12.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                  | 0                            | 0                             | 793,654                                                   | 0                        | 0              | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY               | 7,192                        | 122,768                       | 695,929                                                   | 7,192                    | 960,100        | 14.00 |
| 15.00                                  | 01500 | PHARMACY                                | 5,553                        | 103,588                       | 4,526,051                                                 | 5,553                    | 0              | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY               | 0                            | 0                             | 0                                                         | 0                        | 0              | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                          | 0                            | 0                             | 0                                                         | 0                        | 0              | 17.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS               | 0                            | 0                             | 0                                                         | 0                        | 0              | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                          | 127,292                      | 319,917                       | 6,582,587                                                 | 127,292                  | 0              | 20.00 |
| 21.00                                  | 02100 | I&R SRVCES-SALARY & FRINGES APPRVD      | 8,037                        | 6,373                         | 5,347,430                                                 | 8,037                    | 0              | 21.00 |
| 22.00                                  | 02200 | I&R SRVCES-OTHER PRGM COSTS APPRVD      | 0                            | 0                             | 0                                                         | 0                        | 0              | 22.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                         |                              |                               |                                                           |                          |                |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                     | 96,311                       | 660,489                       | 15,647,960                                                | 96,311                   | 0              | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                     | 14,069                       | 86,242                        | 3,332,577                                                 | 14,069                   | 0              | 31.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT            | 393                          | 2,109                         | 216,064                                                   | 393                      | 0              | 34.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                       | 24,630                       | 30,868                        | 4,829,481                                                 | 24,630                   | 0              | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                       | 17,978                       | 13,667                        | 1,453,697                                                 | 17,978                   | 0              | 41.00 |
| 43.00                                  | 04300 | NURSERY                                 | 3,173                        | 27,306                        | 1,110,852                                                 | 3,173                    | 0              | 43.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                         |                              |                               |                                                           |                          |                |       |
| 50.00                                  | 05000 | OPERATING ROOM                          | 44,690                       | 1,795,080                     | 7,675,558                                                 | 44,690                   | 0              | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                           | 16,280                       | 104,796                       | 1,820,709                                                 | 16,280                   | 0              | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM              | 9,574                        | 49,433                        | 1,565,066                                                 | 9,574                    | 0              | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                          | 1,153                        | 120,145                       | 6,008,276                                                 | 1,153                    | 0              | 53.00 |
| 53.01                                  | 03950 | PAIN CLINIC                             | 0                            | 4,081                         | 62,709                                                    | 0                        | 0              | 53.01 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                    | 34,658                       | 1,141,386                     | 3,629,603                                                 | 34,658                   | 0              | 54.00 |
| 54.01                                  | 05401 | NORTHSIDE IMAGING                       | 0                            | 22,597                        | 90,129                                                    | 0                        | 0              | 54.01 |
| 54.02                                  | 05402 | NORTHSIDE MAMMOGRAPHY                   | 0                            | 19,723                        | 50,365                                                    | 0                        | 0              | 54.02 |
| 54.03                                  | 05403 | NORTHSIDE ULTRASOUND                    | 0                            | 10,316                        | 33,512                                                    | 0                        | 0              | 54.03 |
| 54.04                                  | 05404 | NORTHSIDE RADIO                         | 0                            | 0                             | 0                                                         | 0                        | 0              | 54.04 |
| 54.05                                  | 05405 | NORTHSIDE ADMIN                         | 0                            | 0                             | 0                                                         | 0                        | 0              | 54.05 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                   | 12,613                       | 461,811                       | 1,188,023                                                 | 12,613                   | 0              | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                            | 0                            | 0                             | 0                                                         | 0                        | 0              | 56.00 |
| 56.01                                  | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 11,155                       | 170,051                       | 372,557                                                   | 11,155                   | 0              | 56.01 |
| 57.00                                  | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 0                            | 42,843                        | 528,802                                                   | 0                        | 0              | 57.00 |
| 57.01                                  | 05701 | NORTHSIDE CT                            | 0                            | 4,324                         | 71,409                                                    | 0                        | 0              | 57.01 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 3,689                        | 35,852                        | 404,886                                                   | 3,689                    | 0              | 58.00 |
| 58.01                                  | 05801 | NORTHSIDE MRI                           | 0                            | 0                             | 106,388                                                   | 0                        | 0              | 58.01 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                 | 3,655                        | 244,294                       | 500,948                                                   | 3,655                    | 0              | 59.00 |
| 60.00                                  | 06000 | LABORATORY                              | 22,349                       | 380,810                       | 6,198,392                                                 | 22,349                   | 0              | 60.00 |
| 60.01                                  | 06001 | NORTHSIDE LAB                           | 0                            | 0                             | 0                                                         | 0                        | 0              | 60.01 |
| 62.30                                  | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0                            | 0                             | 0                                                         | 0                        | 0              | 62.30 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 0                            | 0                             | 0                                                         | 0                        | 0              | 63.00 |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                     | 14,383                       | 81,716                        | 2,023,691                                                 | 14,383                   | 0              | 64.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                     | 2,423                        | 56,386                        | 1,162,767                                                 | 2,423                    | 0              | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                        | 5,819                        | 138                           | 14,553                                                    | 5,819                    | 0              | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                    | 859                          | 141                           | 14,920                                                    | 859                      | 0              | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                        | 2,013                        | 1,701                         | 95,019                                                    | 2,013                    | 0              | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                       | 394                          | 9,537                         | 195,292                                                   | 394                      | 0              | 69.00 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                  | 0                            | 5,540                         | 714,804                                                   | 0                        | 0              | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 0                            | 0                             | 0                                                         | 0                        | 0              | 71.00 |
| 72.00                                  | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 0                            | 0                             | 0                                                         | 0                        | 0              | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS               | 0                            | 0                             | 0                                                         | 0                        | 0              | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                          | 2,494                        | 83,917                        | 229,028                                                   | 2,494                    | 0              | 74.00 |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 4,870                        | 2,990                         | 444,318                                                   | 4,870                    | 0              | 76.00 |
| 76.01                                  | 03340 | GASTRO INTESTINAL SERVICES              | 3,587                        | 230,879                       | 383,025                                                   | 3,587                    | 0              | 76.01 |
| 76.02                                  | 03140 | CARDIOLOGY                              | 6,787                        | 36,622                        | 688,070                                                   | 6,787                    | 0              | 76.02 |
| 76.03                                  | 03560 | PULMONARY FUNCTION TESTING              | 448                          | 10,315                        | 105,811                                                   | 448                      | 0              | 76.03 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

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

Worksheet B-1

Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description         |       |                                                        | CAPITAL RELATED COSTS        |                               | EMPLOYEE<br>BENEFITS<br>DEPARTMENT<br>(GROSS<br>SALARIES) | PARKING<br>(SQUARE FEET) | Reconciliation |        |
|---------------------------------|-------|--------------------------------------------------------|------------------------------|-------------------------------|-----------------------------------------------------------|--------------------------|----------------|--------|
|                                 |       |                                                        | BLDG & FIXT<br>(SQUARE FEET) | MVBLE EQUIP<br>(DOLLAR VALUE) |                                                           |                          |                |        |
|                                 |       |                                                        | 1.00                         | 2.00                          | 4.00                                                      | 4.01                     | 5A             |        |
| 76.97                           | 07697 | CARDIAC REHABILITATION                                 | 0                            | 620                           | 6,324                                                     | 0                        | 0              | 76.97  |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY                              | 1,998                        | 1,407                         | 387,742                                                   | 1,998                    | 0              | 76.98  |
| 76.99                           | 07699 | LITHOTRIPSY                                            | 0                            | 0                             | 0                                                         | 0                        | 236            | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |       |                                                        |                              |                               |                                                           |                          |                |        |
| 90.00                           | 09000 | CLINIC                                                 | 10,256                       | 104,833                       | 2,512,262                                                 | 10,256                   | 0              | 90.00  |
| 90.01                           | 09001 | CHILLI FAMILY PHYSICIANS                               | 0                            | 0                             | 0                                                         | 0                        | 0              | 90.01  |
| 90.02                           | 09005 | CLINIC                                                 | 0                            | 0                             | 0                                                         | 0                        | 0              | 90.02  |
| 90.03                           | 09002 | PHYSICIAN OFFICES                                      | 19,397                       | 364,221                       | 30,127,784                                                | 19,397                   | 0              | 90.03  |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM                   | 0                            | 13,961                        | 934,679                                                   | 0                        | 0              | 90.06  |
| 90.07                           | 09004 | WOUND CARE CENTER                                      | 0                            | 2,588                         | 734,269                                                   | 0                        | 0              | 90.07  |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                                    | 0                            | 8,021                         | 4,609,345                                                 | 0                        | 0              | 90.08  |
| 90.09                           | 09009 | NEUROLOGY CLINIC                                       | 0                            | 40,375                        | 1,741,758                                                 | 0                        | 0              | 90.09  |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                                | 0                            | 11,390                        | 1,257,191                                                 | 0                        | 0              | 90.10  |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC                        | 0                            | 0                             | 553,620                                                   | 0                        | 0              | 90.11  |
| 90.12                           | 09012 | VASCULAR CLINIC                                        | 0                            | 3,777                         | 243,887                                                   | 0                        | 0              | 90.12  |
| 90.13                           | 09013 | ONCOLOGY CLINIC                                        | 0                            | 11,078                        | 146,342                                                   | 0                        | 0              | 90.13  |
| 91.00                           | 09100 | EMERGENCY                                              | 13,783                       | 127,145                       | 5,183,231                                                 | 13,783                   | 0              | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS                                       |                              |                               |                                                           |                          |                | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |       |                                                        |                              |                               |                                                           |                          |                |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                                     | 0                            | 0                             | 0                                                         | 0                        | 0              | 95.00  |
| 101.00                          | 10100 | HOME HEALTH AGENCY                                     | 145                          | 35,703                        | 4,540,344                                                 | 145                      | 0              | 101.00 |
| SPECIAL PURPOSE COST CENTERS    |       |                                                        |                              |                               |                                                           |                          |                |        |
| 113.00                          | 11300 | INTEREST EXPENSE                                       |                              |                               |                                                           |                          |                | 113.00 |
| 116.00                          | 11600 | HOSPICE                                                | 2,526                        | 890                           | 1,930,226                                                 | 2,526                    | 0              | 116.00 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117)                 | 752,668                      | 9,448,236                     | 145,556,347                                               | 751,616                  | -78,145,036    | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                                        |                              |                               |                                                           |                          |                |        |
| 191.00                          | 19100 | RESEARCH                                               | 0                            | 0                             | 282,451                                                   | 0                        | 0              | 191.00 |
| 192.00                          | 19200 | PHYSICIANS' PRIVATE OFFICES                            | 0                            | 0                             | 0                                                         | 0                        | 0              | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                                        | 0                            | 0                             | 0                                                         | 0                        | 0              | 193.00 |
| 194.00                          | 07950 | HEARTLAND PHARMACY                                     | 0                            | 0                             | 0                                                         | 0                        | 0              | 194.00 |
| 194.01                          | 07951 | FOUNDATION                                             | 2,892                        | 0                             | 0                                                         | 2,892                    | 0              | 194.01 |
| 194.02                          | 07952 | WELLNESS CENTER                                        | 0                            | 13,350                        | 233,566                                                   | 0                        | 0              | 194.02 |
| 194.03                          | 07954 | CAPITAL LABOR                                          | 0                            | 0                             | 0                                                         | 0                        | 0              | 194.03 |
| 194.05                          | 07953 | OTHER NON-REIMBURSABLE                                 | 0                            | 0                             | 702,978                                                   | 0                        | 0              | 194.05 |
| 200.00                          |       | Cross Foot Adjustments                                 |                              |                               |                                                           |                          |                | 200.00 |
| 201.00                          |       | Negative Cost Centers                                  |                              |                               |                                                           |                          |                | 201.00 |
| 202.00                          |       | Cost to be allocated (per Wkst. B, Part I)             | 6,992,168                    | 1,109,361                     | 13,119,248                                                | 500,724                  |                | 202.00 |
| 203.00                          |       | Unit cost multiplier (Wkst. B, Part I)                 | 9.254286                     | 0.117249                      | 0.089383                                                  | 0.663643                 |                | 203.00 |
| 204.00                          |       | Cost to be allocated (per Wkst. B, Part II)            |                              |                               | 12,652                                                    | 712,785                  |                | 204.00 |
| 205.00                          |       | Unit cost multiplier (Wkst. B, Part II)                |                              |                               | 0.000086                                                  | 0.944702                 |                | 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: 14-0209

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

Worksheet B-1

Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description                       |       |                                         | ADMINISTRATIVE<br>& GENERAL<br>(ACCUM COST) | MAINTENANCE &<br>REPAIRS<br>(SQUARE FEET) | OPERATION OF<br>PLANT<br>(SQUARE FEET) | LAUNDRY &<br>LINEN SERVICE<br>(POUNDS OF<br>LAUNDRY) | HOUSEKEEPING<br>(HOURS OF<br>SERVICE) |       |
|-----------------------------------------------|-------|-----------------------------------------|---------------------------------------------|-------------------------------------------|----------------------------------------|------------------------------------------------------|---------------------------------------|-------|
|                                               |       |                                         | 5.00                                        | 6.00                                      | 7.00                                   | 8.00                                                 | 9.00                                  |       |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                         |                                             |                                           |                                        |                                                      |                                       |       |
| 1.00                                          | 00100 | CAP REL COSTS-BLDG & FIXT               |                                             |                                           |                                        |                                                      |                                       | 1.00  |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP               |                                             |                                           |                                        |                                                      |                                       | 2.00  |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT            |                                             |                                           |                                        |                                                      |                                       | 4.00  |
| 4.01                                          | 00401 | PARKING                                 |                                             |                                           |                                        |                                                      |                                       | 4.01  |
| 5.00                                          | 00500 | ADMINISTRATIVE & GENERAL                | 244,823,900                                 |                                           |                                        |                                                      |                                       | 5.00  |
| 6.00                                          | 00600 | MAINTENANCE & REPAIRS                   | 3,682,467                                   | 714,717                                   |                                        |                                                      |                                       | 6.00  |
| 7.00                                          | 00700 | OPERATION OF PLANT                      | 12,709,815                                  | 118,656                                   | 596,061                                |                                                      |                                       | 7.00  |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE                 | 248,968                                     | 2,559                                     | 2,559                                  | 1,244,753                                            |                                       | 8.00  |
| 9.00                                          | 00900 | HOUSEKEEPING                            | 3,718,154                                   | 9,369                                     | 9,369                                  | 0                                                    | 2,513                                 | 9.00  |
| 10.00                                         | 01000 | DIETARY                                 | 1,995,435                                   | 14,644                                    | 14,644                                 | 0                                                    | 0                                     | 10.00 |
| 11.00                                         | 01100 | CAFETERIA                               | 2,118,343                                   | 9,971                                     | 9,971                                  | 0                                                    | 38                                    | 11.00 |
| 12.00                                         | 01200 | MAINTENANCE OF PERSONNEL                | 0                                           | 0                                         | 0                                      | 0                                                    | 0                                     | 12.00 |
| 13.00                                         | 01300 | NURSING ADMINISTRATION                  | 7,259,857                                   | 0                                         | 0                                      | 0                                                    | 0                                     | 13.00 |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY               | 0                                           | 7,192                                     | 7,192                                  | 5,570                                                | 38                                    | 14.00 |
| 15.00                                         | 01500 | PHARMACY                                | 3,532,827                                   | 5,553                                     | 5,553                                  | 0                                                    | 0                                     | 15.00 |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY               | 1,694,492                                   | 0                                         | 0                                      | 0                                                    | 0                                     | 16.00 |
| 17.00                                         | 01700 | SOCIAL SERVICE                          | 0                                           | 0                                         | 0                                      | 0                                                    | 0                                     | 17.00 |
| 19.00                                         | 01900 | NONPHYSICIAN ANESTHETISTS               | 0                                           | 0                                         | 0                                      | 0                                                    | 0                                     | 19.00 |
| 20.00                                         | 02000 | NURSING SCHOOL                          | 1,888,354                                   | 127,292                                   | 127,292                                | 0                                                    | 0                                     | 20.00 |
| 21.00                                         | 02100 | I&R SRVCES-SALARY & FRINGES APPRVD      | 7,132,899                                   | 8,037                                     | 8,037                                  | 0                                                    | 0                                     | 21.00 |
| 22.00                                         | 02200 | I&R SRVCES-OTHER PRGM COSTS APPRVD      | 2,085,342                                   | 0                                         | 0                                      | 0                                                    | 0                                     | 22.00 |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                         |                                             |                                           |                                        |                                                      |                                       |       |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                     | 22,363,113                                  | 96,311                                    | 96,311                                 | 376,639                                              | 751                                   | 30.00 |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                     | 4,378,216                                   | 14,069                                    | 14,069                                 | 50,888                                               | 193                                   | 31.00 |
| 34.00                                         | 03400 | SURGICAL INTENSIVE CARE UNIT            | 416,873                                     | 393                                       | 393                                    | 1,249                                                | 6                                     | 34.00 |
| 40.00                                         | 04000 | SUBPROVIDER - IPF                       | 7,003,323                                   | 24,630                                    | 24,630                                 | 48,740                                               | 201                                   | 40.00 |
| 41.00                                         | 04100 | SUBPROVIDER - IRF                       | 2,336,277                                   | 17,978                                    | 17,978                                 | 27,543                                               | 64                                    | 41.00 |
| 43.00                                         | 04300 | NURSERY                                 | 1,493,407                                   | 3,173                                     | 3,173                                  | 7,208                                                | 0                                     | 43.00 |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                         |                                             |                                           |                                        |                                                      |                                       |       |
| 50.00                                         | 05000 | OPERATING ROOM                          | 20,556,321                                  | 44,690                                    | 44,690                                 | 211,564                                              | 477                                   | 50.00 |
| 51.00                                         | 05100 | RECOVERY ROOM                           | 2,842,176                                   | 16,280                                    | 16,280                                 | 26,756                                               | 26                                    | 51.00 |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM              | 2,083,079                                   | 9,574                                     | 9,574                                  | 54,496                                               | 98                                    | 52.00 |
| 53.00                                         | 05300 | ANESTHESIOLOGY                          | 3,284,730                                   | 1,153                                     | 1,153                                  | 0                                                    | 0                                     | 53.00 |
| 53.01                                         | 03950 | PAIN CLINIC                             | 200,113                                     | 0                                         | 0                                      | 0                                                    | 0                                     | 53.01 |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                    | 7,454,530                                   | 34,658                                    | 34,658                                 | 0                                                    | 58                                    | 54.00 |
| 54.01                                         | 05401 | NORTHSIDE IMAGING                       | 507,542                                     | 0                                         | 0                                      | 96,991                                               | 0                                     | 54.01 |
| 54.02                                         | 05402 | NORTHSIDE MAMMOGRAPHY                   | 304,334                                     | 0                                         | 0                                      | 0                                                    | 0                                     | 54.02 |
| 54.03                                         | 05403 | NORTHSIDE ULTRASOUND                    | 125,768                                     | 0                                         | 0                                      | 0                                                    | 0                                     | 54.03 |
| 54.04                                         | 05404 | NORTHSIDE CARDIO                        | 0                                           | 0                                         | 0                                      | 0                                                    | 0                                     | 54.04 |
| 54.05                                         | 05405 | NORTHSIDE ADMIN                         | 0                                           | 0                                         | 0                                      | 0                                                    | 0                                     | 54.05 |
| 55.00                                         | 05500 | RADIOLOGY-THERAPEUTIC                   | 2,452,065                                   | 12,613                                    | 12,613                                 | 25,216                                               | 54                                    | 55.00 |
| 56.00                                         | 05600 | RADIOISOTOPE                            | 0                                           | 0                                         | 0                                      | 0                                                    | 0                                     | 56.00 |
| 56.01                                         | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 1,496,219                                   | 11,155                                    | 11,155                                 | 5,838                                                | 0                                     | 56.01 |
| 57.00                                         | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 956,229                                     | 0                                         | 0                                      | 0                                                    | 0                                     | 57.00 |
| 57.01                                         | 05701 | NORTHSIDE CT                            | 358,019                                     | 0                                         | 0                                      | 0                                                    | 0                                     | 57.01 |
| 58.00                                         | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 728,205                                     | 3,689                                     | 3,689                                  | 0                                                    | 0                                     | 58.00 |
| 58.01                                         | 05801 | NORTHSIDE MRI                           | 568,313                                     | 0                                         | 0                                      | 0                                                    | 0                                     | 58.01 |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION                 | 907,750                                     | 3,655                                     | 3,655                                  | 0                                                    | 0                                     | 59.00 |
| 60.00                                         | 06000 | LABORATORY                              | 18,649,497                                  | 22,349                                    | 22,349                                 | 2,818                                                | 56                                    | 60.00 |
| 60.01                                         | 06001 | NORTHSIDE LAB                           | 0                                           | 0                                         | 0                                      | 0                                                    | 0                                     | 60.01 |
| 62.30                                         | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0                                           | 0                                         | 0                                      | 0                                                    | 0                                     | 62.30 |
| 63.00                                         | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 1,115,073                                   | 0                                         | 0                                      | 0                                                    | 0                                     | 63.00 |
| 64.00                                         | 06400 | INTRAVENOUS THERAPY                     | 3,141,107                                   | 14,383                                    | 14,383                                 | 73,545                                               | 111                                   | 64.00 |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                     | 1,795,052                                   | 2,423                                     | 2,423                                  | 2,292                                                | 3                                     | 65.00 |
| 66.00                                         | 06600 | PHYSICAL THERAPY                        | 1,451,724                                   | 5,819                                     | 5,819                                  | 2,201                                                | 1                                     | 66.00 |
| 67.00                                         | 06700 | OCCUPATIONAL THERAPY                    | 706,901                                     | 859                                       | 859                                    | 523                                                  | 17                                    | 67.00 |
| 68.00                                         | 06800 | SPEECH PATHOLOGY                        | 648,268                                     | 2,013                                     | 2,013                                  | 1,649                                                | 2                                     | 68.00 |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                       | 272,492                                     | 394                                       | 394                                    | 2                                                    | 0                                     | 69.00 |
| 70.00                                         | 07000 | ELECTROENCEPHALOGRAPHY                  | 1,119,598                                   | 0                                         | 0                                      | 1,006                                                | 0                                     | 70.00 |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 1,453,343                                   | 0                                         | 0                                      | 0                                                    | 0                                     | 71.00 |
| 72.00                                         | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 17,504,775                                  | 0                                         | 0                                      | 0                                                    | 0                                     | 72.00 |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS               | 11,551,856                                  | 0                                         | 0                                      | 0                                                    | 0                                     | 73.00 |
| 74.00                                         | 07400 | RENAL DIALYSIS                          | 594,019                                     | 2,494                                     | 2,494                                  | 3,342                                                | 4                                     | 74.00 |
| 76.00                                         | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 688,608                                     | 4,870                                     | 4,870                                  | 0                                                    | 0                                     | 76.00 |
| 76.01                                         | 03340 | GASTRO INTESTINAL SERVICES              | 1,192,907                                   | 3,587                                     | 3,587                                  | 16,038                                               | 39                                    | 76.01 |
| 76.02                                         | 03140 | CARDIOLOGY                              | 1,035,597                                   | 6,787                                     | 6,787                                  | 16,091                                               | 48                                    | 76.02 |
| 76.03                                         | 03560 | PULMONARY FUNCTION TESTING              | 157,971                                     | 448                                       | 448                                    | 161                                                  | 1                                     | 76.03 |
| 76.97                                         | 07697 | CARDIAC REHABILITATION                  | 11,039                                      | 0                                         | 0                                      | 0                                                    | 0                                     | 76.97 |
| 76.98                                         | 07698 | HYPERBARIC OXYGEN THERAPY               | 844,106                                     | 1,998                                     | 1,998                                  | 0                                                    | 0                                     | 76.98 |
| 76.99                                         | 07699 | LITHOTRIPSY                             | 0                                           | 0                                         | 0                                      | 0                                                    | 0                                     | 76.99 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

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

Worksheet B-1

Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description         |                                                        | ADMINISTRATIVE<br>& GENERAL<br>(ACCUM COST) | MAINTENANCE &<br>REPAIRS<br>(SQUARE FEET) | OPERATION OF<br>PLANT<br>(SQUARE FEET) | LAUNDRY &<br>LINEN SERVICE<br>(POUNDS OF<br>LAUNDRY) | HOUSEKEEPING<br>(HOURS OF<br>SERVICE) |        |
|---------------------------------|--------------------------------------------------------|---------------------------------------------|-------------------------------------------|----------------------------------------|------------------------------------------------------|---------------------------------------|--------|
|                                 |                                                        | 5.00                                        | 6.00                                      | 7.00                                   | 8.00                                                 | 9.00                                  |        |
| OUTPATIENT SERVICE COST CENTERS |                                                        |                                             |                                           |                                        |                                                      |                                       |        |
| 90.00                           | 09000 CLINIC                                           | 4,231,460                                   | 10,256                                    | 10,256                                 | 4,525                                                | 13                                    | 90.00  |
| 90.01                           | 09001 CHILLI FAMILY PHYSICIANS                         | 1,416                                       | 0                                         | 0                                      | 0                                                    | 0                                     | 90.01  |
| 90.02                           | 09005 CLINIC                                           | 0                                           | 0                                         | 0                                      | 0                                                    | 0                                     | 90.02  |
| 90.03                           | 09002 PHYSICIAN OFFICES                                | 14,427,514                                  | 19,397                                    | 19,397                                 | 8,115                                                | 0                                     | 90.03  |
| 90.06                           | 09003 ENDOCRINOLOGY, DIABETES & METABOLISM             | 599,644                                     | 0                                         | 0                                      | 0                                                    | 0                                     | 90.06  |
| 90.07                           | 09004 WOUND CARE CENTER                                | 617,043                                     | 0                                         | 0                                      | 0                                                    | 0                                     | 90.07  |
| 90.08                           | 09008 INTENSIVISTS CLINIC                              | 3,031,473                                   | 0                                         | 0                                      | 0                                                    | 0                                     | 90.08  |
| 90.09                           | 09009 NEUROLOGY CLINIC                                 | 719,399                                     | 0                                         | 0                                      | 0                                                    | 0                                     | 90.09  |
| 90.10                           | 09010 MULTI-SPECIALITY CLINIC                          | 817,071                                     | 0                                         | 0                                      | 0                                                    | 0                                     | 90.10  |
| 90.11                           | 09011 PEDIATRICS-GASTROENTEROL CLINIC                  | 221,558                                     | 0                                         | 0                                      | 0                                                    | 0                                     | 90.11  |
| 90.12                           | 09012 VASCULAR CLINIC                                  | 368,913                                     | 0                                         | 0                                      | 0                                                    | 0                                     | 90.12  |
| 90.13                           | 09013 ONCOLOGY CLINIC                                  | 263,052                                     | 0                                         | 0                                      | 0                                                    | 0                                     | 90.13  |
| 91.00                           | 09100 EMERGENCY                                        | 7,445,308                                   | 13,783                                    | 13,783                                 | 173,747                                              | 214                                   | 91.00  |
| 92.00                           | 09200 OBSERVATION BEDS                                 |                                             |                                           |                                        |                                                      |                                       | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |                                                        |                                             |                                           |                                        |                                                      |                                       |        |
| 95.00                           | 09500 AMBULANCE SERVICES                               | 0                                           | 0                                         | 0                                      | 0                                                    | 0                                     | 95.00  |
| 101.00                          | 10100 HOME HEALTH AGENCY                               | 9,084,680                                   | 145                                       | 145                                    | 0                                                    | 0                                     | 101.00 |
| SPECIAL PURPOSE COST CENTERS    |                                                        |                                             |                                           |                                        |                                                      |                                       |        |
| 113.00                          | 11300 INTEREST EXPENSE                                 |                                             |                                           |                                        |                                                      |                                       | 113.00 |
| 116.00                          | 11600 HOSPICE                                          | 4,414,629                                   | 2,526                                     | 2,526                                  | 0                                                    | 0                                     | 116.00 |
| 118.00                          | SUBTOTALS (SUM OF LINES 1 through 117)                 | 241,060,648                                 | 711,825                                   | 593,169                                | 1,244,753                                            | 2,513                                 | 118.00 |
| NONREIMBURSABLE COST CENTERS    |                                                        |                                             |                                           |                                        |                                                      |                                       |        |
| 191.00                          | 19100 RESEARCH                                         | 1,297,919                                   | 0                                         | 0                                      | 0                                                    | 0                                     | 191.00 |
| 192.00                          | 19200 PHYSICIANS' PRIVATE OFFICES                      | 0                                           | 0                                         | 0                                      | 0                                                    | 0                                     | 192.00 |
| 193.00                          | 19300 NONPAID WORKERS                                  | 0                                           | 0                                         | 0                                      | 0                                                    | 0                                     | 193.00 |
| 194.00                          | 07950 HEARTLAND PHARMACY                               | 0                                           | 0                                         | 0                                      | 0                                                    | 0                                     | 194.00 |
| 194.01                          | 07951 FOUNDATION                                       | 33,042                                      | 2,892                                     | 2,892                                  | 0                                                    | 0                                     | 194.01 |
| 194.02                          | 07952 WELLNESS CENTER                                  | 686,930                                     | 0                                         | 0                                      | 0                                                    | 0                                     | 194.02 |
| 194.03                          | 07954 CAPITAL LABOR                                    | 0                                           | 0                                         | 0                                      | 0                                                    | 0                                     | 194.03 |
| 194.05                          | 07953 OTHER NON-REIMBURSABLE                           | 1,745,361                                   | 0                                         | 0                                      | 0                                                    | 0                                     | 194.05 |
| 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)             | 79,105,372                                  | 4,872,313                                 | 17,625,388                             | 422,526                                              | 5,260,439                             | 202.00 |
| 203.00                          | Unit cost multiplier (Wkst. B, Part I)                 | 0.323111                                    | 6.817122                                  | 29.569772                              | 0.339446                                             | 2,093.290489                          | 203.00 |
| 204.00                          | Cost to be allocated (per Wkst. B, Part II)            | 593,181                                     | 466,607                                   | 2,384,792                              | 38,620                                               | 201,824                               | 204.00 |
| 205.00                          | Unit cost multiplier (Wkst. B, Part II)                | 0.002423                                    | 0.652856                                  | 4.000919                               | 0.031026                                             | 80.311978                             | 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: 14-0209

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

Worksheet B-1

Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description                |       |                                         | DIETARY<br>(MEALS SERVED) | CAFETERIA<br>(FTES) | MAINTENANCE OF<br>PERSONNEL<br>(NUMBER<br>HOUSED) | NURSING<br>ADMINISTRATION<br>(DIRECT NRSNG<br>HRS) | CENTRAL<br>SERVICES &<br>SUPPLY<br>(COSTED<br>REQUIS.) |       |
|----------------------------------------|-------|-----------------------------------------|---------------------------|---------------------|---------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|-------|
|                                        |       |                                         | 10.00                     | 11.00               | 12.00                                             | 13.00                                              | 14.00                                                  |       |
| GENERAL SERVICE COST CENTERS           |       |                                         |                           |                     |                                                   |                                                    |                                                        |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT               |                           |                     |                                                   |                                                    |                                                        | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP               |                           |                     |                                                   |                                                    |                                                        | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT            |                           |                     |                                                   |                                                    |                                                        | 4.00  |
| 4.01                                   | 00401 | PARKING                                 |                           |                     |                                                   |                                                    |                                                        | 4.01  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL                |                           |                     |                                                   |                                                    |                                                        | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                   |                           |                     |                                                   |                                                    |                                                        | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                      |                           |                     |                                                   |                                                    |                                                        | 7.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                 |                           |                     |                                                   |                                                    |                                                        | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                            |                           |                     |                                                   |                                                    |                                                        | 9.00  |
| 10.00                                  | 01000 | DIETARY                                 | 213,660                   |                     |                                                   |                                                    |                                                        | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                               | 0                         | 177,186             |                                                   |                                                    |                                                        | 11.00 |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL                | 0                         | 0                   | 0                                                 |                                                    |                                                        | 12.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                  | 0                         | 1,333               | 0                                                 | 152,088                                            |                                                        | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY               | 0                         | 1,962               | 0                                                 | 0                                                  | 14,365,666                                             | 14.00 |
| 15.00                                  | 01500 | PHARMACY                                | 0                         | 4,799               | 0                                                 | 0                                                  | 79,108                                                 | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY               | 0                         | 0                   | 0                                                 | 0                                                  | 0                                                      | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                          | 0                         | 0                   | 0                                                 | 0                                                  | 0                                                      | 17.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS               | 0                         | 0                   | 0                                                 | 0                                                  | 0                                                      | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                          | 0                         | 11,053              | 0                                                 | 0                                                  | 117,031                                                | 20.00 |
| 21.00                                  | 02100 | I&R SRVCS-SALARY & FRINGES APPRVD       | 0                         | 5,951               | 0                                                 | 0                                                  | 581                                                    | 21.00 |
| 22.00                                  | 02200 | I&R SRVCS-OTHER PRGM COSTS APPRVD       | 0                         | 0                   | 0                                                 | 0                                                  | 0                                                      | 22.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                         |                           |                     |                                                   |                                                    |                                                        |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                     | 137,718                   | 25,761              | 0                                                 | 25,761                                             | 841,632                                                | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                     | 8,706                     | 4,650               | 0                                                 | 4,650                                              | 233,099                                                | 31.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT            | 8,376                     | 137                 | 0                                                 | 137                                                | 223,731                                                | 34.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                       | 43,077                    | 8,941               | 0                                                 | 8,941                                              | 12,911                                                 | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                       | 15,783                    | 2,605               | 0                                                 | 2,605                                              | 63,069                                                 | 41.00 |
| 43.00                                  | 04300 | NURSERY                                 | 0                         | 1,466               | 0                                                 | 1,466                                              | 97,670                                                 | 43.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                         |                           |                     |                                                   |                                                    |                                                        |       |
| 50.00                                  | 05000 | OPERATING ROOM                          | 0                         | 12,000              | 0                                                 | 12,000                                             | 5,611,394                                              | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                           | 0                         | 2,827               | 0                                                 | 2,827                                              | 83,617                                                 | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM              | 0                         | 2,296               | 0                                                 | 2,296                                              | 270,496                                                | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                          | 0                         | 4,017               | 0                                                 | 4,017                                              | 426,379                                                | 53.00 |
| 53.01                                  | 03950 | PAIN CLINIC                             | 0                         | 139                 | 0                                                 | 139                                                | 177,379                                                | 53.01 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                    | 0                         | 6,103               | 0                                                 | 6,103                                              | 666,085                                                | 54.00 |
| 54.01                                  | 05401 | NORTHSIDE IMAGING                       | 0                         | 184                 | 0                                                 | 184                                                | 11,979                                                 | 54.01 |
| 54.02                                  | 05402 | NORTHSIDE MAMMOGRAPHY                   | 0                         | 98                  | 0                                                 | 98                                                 | 33,191                                                 | 54.02 |
| 54.03                                  | 05403 | NORTHSIDE ULTRASOUND                    | 0                         | 37                  | 0                                                 | 37                                                 | 6,152                                                  | 54.03 |
| 54.04                                  | 05404 | NORTHSIDE CARDIO                        | 0                         | 0                   | 0                                                 | 0                                                  | 0                                                      | 54.04 |
| 54.05                                  | 05405 | NORTHSIDE ADMIN                         | 0                         | 0                   | 0                                                 | 0                                                  | 0                                                      | 54.05 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                   | 0                         | 1,486               | 0                                                 | 1,486                                              | 37,967                                                 | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                            | 0                         | 0                   | 0                                                 | 0                                                  | 0                                                      | 56.00 |
| 56.01                                  | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 0                         | 429                 | 0                                                 | 429                                                | 710,098                                                | 56.01 |
| 57.00                                  | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 0                         | 951                 | 0                                                 | 951                                                | 131,839                                                | 57.00 |
| 57.01                                  | 05701 | NORTHSIDE CT                            | 0                         | 104                 | 0                                                 | 104                                                | 27,009                                                 | 57.01 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 0                         | 640                 | 0                                                 | 640                                                | 102,961                                                | 58.00 |
| 58.01                                  | 05801 | NORTHSIDE MRI                           | 0                         | 180                 | 0                                                 | 180                                                | 63,618                                                 | 58.01 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                 | 0                         | 692                 | 0                                                 | 692                                                | 0                                                      | 59.00 |
| 60.00                                  | 06000 | LABORATORY                              | 0                         | 13,268              | 0                                                 | 13,268                                             | 1,207,261                                              | 60.00 |
| 60.01                                  | 06001 | NORTHSIDE LAB                           | 0                         | 0                   | 0                                                 | 0                                                  | 0                                                      | 60.01 |
| 62.30                                  | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0                         | 0                   | 0                                                 | 0                                                  | 0                                                      | 62.30 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 0                         | 0                   | 0                                                 | 0                                                  | 0                                                      | 63.00 |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                     | 0                         | 3,525               | 0                                                 | 3,525                                              | 11,267                                                 | 64.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                     | 0                         | 2,040               | 0                                                 | 2,040                                              | 159,989                                                | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                        | 0                         | 26                  | 0                                                 | 26                                                 | 2,908                                                  | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                    | 0                         | 27                  | 0                                                 | 27                                                 | 0                                                      | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                        | 0                         | 147                 | 0                                                 | 147                                                | 0                                                      | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                       | 0                         | 343                 | 0                                                 | 343                                                | 0                                                      | 69.00 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                  | 0                         | 1,218               | 0                                                 | 1,218                                              | 86,816                                                 | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 0                         | 0                   | 0                                                 | 0                                                  | 1,453,343                                              | 71.00 |
| 72.00                                  | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 0                         | 0                   | 0                                                 | 0                                                  | 0                                                      | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS               | 0                         | 0                   | 0                                                 | 0                                                  | 0                                                      | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                          | 0                         | 243                 | 0                                                 | 243                                                | 154,518                                                | 74.00 |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 0                         | 825                 | 0                                                 | 825                                                | 643                                                    | 76.00 |
| 76.01                                  | 03340 | GASTRO INTESTINAL SERVICES              | 0                         | 632                 | 0                                                 | 632                                                | 102,262                                                | 76.01 |
| 76.02                                  | 03140 | CARDIOLOGY                              | 0                         | 897                 | 0                                                 | 897                                                | 57,590                                                 | 76.02 |
| 76.03                                  | 03560 | PULMONARY FUNCTION TESTING              | 0                         | 181                 | 0                                                 | 181                                                | 0                                                      | 76.03 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                  | 0                         | 0                   | 0                                                 | 0                                                  | 98                                                     | 76.97 |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY               | 0                         | 487                 | 0                                                 | 487                                                | 0                                                      | 76.98 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

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

Worksheet B-1

Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description         |       |                                                        | DIETARY<br>(MEALS SERVED) | CAFETERIA<br>(FTES) | MAINTENANCE OF<br>PERSONNEL<br>(NUMBER<br>HOUSED) | NURSING<br>ADMINISTRATION<br>(DIRECT NRSNG<br>HRS) | CENTRAL<br>SERVICES &<br>SUPPLY<br>(COSTED<br>REQUIS.) |        |
|---------------------------------|-------|--------------------------------------------------------|---------------------------|---------------------|---------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|--------|
|                                 |       |                                                        | 10.00                     | 11.00               | 12.00                                             | 13.00                                              | 14.00                                                  |        |
| 76.99                           | 07699 | LITHOTRIPSY                                            | 0                         | 0                   | 0                                                 | 0                                                  | 0                                                      | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |       |                                                        |                           |                     |                                                   |                                                    |                                                        |        |
| 90.00                           | 09000 | CLINIC                                                 | 0                         | 5,108               | 0                                                 | 5,108                                              | 84,223                                                 | 90.00  |
| 90.01                           | 09001 | CHILLI FAMILY PHYSICIANS                               | 0                         | 0                   | 0                                                 | 0                                                  | 358                                                    | 90.01  |
| 90.02                           | 09005 | CLINIC                                                 | 0                         | 0                   | 0                                                 | 0                                                  | 0                                                      | 90.02  |
| 90.03                           | 09002 | PHYSICIAN OFFICES                                      | 0                         | 19,099              | 0                                                 | 19,099                                             | 135,152                                                | 90.03  |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM                   | 0                         | 896                 | 0                                                 | 896                                                | 4,987                                                  | 90.06  |
| 90.07                           | 09004 | WOUND CARE CENTER                                      | 0                         | 917                 | 0                                                 | 917                                                | 80,055                                                 | 90.07  |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                                    | 0                         | 2,713               | 0                                                 | 2,713                                              | 5,783                                                  | 90.08  |
| 90.09                           | 09009 | NEUROLOGY CLINIC                                       | 0                         | 1,006               | 0                                                 | 1,006                                              | 5,157                                                  | 90.09  |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                                | 0                         | 1,481               | 0                                                 | 1,481                                              | 3,313                                                  | 90.10  |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC                        | 0                         | 388                 | 0                                                 | 388                                                | 2,240                                                  | 90.11  |
| 90.12                           | 09012 | VASCULAR CLINIC                                        | 0                         | 473                 | 0                                                 | 473                                                | 4,009                                                  | 90.12  |
| 90.13                           | 09013 | ONCOLOGY CLINIC                                        | 0                         | 273                 | 0                                                 | 273                                                | 2,172                                                  | 90.13  |
| 91.00                           | 09100 | EMERGENCY                                              | 0                         | 6,010               | 0                                                 | 6,010                                              | 358,798                                                | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS                                       |                           |                     |                                                   |                                                    |                                                        | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |       |                                                        |                           |                     |                                                   |                                                    |                                                        |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                                     | 0                         | 0                   | 0                                                 | 0                                                  | 0                                                      | 95.00  |
| 101.00                          | 10100 | HOME HEALTH AGENCY                                     | 0                         | 7,293               | 0                                                 | 7,293                                              | 250,354                                                | 101.00 |
| SPECIAL PURPOSE COST CENTERS    |       |                                                        |                           |                     |                                                   |                                                    |                                                        |        |
| 113.00                          | 11300 | INTEREST EXPENSE                                       |                           |                     |                                                   |                                                    |                                                        | 113.00 |
| 116.00                          | 11600 | HOSPICE                                                | 0                         | 2,810               | 0                                                 | 2,810                                              | 143,012                                                | 116.00 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117)                 | 213,660                   | 173,167             | 0                                                 | 148,069                                            | 14,345,304                                             | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                                        |                           |                     |                                                   |                                                    |                                                        |        |
| 191.00                          | 19100 | RESEARCH                                               | 0                         | 402                 | 0                                                 | 402                                                | 92                                                     | 191.00 |
| 192.00                          | 19200 | PHYSICIANS' PRIVATE OFFICES                            | 0                         | 0                   | 0                                                 | 0                                                  | 0                                                      | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                                        | 0                         | 0                   | 0                                                 | 0                                                  | 0                                                      | 193.00 |
| 194.00                          | 07950 | HEARTLAND PHARMACY                                     | 0                         | 0                   | 0                                                 | 0                                                  | 0                                                      | 194.00 |
| 194.01                          | 07951 | FOUNDATION                                             | 0                         | 0                   | 0                                                 | 0                                                  | 9                                                      | 194.01 |
| 194.02                          | 07952 | WELLNESS CENTER                                        | 0                         | 586                 | 0                                                 | 586                                                | 20,261                                                 | 194.02 |
| 194.03                          | 07954 | CAPITAL LABOR                                          | 0                         | 0                   | 0                                                 | 0                                                  | 0                                                      | 194.03 |
| 194.05                          | 07953 | OTHER NON-REIMBURSABLE                                 | 0                         | 3,031               | 0                                                 | 3,031                                              | 0                                                      | 194.05 |
| 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)             | 3,173,032                 | 3,245,162           | 0                                                 | 9,630,011                                          | -581,035                                               | 202.00 |
| 203.00                          |       | Unit cost multiplier (Wkst. B, Part I)                 | 14.850847                 | 18.315002           | 0.000000                                          | 63.318677                                          | 0.000000                                               | 203.00 |
| 204.00                          |       | Cost to be allocated (per Wkst. B, Part II)            | 247,251                   | 318,763             | 0                                                 | 20,057                                             | 484,987                                                | 204.00 |
| 205.00                          |       | Unit cost multiplier (Wkst. B, Part II)                | 1.157217                  | 1.799030            | 0.000000                                          | 0.131878                                           | 0.033760                                               | 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: 14-0209

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

Worksheet B-1

Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description                |       |                                         | PHARMACY<br>(COSTED<br>REQUIS.) | MEDICAL<br>RECORDS &<br>LIBRARY<br>(TIME SPENT) | SOCIAL SERVICE<br>(TIME SPENT) | NONPHYSICIAN<br>ANESTHETISTS<br>(ASSIGNED<br>TIME) | NURSING SCHOOL<br>(ASSIGNED<br>TIME) |       |
|----------------------------------------|-------|-----------------------------------------|---------------------------------|-------------------------------------------------|--------------------------------|----------------------------------------------------|--------------------------------------|-------|
|                                        |       |                                         | 15.00                           | 16.00                                           | 17.00                          | 19.00                                              | 20.00                                |       |
| GENERAL SERVICE COST CENTERS           |       |                                         |                                 |                                                 |                                |                                                    |                                      |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT               |                                 |                                                 |                                |                                                    |                                      | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP               |                                 |                                                 |                                |                                                    |                                      | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT            |                                 |                                                 |                                |                                                    |                                      | 4.00  |
| 4.01                                   | 00401 | PARKING                                 |                                 |                                                 |                                |                                                    |                                      | 4.01  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL                |                                 |                                                 |                                |                                                    |                                      | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                   |                                 |                                                 |                                |                                                    |                                      | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                      |                                 |                                                 |                                |                                                    |                                      | 7.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                 |                                 |                                                 |                                |                                                    |                                      | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                            |                                 |                                                 |                                |                                                    |                                      | 9.00  |
| 10.00                                  | 01000 | DIETARY                                 |                                 |                                                 |                                |                                                    |                                      | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                               |                                 |                                                 |                                |                                                    |                                      | 11.00 |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL                |                                 |                                                 |                                |                                                    |                                      | 12.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                  |                                 |                                                 |                                |                                                    |                                      | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY               |                                 |                                                 |                                |                                                    |                                      | 14.00 |
| 15.00                                  | 01500 | PHARMACY                                | 11,950,900                      |                                                 |                                |                                                    |                                      | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY               | 0                               | 52,937                                          |                                |                                                    |                                      | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                          | 0                               | 0                                               | 0                              |                                                    |                                      | 17.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS               | 0                               | 0                                               | 0                              | 0                                                  |                                      | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                          | 0                               | 0                                               | 0                              |                                                    | 25,854                               | 20.00 |
| 21.00                                  | 02100 | I&R SRVCES-SALARY & FRINGES APPRVD      | 0                               | 0                                               | 0                              |                                                    |                                      | 21.00 |
| 22.00                                  | 02200 | I&R SRVCES-OTHER PRGM COSTS APPRVD      | 0                               | 0                                               | 0                              |                                                    |                                      | 22.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                         |                                 |                                                 |                                |                                                    |                                      |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                     | 0                               | 18,012                                          | 0                              | 0                                                  | 20,989                               | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                     | 0                               | 379                                             | 0                              | 0                                                  | 402                                  | 31.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT            | 0                               | 537                                             | 0                              | 0                                                  | 48                                   | 34.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                       | 0                               | 4,034                                           | 0                              | 0                                                  | 856                                  | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                       | 0                               | 764                                             | 0                              | 0                                                  | 60                                   | 41.00 |
| 43.00                                  | 04300 | NURSERY                                 | 0                               | 2,741                                           | 0                              | 0                                                  | 276                                  | 43.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                         |                                 |                                                 |                                |                                                    |                                      |       |
| 50.00                                  | 05000 | OPERATING ROOM                          | 0                               | 17,650                                          | 0                              | 0                                                  | 234                                  | 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                                                  | 1,606                                | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                          | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 53.00 |
| 53.01                                  | 03950 | PAIN CLINIC                             | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 53.01 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                    | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 54.00 |
| 54.01                                  | 05401 | NORTHSIDE IMAGING                       | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 54.01 |
| 54.02                                  | 05402 | NORTHSIDE MAMMOGRAPHY                   | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 54.02 |
| 54.03                                  | 05403 | NORTHSIDE ULTRASOUND                    | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 54.03 |
| 54.04                                  | 05404 | NORTHSIDE CARDIO                        | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 54.04 |
| 54.05                                  | 05405 | NORTHSIDE ADMIN                         | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 54.05 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                   | 0                               | 2,513                                           | 0                              | 0                                                  | 0                                    | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                            | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 56.00 |
| 56.01                                  | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 56.01 |
| 57.00                                  | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 57.00 |
| 57.01                                  | 05701 | NORTHSIDE CT                            | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 57.01 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 58.00 |
| 58.01                                  | 05801 | NORTHSIDE MRI                           | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 58.01 |
| 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 | NORTHSIDE LAB                           | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 60.01 |
| 62.30                                  | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 62.30 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 63.00 |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                     | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 64.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                     | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                        | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                    | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                        | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                       | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 69.00 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                  | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 71.00 |
| 72.00                                  | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS               | 11,551,856                      | 0                                               | 0                              | 0                                                  | 0                                    | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                          | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 74.00 |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 0                               | 0                                               | 0                              | 0                                                  | 144                                  | 76.00 |
| 76.01                                  | 03340 | GASTRO INTESTINAL SERVICES              | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 76.01 |
| 76.02                                  | 03140 | CARDIOLOGY                              | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 76.02 |
| 76.03                                  | 03560 | PULMONARY FUNCTION TESTING              | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 76.03 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                  | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 76.97 |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY               | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 76.98 |
| 76.99                                  | 07699 | LITHOTRIPSY                             | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 76.99 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

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

Worksheet B-1

Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description         |                                                        | PHARMACY<br>(COSTED<br>REQUIS.) | MEDICAL<br>RECORDS &<br>LIBRARY<br>(TIME SPENT) | SOCIAL SERVICE<br>(TIME SPENT) | NONPHYSICIAN<br>ANESTHETISTS<br>(ASSIGNED<br>TIME) | NURSING SCHOOL<br>(ASSIGNED<br>TIME) |        |
|---------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------------|--------------------------------|----------------------------------------------------|--------------------------------------|--------|
|                                 |                                                        | 15.00                           | 16.00                                           | 17.00                          | 19.00                                              | 20.00                                |        |
| OUTPATIENT SERVICE COST CENTERS |                                                        |                                 |                                                 |                                |                                                    |                                      |        |
| 90.00                           | 09000 CLINIC                                           | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 90.00  |
| 90.01                           | 09001 CHILLI FAMILY PHYSICIANS                         | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 90.01  |
| 90.02                           | 09005 CLINIC                                           | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 90.02  |
| 90.03                           | 09002 PHYSICIAN OFFICES                                | 0                               | 0                                               | 0                              | 0                                                  | 772                                  | 90.03  |
| 90.06                           | 09003 ENDOCRINOLOGY, DIABETES & METABOLISM             | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 90.06  |
| 90.07                           | 09004 WOUND CARE CENTER                                | 0                               | 0                                               | 0                              | 0                                                  | 161                                  | 90.07  |
| 90.08                           | 09008 INTENSIVISTS CLINIC                              | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 90.08  |
| 90.09                           | 09009 NEUROLOGY CLINIC                                 | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 90.09  |
| 90.10                           | 09010 MULTI-SPECIALITY CLINIC                          | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 90.10  |
| 90.11                           | 09011 PEDIATRICS-GASTROENTEROL CLINIC                  | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 90.11  |
| 90.12                           | 09012 VASCULAR CLINIC                                  | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 90.12  |
| 90.13                           | 09013 ONCOLOGY CLINIC                                  | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 90.13  |
| 91.00                           | 09100 EMERGENCY                                        | 0                               | 6,307                                           | 0                              | 0                                                  | 306                                  | 91.00  |
| 92.00                           | 09200 OBSERVATION BEDS                                 |                                 |                                                 |                                |                                                    |                                      | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |                                                        |                                 |                                                 |                                |                                                    |                                      |        |
| 95.00                           | 09500 AMBULANCE SERVICES                               | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 95.00  |
| 101.00                          | 10100 HOME HEALTH AGENCY                               | 555                             | 0                                               | 0                              | 0                                                  | 0                                    | 101.00 |
| SPECIAL PURPOSE COST CENTERS    |                                                        |                                 |                                                 |                                |                                                    |                                      |        |
| 113.00                          | 11300 INTEREST EXPENSE                                 |                                 |                                                 |                                |                                                    |                                      | 113.00 |
| 116.00                          | 11600 HOSPICE                                          | 384,018                         | 0                                               | 0                              | 0                                                  | 0                                    | 116.00 |
| 118.00                          | SUBTOTALS (SUM OF LINES 1 through 117)                 | 11,936,429                      | 52,937                                          | 0                              | 0                                                  | 25,854                               | 118.00 |
| NONREIMBURSABLE COST CENTERS    |                                                        |                                 |                                                 |                                |                                                    |                                      |        |
| 191.00                          | 19100 RESEARCH                                         | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 191.00 |
| 192.00                          | 19200 PHYSICIANS' PRIVATE OFFICES                      | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 192.00 |
| 193.00                          | 19300 NONPAID WORKERS                                  | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 193.00 |
| 194.00                          | 07950 HEARTLAND PHARMACY                               | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 194.00 |
| 194.01                          | 07951 FOUNDATION                                       | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 194.01 |
| 194.02                          | 07952 WELLNESS CENTER                                  | 14,471                          | 0                                               | 0                              | 0                                                  | 0                                    | 194.02 |
| 194.03                          | 07954 CAPITAL LABOR                                    | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 194.03 |
| 194.05                          | 07953 OTHER NON-REIMBURSABLE                           | 0                               | 0                                               | 0                              | 0                                                  | 0                                    | 194.05 |
| 200.00                          | Cross Foot Adjustments                                 |                                 |                                                 |                                |                                                    |                                      | 200.00 |
| 201.00                          | Negative Cost Centers                                  |                                 |                                                 |                                |                                                    |                                      | 201.00 |
| 202.00                          | Cost to be allocated (per Wkst. B, Part I)             | 4,964,272                       | 2,242,001                                       | 0                              | 0                                                  | 7,332,698                            | 202.00 |
| 203.00                          | Unit cost multiplier (Wkst. B, Part I)                 | 0.415389                        | 42.352249                                       | 0.000000                       | 0.000000                                           | 283.619479                           | 203.00 |
| 204.00                          | Cost to be allocated (per Wkst. B, Part II)            | 220,701                         | 4,106                                           | 0                              | 0                                                  | 4,237,658                            | 204.00 |
| 205.00                          | Unit cost multiplier (Wkst. B, Part II)                | 0.018467                        | 0.077564                                        | 0.000000                       | 0.000000                                           | 163.907248                           | 205.00 |
| 206.00                          | NAHE adjustment amount to be allocated (per Wkst. B-2) |                                 |                                                 |                                |                                                    | 0                                    | 206.00 |
| 207.00                          | NAHE unit cost multiplier (Wkst. D, Parts III and IV)  |                                 |                                                 |                                |                                                    | 0.000000                             | 207.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

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

Worksheet B-1

Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description                |       | INTERNS & RESIDENTS                              |                                                  |        |       |
|----------------------------------------|-------|--------------------------------------------------|--------------------------------------------------|--------|-------|
|                                        |       | SRVCES-SALARY<br>& FRINGES<br>(ASSIGNED<br>TIME) | SRVCES-OTHER<br>PRGM COSTS<br>(ASSIGNED<br>TIME) |        |       |
|                                        |       | 21.00                                            | 22.00                                            |        |       |
| GENERAL SERVICE COST CENTERS           |       |                                                  |                                                  |        |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT                        |                                                  |        | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP                        |                                                  |        | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT                     |                                                  |        | 4.00  |
| 4.01                                   | 00401 | PARKING                                          |                                                  |        | 4.01  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL                         |                                                  |        | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                            |                                                  |        | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                               |                                                  |        | 7.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                          |                                                  |        | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                                     |                                                  |        | 9.00  |
| 10.00                                  | 01000 | DIETARY                                          |                                                  |        | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                                        |                                                  |        | 11.00 |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL                         |                                                  |        | 12.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                           |                                                  |        | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY                        |                                                  |        | 14.00 |
| 15.00                                  | 01500 | PHARMACY                                         |                                                  |        | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY                        |                                                  |        | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                                   |                                                  |        | 17.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS                        |                                                  |        | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                                   |                                                  |        | 20.00 |
| 21.00                                  | 02100 | I&R SRVCES-SALARY & FRINGES APPRVD               | 28,741                                           |        | 21.00 |
| 22.00                                  | 02200 | I&R SRVCES-OTHER PRGM COSTS APPRVD               |                                                  | 28,741 | 22.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                                  |                                                  |        |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                              | 2,696                                            | 2,696  | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                              | 1,091                                            | 1,091  | 31.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT                     | 42                                               | 42     | 34.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                                | 872                                              | 872    | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                                | 0                                                | 0      | 41.00 |
| 43.00                                  | 04300 | NURSERY                                          | 59                                               | 59     | 43.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                                  |                                                  |        |       |
| 50.00                                  | 05000 | OPERATING ROOM                                   | 986                                              | 986    | 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 |
| 53.01                                  | 03950 | PAIN CLINIC                                      | 30                                               | 30     | 53.01 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                             | 675                                              | 675    | 54.00 |
| 54.01                                  | 05401 | NORTHSIDE IMAGING                                | 0                                                | 0      | 54.01 |
| 54.02                                  | 05402 | NORTHSIDE MAMMOGRAPHY                            | 0                                                | 0      | 54.02 |
| 54.03                                  | 05403 | NORTHSIDE ULTRASOUND                             | 0                                                | 0      | 54.03 |
| 54.04                                  | 05404 | NORTHSIDE CARDIO                                 | 0                                                | 0      | 54.04 |
| 54.05                                  | 05405 | NORTHSIDE ADMIN                                  | 0                                                | 0      | 54.05 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                            | 0                                                | 0      | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                                     | 0                                                | 0      | 56.00 |
| 56.01                                  | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC                    | 0                                                | 0      | 56.01 |
| 57.00                                  | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN                    | 0                                                | 0      | 57.00 |
| 57.01                                  | 05701 | NORTHSIDE CT                                     | 0                                                | 0      | 57.01 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                 | 0                                                | 0      | 58.00 |
| 58.01                                  | 05801 | NORTHSIDE MRI                                    | 0                                                | 0      | 58.01 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                          | 0                                                | 0      | 59.00 |
| 60.00                                  | 06000 | LABORATORY                                       | 0                                                | 0      | 60.00 |
| 60.01                                  | 06001 | NORTHSIDE LAB                                    | 0                                                | 0      | 60.01 |
| 62.30                                  | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.               | 0                                                | 0      | 62.30 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING, & TRANS.              | 0                                                | 0      | 63.00 |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                              | 0                                                | 0      | 64.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                              | 0                                                | 0      | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                                 | 0                                                | 0      | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                             | 0                                                | 0      | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                                 | 0                                                | 0      | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                                | 0                                                | 0      | 69.00 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                           | 0                                                | 0      | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS               | 0                                                | 0      | 71.00 |
| 72.00                                  | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS          | 0                                                | 0      | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS                        | 0                                                | 0      | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                                   | 0                                                | 0      | 74.00 |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES               | 0                                                | 0      | 76.00 |
| 76.01                                  | 03340 | GASTRO INTESTINAL SERVICES                       | 208                                              | 208    | 76.01 |
| 76.02                                  | 03140 | CARDIOLOGY                                       | 0                                                | 0      | 76.02 |
| 76.03                                  | 03560 | PULMONARY FUNCTION TESTING                       | 0                                                | 0      | 76.03 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                           | 0                                                | 0      | 76.97 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

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

Worksheet B-1

Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description         |       |                                                        | INTERNS & RESIDENTS                              |                                                  |  |        |
|---------------------------------|-------|--------------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--|--------|
|                                 |       |                                                        | SRVCES-SALARY<br>& FRINGES<br>(ASSIGNED<br>TIME) | SRVCES-OTHER<br>PRGM COSTS<br>(ASSIGNED<br>TIME) |  |        |
|                                 |       |                                                        | 21.00                                            | 22.00                                            |  |        |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY                              | 0                                                | 0                                                |  | 76.98  |
| 76.99                           | 07699 | LITHOTRIPSY                                            | 0                                                | 0                                                |  | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |       |                                                        |                                                  |                                                  |  |        |
| 90.00                           | 09000 | CLINIC                                                 | 9,350                                            | 9,350                                            |  | 90.00  |
| 90.01                           | 09001 | CHILLI FAMILY PHYSICIANS                               | 0                                                | 0                                                |  | 90.01  |
| 90.02                           | 09005 | CLINIC                                                 | 0                                                | 0                                                |  | 90.02  |
| 90.03                           | 09002 | PHYSICIAN OFFICES                                      | 11,497                                           | 11,497                                           |  | 90.03  |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM                   | 0                                                | 0                                                |  | 90.06  |
| 90.07                           | 09004 | WOUND CARE CENTER                                      | 0                                                | 0                                                |  | 90.07  |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                                    | 0                                                | 0                                                |  | 90.08  |
| 90.09                           | 09009 | NEUROLOGY CLINIC                                       | 0                                                | 0                                                |  | 90.09  |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                                | 0                                                | 0                                                |  | 90.10  |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC                        | 0                                                | 0                                                |  | 90.11  |
| 90.12                           | 09012 | VASCULAR CLINIC                                        | 0                                                | 0                                                |  | 90.12  |
| 90.13                           | 09013 | ONCOLOGY CLINIC                                        | 0                                                | 0                                                |  | 90.13  |
| 91.00                           | 09100 | EMERGENCY                                              | 1,085                                            | 1,085                                            |  | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS                                       |                                                  |                                                  |  | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |       |                                                        |                                                  |                                                  |  |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                                     | 0                                                | 0                                                |  | 95.00  |
| 101.00                          | 10100 | HOME HEALTH AGENCY                                     | 0                                                | 0                                                |  | 101.00 |
| SPECIAL PURPOSE COST CENTERS    |       |                                                        |                                                  |                                                  |  |        |
| 113.00                          | 11300 | INTEREST EXPENSE                                       |                                                  |                                                  |  | 113.00 |
| 116.00                          | 11600 | HOSPICE                                                |                                                  |                                                  |  | 116.00 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117)                 | 28,591                                           | 28,591                                           |  | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                                        |                                                  |                                                  |  |        |
| 191.00                          | 19100 | RESEARCH                                               | 150                                              | 150                                              |  | 191.00 |
| 192.00                          | 19200 | PHYSICIANS' PRIVATE OFFICES                            | 0                                                | 0                                                |  | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                                        | 0                                                | 0                                                |  | 193.00 |
| 194.00                          | 07950 | HEARTLAND PHARMACY                                     | 0                                                | 0                                                |  | 194.00 |
| 194.01                          | 07951 | FOUNDATION                                             | 0                                                | 0                                                |  | 194.01 |
| 194.02                          | 07952 | WELLNESS CENTER                                        | 0                                                | 0                                                |  | 194.02 |
| 194.03                          | 07954 | CAPITAL LABOR                                          | 0                                                | 0                                                |  | 194.03 |
| 194.05                          | 07953 | OTHER NON-REIMBURSABLE                                 | 0                                                | 0                                                |  | 194.05 |
| 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)             | 9,839,051                                        | 2,759,139                                        |  | 202.00 |
| 203.00                          |       | Unit cost multiplier (Wkst. B, Part I)                 | 342.335027                                       | 96.000104                                        |  | 203.00 |
| 204.00                          |       | Cost to be allocated (per Wkst. B, Part II)            | 345,446                                          | 5,053                                            |  | 204.00 |
| 205.00                          |       | Unit cost multiplier (Wkst. B, Part II)                | 12.019276                                        | 0.175812                                         |  | 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 |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part I  
Date/Time Prepared:  
8/5/2020 1:45 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 |        |
|                                        |       |                                         |                                                     |                       | Total Costs | RCE<br>Disallowance |             |        |
|                                        |       |                                         |                                                     |                       |             |                     |             |        |
|                                        |       |                                         | 1.00                                                | 2.00                  | 3.00        | 4.00                | 5.00        |        |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                         |                                                     |                       |             |                     |             |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                     | 45,657,251                                          |                       | 45,657,251  | 0                   | 45,657,251  | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                     | 7,365,027                                           |                       | 7,365,027   | 1,015               | 7,366,042   | 31.00  |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT            | 750,785                                             |                       | 750,785     | 0                   | 750,785     | 34.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                       | 12,382,922                                          |                       | 12,382,922  | 0                   | 12,382,922  | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                       | 4,385,058                                           |                       | 4,385,058   | 2,498               | 4,387,556   | 41.00  |
| 43.00                                  | 04300 | NURSERY                                 | 2,407,888                                           |                       | 2,407,888   | 0                   | 2,407,888   | 43.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                         |                                                     |                       |             |                     |             |        |
| 50.00                                  | 05000 | OPERATING ROOM                          | 31,688,227                                          |                       | 31,688,227  | 3,832               | 31,692,059  | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                           | 4,647,180                                           |                       | 4,647,180   | 0                   | 4,647,180   | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM              | 3,971,077                                           |                       | 3,971,077   | 14,192              | 3,985,269   | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                          | 4,715,938                                           |                       | 4,715,938   | 7,923               | 4,723,861   | 53.00  |
| 53.01                                  | 03950 | PAIN CLINIC                             | 276,119                                             |                       | 276,119     | 5,874               | 281,993     | 53.01  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                    | 11,743,889                                          |                       | 11,743,889  | 694                 | 11,744,583  | 54.00  |
| 54.01                                  | 05401 | NORTHSIDE IMAGING                       | 719,478                                             |                       | 719,478     | 0                   | 719,478     | 54.01  |
| 54.02                                  | 05402 | NORTHSIDE MAMMOGRAPHY                   | 410,668                                             |                       | 410,668     | 0                   | 410,668     | 54.02  |
| 54.03                                  | 05403 | NORTHSIDE ULTRASOUND                    | 169,426                                             |                       | 169,426     | 0                   | 169,426     | 54.03  |
| 54.04                                  | 05404 | NORTHSIDE CARDIO                        | 0                                                   |                       | 0           | 0                   | 0           | 54.04  |
| 54.05                                  | 05405 | NORTHSIDE ADMIN                         | 0                                                   |                       | 0           | 0                   | 0           | 54.05  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                   | 4,052,638                                           |                       | 4,052,638   | 0                   | 4,052,638   | 55.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                            | 0                                                   |                       | 0           | 0                   | 0           | 56.00  |
| 56.01                                  | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 2,422,563                                           |                       | 2,422,563   | 0                   | 2,422,563   | 56.01  |
| 57.00                                  | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 1,342,831                                           |                       | 1,342,831   | 0                   | 1,342,831   | 57.00  |
| 57.01                                  | 05701 | NORTHSIDE CT                            | 482,189                                             |                       | 482,189     | 0                   | 482,189     | 57.01  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 1,149,973                                           |                       | 1,149,973   | 0                   | 1,149,973   | 58.00  |
| 58.01                                  | 05801 | NORTHSIDE MRI                           | 766,635                                             |                       | 766,635     | 0                   | 766,635     | 58.01  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                 | 1,390,540                                           |                       | 1,390,540   | 0                   | 1,390,540   | 59.00  |
| 60.00                                  | 06000 | LABORATORY                              | 26,689,862                                          |                       | 26,689,862  | 0                   | 26,689,862  | 60.00  |
| 60.01                                  | 06001 | NORTHSIDE LAB                           | 0                                                   |                       | 0           | 0                   | 0           | 60.01  |
| 62.30                                  | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0                                                   |                       | 0           | 0                   | 0           | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 1,475,365                                           |                       | 1,475,365   | 0                   | 1,475,365   | 63.00  |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                     | 5,224,464                                           |                       | 5,224,464   | 0                   | 5,224,464   | 64.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                     | 2,636,810                                           | 0                     | 2,636,810   | 0                   | 2,636,810   | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                        | 2,137,490                                           | 0                     | 2,137,490   | 0                   | 2,137,490   | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                    | 1,004,533                                           | 0                     | 1,004,533   | 0                   | 1,004,533   | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                        | 947,725                                             | 0                     | 947,725     | 0                   | 947,725     | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                       | 402,874                                             |                       | 402,874     | 0                   | 402,874     | 69.00  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                  | 1,581,123                                           |                       | 1,581,123   | 0                   | 1,581,123   | 70.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 1,922,934                                           |                       | 1,922,934   | 0                   | 1,922,934   | 71.00  |
| 72.00                                  | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 23,160,760                                          |                       | 23,160,760  | 0                   | 23,160,760  | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS               | 20,082,901                                          |                       | 20,082,901  | 0                   | 20,082,901  | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                          | 906,046                                             |                       | 906,046     | 1,033               | 907,079     | 74.00  |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 1,196,498                                           |                       | 1,196,498   | 0                   | 1,196,498   | 76.00  |
| 76.01                                  | 03340 | GASTRO INTESTINAL SERVICES              | 1,847,542                                           |                       | 1,847,542   | 0                   | 1,847,542   | 76.01  |
| 76.02                                  | 03140 | CARDIOLOGY                              | 1,796,334                                           |                       | 1,796,334   | 10,131              | 1,806,465   | 76.02  |
| 76.03                                  | 03560 | PULMONARY FUNCTION TESTING              | 242,238                                             |                       | 242,238     | 0                   | 242,238     | 76.03  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                  | 14,606                                              |                       | 14,606      | 0                   | 14,606      | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY               | 1,229,302                                           |                       | 1,229,302   | 0                   | 1,229,302   | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                             | 0                                                   |                       | 0           | 0                   | 0           | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                         |                                                     |                       |             |                     |             |        |
| 90.00                                  | 09000 | CLINIC                                  | 6,417,609                                           |                       | 6,417,609   | 36                  | 6,417,645   | 90.00  |
| 90.01                                  | 09001 | CHILLI FAMILY PHYSICIANS                | 1,874                                               |                       | 1,874       | 0                   | 1,874       | 90.01  |
| 90.02                                  | 09005 | CLINIC                                  | 0                                                   |                       | 0           | 0                   | 0           | 90.02  |
| 90.03                                  | 09002 | PHYSICIAN OFFICES                       | 21,575,829                                          |                       | 21,575,829  | 116,192             | 21,692,021  | 90.03  |
| 90.06                                  | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM    | 866,540                                             |                       | 866,540     | 0                   | 866,540     | 90.06  |
| 90.07                                  | 09004 | WOUND CARE CENTER                       | 936,937                                             |                       | 936,937     | 7,563               | 944,500     | 90.07  |
| 90.08                                  | 09008 | INTENSIVISTS CLINIC                     | 4,232,448                                           |                       | 4,232,448   | 0                   | 4,232,448   | 90.08  |
| 90.09                                  | 09009 | NEUROLOGY CLINIC                        | 1,033,969                                           |                       | 1,033,969   | 788                 | 1,034,757   | 90.09  |
| 90.10                                  | 09010 | MULTI-SPECIALTY CLINIC                  | 1,201,976                                           |                       | 1,201,976   | 0                   | 1,201,976   | 90.10  |
| 90.11                                  | 09011 | PEDIATRICS-GASTROENTEROL CLINIC         | 324,820                                             |                       | 324,820     | 0                   | 324,820     | 90.11  |
| 90.12                                  | 09012 | VASCULAR CLINIC                         | 526,726                                             |                       | 526,726     | 8,224               | 534,950     | 90.12  |
| 90.13                                  | 09013 | ONCOLOGY CLINIC                         | 370,333                                             |                       | 370,333     | 1,475               | 371,808     | 90.13  |
| 91.00                                  | 09100 | EMERGENCY                               | 11,703,953                                          |                       | 11,703,953  | 63,698              | 11,767,651  | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS                        | 5,051,103                                           |                       | 5,051,103   | 0                   | 5,051,103   | 92.00  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                         |                                                     |                       |             |                     |             |        |
| 95.00                                  | 09500 | AMBULANCE SERVICES                      | 0                                                   |                       | 0           | 0                   | 0           | 95.00  |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                      | 12,620,901                                          |                       | 12,620,901  | 0                   | 12,620,901  | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                         |                                                     |                       |             |                     |             |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                        |                                                     |                       |             |                     |             | 113.00 |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part I  
Date/Time Prepared:  
8/5/2020 1:45 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                |             |        |  |
| 116.00                  | 11600 | HOSPICE                     |  |  | 6,321,864                                           |                       | 6,321,864   |                     | 6,321,864   | 116.00 |  |
| 200.00                  |       | Subtotal (see instructions) |  |  | 310,584,591                                         | 0                     | 310,584,591 | 245,168             | 310,829,759 | 200.00 |  |
| 201.00                  |       | Less Observation Beds       |  |  | 5,051,103                                           |                       | 5,051,103   |                     | 5,051,103   | 201.00 |  |
| 202.00                  |       | Total (see instructions)    |  |  | 305,533,488                                         | 0                     | 305,533,488 | 245,168             | 305,778,656 | 202.00 |  |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part I  
Date/Time Prepared:  
8/5/2020 1:45 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                     | 99,324,985 |            | 99,324,985              |                     |                       | 30.00  |  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                     | 26,376,279 |            | 26,376,279              |                     |                       | 31.00  |  |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT            | 2,823      |            | 2,823                   |                     |                       | 34.00  |  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                       | 34,018,630 |            | 34,018,630              |                     |                       | 40.00  |  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                       | 12,151,110 |            | 12,151,110              |                     |                       | 41.00  |  |
| 43.00                                  | 04300 | NURSERY                                 | 7,040,010  |            | 7,040,010               |                     |                       | 43.00  |  |
| ANCILLARY SERVICE COST CENTERS         |       |                                         |            |            |                         |                     |                       |        |  |
| 50.00                                  | 05000 | OPERATING ROOM                          | 79,569,889 | 87,458,643 | 167,028,532             | 0.189717            | 0.000000              | 50.00  |  |
| 51.00                                  | 05100 | RECOVERY ROOM                           | 15,050,252 | 24,694,752 | 39,745,004              | 0.116925            | 0.000000              | 51.00  |  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM              | 13,606,259 | 66,721     | 13,672,980              | 0.290432            | 0.000000              | 52.00  |  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                          | 19,688,666 | 63,197,847 | 82,886,513              | 0.056896            | 0.000000              | 53.00  |  |
| 53.01                                  | 03950 | PAIN CLINIC                             | 0          | 1,526,576  | 1,526,576               | 0.180875            | 0.000000              | 53.01  |  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                    | 13,914,183 | 31,187,615 | 45,101,798              | 0.260386            | 0.000000              | 54.00  |  |
| 54.01                                  | 05401 | NORTHSIDE IMAGING                       | 3,138      | 3,196,904  | 3,200,042               | 0.224834            | 0.000000              | 54.01  |  |
| 54.02                                  | 05402 | NORTHSIDE MAMMOGRAPHY                   | 639        | 1,962,744  | 1,963,383               | 0.209163            | 0.000000              | 54.02  |  |
| 54.03                                  | 05403 | NORTHSIDE ULTRASOUND                    | 986        | 1,131,152  | 1,132,138               | 0.149651            | 0.000000              | 54.03  |  |
| 54.04                                  | 05404 | NORTHSIDE CARDIO                        | 0          | 0          | 0                       | 0.000000            | 0.000000              | 54.04  |  |
| 54.05                                  | 05405 | NORTHSIDE ADMIN                         | 0          | 0          | 0                       | 0.000000            | 0.000000              | 54.05  |  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                   | 984,580    | 28,175,587 | 29,160,167              | 0.138979            | 0.000000              | 55.00  |  |
| 56.00                                  | 05600 | RADIOISOTOPE                            | 0          | 0          | 0                       | 0.000000            | 0.000000              | 56.00  |  |
| 56.01                                  | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 1,933,121  | 13,186,622 | 15,119,743              | 0.160225            | 0.000000              | 56.01  |  |
| 57.00                                  | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 25,631,365 | 53,827,878 | 79,459,243              | 0.016900            | 0.000000              | 57.00  |  |
| 57.01                                  | 05701 | NORTHSIDE CT                            | 38,327     | 9,273,459  | 9,311,786               | 0.051783            | 0.000000              | 57.01  |  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 7,847,594  | 16,820,998 | 24,668,592              | 0.046617            | 0.000000              | 58.00  |  |
| 58.01                                  | 05801 | NORTHSIDE MRI                           | 12,167     | 8,949,025  | 8,961,192               | 0.085551            | 0.000000              | 58.01  |  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                 | 13,771,694 | 22,981,145 | 36,752,839              | 0.037835            | 0.000000              | 59.00  |  |
| 60.00                                  | 06000 | LABORATORY                              | 64,485,995 | 90,877,712 | 155,363,707             | 0.171790            | 0.000000              | 60.00  |  |
| 60.01                                  | 06001 | NORTHSIDE LAB                           | 0          | 0          | 0                       | 0.000000            | 0.000000              | 60.01  |  |
| 62.30                                  | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0          | 0          | 0                       | 0.000000            | 0.000000              | 62.30  |  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 4,981,716  | 856,221    | 5,837,937               | 0.252720            | 0.000000              | 63.00  |  |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                     | 5,987,431  | 20,881,557 | 26,868,988              | 0.194442            | 0.000000              | 64.00  |  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                     | 29,351,689 | 1,782,107  | 31,133,796              | 0.084693            | 0.000000              | 65.00  |  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                        | 5,913,286  | 2,695,850  | 8,609,136               | 0.248282            | 0.000000              | 66.00  |  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                    | 3,965,004  | 273,555    | 4,238,559               | 0.236999            | 0.000000              | 67.00  |  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                        | 2,372,739  | 811,781    | 3,184,520               | 0.297604            | 0.000000              | 68.00  |  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                       | 3,548,863  | 5,009,389  | 8,558,252               | 0.047074            | 0.000000              | 69.00  |  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                  | 879,457    | 8,674,327  | 9,553,784               | 0.165497            | 0.000000              | 70.00  |  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 48,346,579 | 29,951,101 | 78,297,680              | 0.024559            | 0.000000              | 71.00  |  |
| 72.00                                  | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 34,655,659 | 19,490,801 | 54,146,460              | 0.427743            | 0.000000              | 72.00  |  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS               | 44,509,925 | 33,413,152 | 77,923,077              | 0.257727            | 0.000000              | 73.00  |  |
| 74.00                                  | 07400 | RENAL DIALYSIS                          | 3,209,522  | 3,749      | 3,213,271               | 0.281970            | 0.000000              | 74.00  |  |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 20         | 3,298,529  | 3,298,549               | 0.362735            | 0.000000              | 76.00  |  |
| 76.01                                  | 03340 | GASTRO INTESTINAL SERVICES              | 4,956,590  | 22,562,873 | 27,519,463              | 0.067136            | 0.000000              | 76.01  |  |
| 76.02                                  | 03140 | CARDIOLOGY                              | 8,888,699  | 8,291,956  | 17,180,655              | 0.104556            | 0.000000              | 76.02  |  |
| 76.03                                  | 03560 | PULMONARY FUNCTION TESTING              | 1,578,772  | 2,074,041  | 3,652,813               | 0.066315            | 0.000000              | 76.03  |  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                  | 0          | 13,708     | 13,708                  | 1.065509            | 0.000000              | 76.97  |  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY               | 5,272      | 1,661,998  | 1,667,270               | 0.737314            | 0.000000              | 76.98  |  |
| 76.99                                  | 07699 | LITHOTRIPSY                             | 0          | 0          | 0                       | 0.000000            | 0.000000              | 76.99  |  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                         |            |            |                         |                     |                       |        |  |
| 90.00                                  | 09000 | CLINIC                                  | 3,267,226  | 22,818,468 | 26,085,694              | 0.246020            | 0.000000              | 90.00  |  |
| 90.01                                  | 09001 | CHILLI FAMILY PHYSICIANS                | 0          | 315        | 315                     | 5.949206            | 0.000000              | 90.01  |  |
| 90.02                                  | 09005 | CLINIC                                  | 0          | 0          | 0                       | 0.000000            | 0.000000              | 90.02  |  |
| 90.03                                  | 09002 | PHYSICIAN OFFICES                       | 4,357,630  | 52,631,992 | 56,989,622              | 0.378592            | 0.000000              | 90.03  |  |
| 90.06                                  | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM    | 245        | 4,105,287  | 4,105,532               | 0.211066            | 0.000000              | 90.06  |  |
| 90.07                                  | 09004 | WOUND CARE CENTER                       | 948,039    | 3,585,895  | 4,533,934               | 0.206650            | 0.000000              | 90.07  |  |
| 90.08                                  | 09008 | INTENSIVISTS CLINIC                     | 0          | 9,124,782  | 9,124,782               | 0.463841            | 0.000000              | 90.08  |  |
| 90.09                                  | 09009 | NEUROLOGY CLINIC                        | 1,176      | 4,918,573  | 4,919,749               | 0.210167            | 0.000000              | 90.09  |  |
| 90.10                                  | 09010 | MULTI-SPECIALTY CLINIC                  | 1,386      | 4,979,809  | 4,981,195               | 0.241303            | 0.000000              | 90.10  |  |
| 90.11                                  | 09011 | PEDIATRICS-GASTROENTEROL CLINIC         | 0          | 3,216,510  | 3,216,510               | 0.100985            | 0.000000              | 90.11  |  |
| 90.12                                  | 09012 | VASCULAR CLINIC                         | 364,196    | 5,802,986  | 6,167,182               | 0.085408            | 0.000000              | 90.12  |  |
| 90.13                                  | 09013 | ONCOLOGY CLINIC                         | 1,791      | 361,483    | 363,274                 | 1.019432            | 0.000000              | 90.13  |  |
| 91.00                                  | 09100 | EMERGENCY                               | 21,741,238 | 89,554,436 | 111,295,674             | 0.105161            | 0.000000              | 91.00  |  |
| 92.00                                  | 09200 | OBSERVATION BEDS                        | 1,140,791  | 8,352,461  | 9,493,252               | 0.532073            | 0.000000              | 92.00  |  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                         |            |            |                         |                     |                       |        |  |
| 95.00                                  | 09500 | AMBULANCE SERVICES                      | 0          | 0          | 0                       | 0.000000            | 0.000000              | 95.00  |  |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                      | 0          | 11,050,100 | 11,050,100              |                     |                       | 101.00 |  |
| SPECIAL PURPOSE COST CENTERS           |       |                                         |            |            |                         |                     |                       |        |  |
| 113.00                                 | 11300 | INTEREST EXPENSE                        |            |            |                         |                     |                       | 113.00 |  |
| 116.00                                 | 11600 | HOSPICE                                 | 0          | 5,876,253  | 5,876,253               |                     |                       | 116.00 |  |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part I  
Date/Time Prepared:  
8/5/2020 1:45 pm

|                         |  |                             | Title XVIII |             |                            | Hospital               | PPS                         |        |
|-------------------------|--|-----------------------------|-------------|-------------|----------------------------|------------------------|-----------------------------|--------|
| Cost Center Description |  |                             | Charges     |             |                            | Cost or Other<br>Ratio | TEFRA<br>Inpatient<br>Ratio |        |
|                         |  |                             | Inpatient   | Outpatient  | Total (col. 6<br>+ col. 7) |                        |                             |        |
|                         |  |                             | 6.00        | 7.00        | 8.00                       |                        | 10.00                       |        |
| 200.00                  |  | Subtotal (see instructions) | 670,427,633 | 846,641,425 | 1,517,069,058              |                        |                             | 200.00 |
| 201.00                  |  | Less Observation Beds       |             |             |                            |                        |                             | 201.00 |
| 202.00                  |  | Total (see instructions)    | 670,427,633 | 846,641,425 | 1,517,069,058              |                        |                             | 202.00 |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part I  
Date/Time Prepared:  
8/5/2020 1:45 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  |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT            |             |          | 34.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                       |             |          | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                       |             |          | 41.00  |
| 43.00                                  | 04300 | NURSERY                                 |             |          | 43.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                         |             |          |        |
| 50.00                                  | 05000 | OPERATING ROOM                          | 0.189740    |          | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                           | 0.116925    |          | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM              | 0.291470    |          | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                          | 0.056992    |          | 53.00  |
| 53.01                                  | 03950 | PAIN CLINIC                             | 0.184723    |          | 53.01  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                    | 0.260402    |          | 54.00  |
| 54.01                                  | 05401 | NORTHSIDE IMAGING                       | 0.224834    |          | 54.01  |
| 54.02                                  | 05402 | NORTHSIDE MAMMOGRAPHY                   | 0.209163    |          | 54.02  |
| 54.03                                  | 05403 | NORTHSIDE ULTRASOUND                    | 0.149651    |          | 54.03  |
| 54.04                                  | 05404 | NORTHSIDE CARDIO                        | 0.000000    |          | 54.04  |
| 54.05                                  | 05405 | NORTHSIDE ADMIN                         | 0.000000    |          | 54.05  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                   | 0.138979    |          | 55.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                            | 0.000000    |          | 56.00  |
| 56.01                                  | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 0.160225    |          | 56.01  |
| 57.00                                  | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 0.016900    |          | 57.00  |
| 57.01                                  | 05701 | NORTHSIDE CT                            | 0.051783    |          | 57.01  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 0.046617    |          | 58.00  |
| 58.01                                  | 05801 | NORTHSIDE MRI                           | 0.085551    |          | 58.01  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                 | 0.037835    |          | 59.00  |
| 60.00                                  | 06000 | LABORATORY                              | 0.171790    |          | 60.00  |
| 60.01                                  | 06001 | NORTHSIDE LAB                           | 0.000000    |          | 60.01  |
| 62.30                                  | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0.000000    |          | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 0.252720    |          | 63.00  |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                     | 0.194442    |          | 64.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                     | 0.084693    |          | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                        | 0.248282    |          | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                    | 0.236999    |          | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                        | 0.297604    |          | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                       | 0.047074    |          | 69.00  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                  | 0.165497    |          | 70.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 0.024559    |          | 71.00  |
| 72.00                                  | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 0.427743    |          | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS               | 0.257727    |          | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                          | 0.282291    |          | 74.00  |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 0.362735    |          | 76.00  |
| 76.01                                  | 03340 | GASTRO INTESTINAL SERVICES              | 0.067136    |          | 76.01  |
| 76.02                                  | 03140 | CARDIOLOGY                              | 0.105145    |          | 76.02  |
| 76.03                                  | 03560 | PULMONARY FUNCTION TESTING              | 0.066315    |          | 76.03  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                  | 1.065509    |          | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY               | 0.737314    |          | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                             | 0.000000    |          | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                         |             |          |        |
| 90.00                                  | 09000 | CLINIC                                  | 0.246022    |          | 90.00  |
| 90.01                                  | 09001 | CHILLI FAMILY PHYSICIANS                | 5.949206    |          | 90.01  |
| 90.02                                  | 09005 | CLINIC                                  | 0.000000    |          | 90.02  |
| 90.03                                  | 09002 | PHYSICIAN OFFICES                       | 0.380631    |          | 90.03  |
| 90.06                                  | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM    | 0.211066    |          | 90.06  |
| 90.07                                  | 09004 | WOUND CARE CENTER                       | 0.208318    |          | 90.07  |
| 90.08                                  | 09008 | INTENSIVISTS CLINIC                     | 0.463841    |          | 90.08  |
| 90.09                                  | 09009 | NEUROLOGY CLINIC                        | 0.210327    |          | 90.09  |
| 90.10                                  | 09010 | MULTI-SPECIALITY CLINIC                 | 0.241303    |          | 90.10  |
| 90.11                                  | 09011 | PEDIATRICS-GASTROENTEROL CLINIC         | 0.100985    |          | 90.11  |
| 90.12                                  | 09012 | VASCULAR CLINIC                         | 0.086741    |          | 90.12  |
| 90.13                                  | 09013 | ONCOLOGY CLINIC                         | 1.023492    |          | 90.13  |
| 91.00                                  | 09100 | EMERGENCY                               | 0.105733    |          | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS                        | 0.532073    |          | 92.00  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                         |             |          |        |
| 95.00                                  | 09500 | AMBULANCE SERVICES                      | 0.000000    |          | 95.00  |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                      |             |          | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                         |             |          |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                        |             |          | 113.00 |
| 116.00                                 | 11600 | HOSPICE                                 |             |          | 116.00 |
| 200.00                                 |       | Subtotal (see instructions)             |             |          | 200.00 |
| 201.00                                 |       | Less Observation Beds                   |             |          | 201.00 |

|                                          |                          |                        |                       |                                             |                                                                  |
|------------------------------------------|--------------------------|------------------------|-----------------------|---------------------------------------------|------------------------------------------------------------------|
| COMPUTATION OF RATIO OF COSTS TO CHARGES |                          |                        | Provider CCN: 14-0209 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet C<br>Part I<br>Date/Time Prepared:<br>8/5/2020 1:45 pm |
|                                          |                          |                        | Title XVIII           | Hospital                                    | PPS                                                              |
| Cost Center Description                  |                          | PPS Inpatient<br>Ratio |                       |                                             |                                                                  |
|                                          |                          | 11.00                  |                       |                                             |                                                                  |
| 202.00                                   | Total (see instructions) |                        |                       |                                             |                                                                  |
|                                          |                          |                        |                       |                                             | 202.00                                                           |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part I  
Date/Time Prepared:  
8/5/2020 1:45 pm

|                                        |       |                                         | Title XIX                                           |                       | Hospital    |                     | PPS         |        |
|----------------------------------------|-------|-----------------------------------------|-----------------------------------------------------|-----------------------|-------------|---------------------|-------------|--------|
| Cost Center Description                |       |                                         | Total Cost<br>(from Wkst. B,<br>Part I, col.<br>26) | Therapy Limit<br>Adj. | Costs       |                     | Total Costs |        |
|                                        |       |                                         |                                                     |                       | Total Costs | RCE<br>Disallowance |             |        |
|                                        |       |                                         | 1.00                                                | 2.00                  | 3.00        | 4.00                | 5.00        |        |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                         |                                                     |                       |             |                     |             |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                     | 46,839,002                                          |                       | 46,839,002  | 0                   | 46,839,002  | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                     | 7,843,251                                           |                       | 7,843,251   | 1,015               | 7,844,266   | 31.00  |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT            | 769,195                                             |                       | 769,195     | 0                   | 769,195     | 34.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                       | 12,765,150                                          |                       | 12,765,150  | 0                   | 12,765,150  | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                       | 4,385,058                                           |                       | 4,385,058   | 2,498               | 4,387,556   | 41.00  |
| 43.00                                  | 04300 | NURSERY                                 | 2,433,750                                           |                       | 2,433,750   | 0                   | 2,433,750   | 43.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                         |                                                     |                       |             |                     |             |        |
| 50.00                                  | 05000 | OPERATING ROOM                          | 32,120,425                                          |                       | 32,120,425  | 3,832               | 32,124,257  | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                           | 4,647,180                                           |                       | 4,647,180   | 0                   | 4,647,180   | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM              | 3,971,077                                           |                       | 3,971,077   | 14,192              | 3,985,269   | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                          | 4,715,938                                           |                       | 4,715,938   | 7,923               | 4,723,861   | 53.00  |
| 53.01                                  | 03950 | PAIN CLINIC                             | 289,269                                             |                       | 289,269     | 5,874               | 295,143     | 53.01  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                    | 12,039,765                                          |                       | 12,039,765  | 694                 | 12,040,459  | 54.00  |
| 54.01                                  | 05401 | NORTHSIDE IMAGING                       | 719,478                                             |                       | 719,478     | 0                   | 719,478     | 54.01  |
| 54.02                                  | 05402 | NORTHSIDE MAMMOGRAPHY                   | 410,668                                             |                       | 410,668     | 0                   | 410,668     | 54.02  |
| 54.03                                  | 05403 | NORTHSIDE ULTRASOUND                    | 169,426                                             |                       | 169,426     | 0                   | 169,426     | 54.03  |
| 54.04                                  | 05404 | NORTHSIDE CARDIO                        | 0                                                   |                       | 0           | 0                   | 0           | 54.04  |
| 54.05                                  | 05405 | NORTHSIDE ADMIN                         | 0                                                   |                       | 0           | 0                   | 0           | 54.05  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                   | 4,052,638                                           |                       | 4,052,638   | 0                   | 4,052,638   | 55.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                            | 0                                                   |                       | 0           | 0                   | 0           | 56.00  |
| 56.01                                  | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 2,422,563                                           |                       | 2,422,563   | 0                   | 2,422,563   | 56.01  |
| 57.00                                  | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 1,342,831                                           |                       | 1,342,831   | 0                   | 1,342,831   | 57.00  |
| 57.01                                  | 05701 | NORTHSIDE CT                            | 482,189                                             |                       | 482,189     | 0                   | 482,189     | 57.01  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 1,149,973                                           |                       | 1,149,973   | 0                   | 1,149,973   | 58.00  |
| 58.01                                  | 05801 | NORTHSIDE MRI                           | 766,635                                             |                       | 766,635     | 0                   | 766,635     | 58.01  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                 | 1,390,540                                           |                       | 1,390,540   | 0                   | 1,390,540   | 59.00  |
| 60.00                                  | 06000 | LABORATORY                              | 26,689,862                                          |                       | 26,689,862  | 0                   | 26,689,862  | 60.00  |
| 60.01                                  | 06001 | NORTHSIDE LAB                           | 0                                                   |                       | 0           | 0                   | 0           | 60.01  |
| 62.30                                  | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0                                                   |                       | 0           | 0                   | 0           | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 1,475,365                                           |                       | 1,475,365   | 0                   | 1,475,365   | 63.00  |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                     | 5,224,464                                           |                       | 5,224,464   | 0                   | 5,224,464   | 64.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                     | 2,636,810                                           | 0                     | 2,636,810   | 0                   | 2,636,810   | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                        | 2,137,490                                           | 0                     | 2,137,490   | 0                   | 2,137,490   | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                    | 1,004,533                                           | 0                     | 1,004,533   | 0                   | 1,004,533   | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                        | 947,725                                             | 0                     | 947,725     | 0                   | 947,725     | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                       | 402,874                                             |                       | 402,874     | 0                   | 402,874     | 69.00  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                  | 1,581,123                                           |                       | 1,581,123   | 0                   | 1,581,123   | 70.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 1,922,934                                           |                       | 1,922,934   | 0                   | 1,922,934   | 71.00  |
| 72.00                                  | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 23,160,760                                          |                       | 23,160,760  | 0                   | 23,160,760  | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS               | 20,082,901                                          |                       | 20,082,901  | 0                   | 20,082,901  | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                          | 906,046                                             |                       | 906,046     | 1,033               | 907,079     | 74.00  |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 1,196,498                                           |                       | 1,196,498   | 0                   | 1,196,498   | 76.00  |
| 76.01                                  | 03340 | GASTRO INTESTINAL SERVICES              | 1,938,716                                           |                       | 1,938,716   | 0                   | 1,938,716   | 76.01  |
| 76.02                                  | 03140 | CARDIOLOGY                              | 1,796,334                                           |                       | 1,796,334   | 10,131              | 1,806,465   | 76.02  |
| 76.03                                  | 03560 | PULMONARY FUNCTION TESTING              | 242,238                                             |                       | 242,238     | 0                   | 242,238     | 76.03  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                  | 14,606                                              |                       | 14,606      | 0                   | 14,606      | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY               | 1,229,302                                           |                       | 1,229,302   | 0                   | 1,229,302   | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                             | 0                                                   |                       | 0           | 0                   | 0           | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                         |                                                     |                       |             |                     |             |        |
| 90.00                                  | 09000 | CLINIC                                  | 10,516,043                                          |                       | 10,516,043  | 36                  | 10,516,079  | 90.00  |
| 90.01                                  | 09001 | CHILLI FAMILY PHYSICIANS                | 1,874                                               |                       | 1,874       | 0                   | 1,874       | 90.01  |
| 90.02                                  | 09005 | CLINIC                                  | 0                                                   |                       | 0           | 0                   | 0           | 90.02  |
| 90.03                                  | 09002 | PHYSICIAN OFFICES                       | 26,615,368                                          |                       | 26,615,368  | 116,192             | 26,731,560  | 90.03  |
| 90.06                                  | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM    | 866,540                                             |                       | 866,540     | 0                   | 866,540     | 90.06  |
| 90.07                                  | 09004 | WOUND CARE CENTER                       | 936,937                                             |                       | 936,937     | 7,563               | 944,500     | 90.07  |
| 90.08                                  | 09008 | INTENSIVISTS CLINIC                     | 4,232,448                                           |                       | 4,232,448   | 0                   | 4,232,448   | 90.08  |
| 90.09                                  | 09009 | NEUROLOGY CLINIC                        | 1,033,969                                           |                       | 1,033,969   | 788                 | 1,034,757   | 90.09  |
| 90.10                                  | 09010 | MULTI-SPECIALTY CLINIC                  | 1,201,976                                           |                       | 1,201,976   | 0                   | 1,201,976   | 90.10  |
| 90.11                                  | 09011 | PEDIATRICS-GASTROENTEROL CLINIC         | 324,820                                             |                       | 324,820     | 0                   | 324,820     | 90.11  |
| 90.12                                  | 09012 | VASCULAR CLINIC                         | 526,726                                             |                       | 526,726     | 8,224               | 534,950     | 90.12  |
| 90.13                                  | 09013 | ONCOLOGY CLINIC                         | 370,333                                             |                       | 370,333     | 1,475               | 371,808     | 90.13  |
| 91.00                                  | 09100 | EMERGENCY                               | 12,179,547                                          |                       | 12,179,547  | 63,698              | 12,243,245  | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS                        | 5,181,880                                           |                       | 5,181,880   | 0                   | 5,181,880   | 92.00  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                         |                                                     |                       |             |                     |             |        |
| 95.00                                  | 09500 | AMBULANCE SERVICES                      | 0                                                   |                       | 0           | 0                   | 0           | 95.00  |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                      | 12,620,901                                          |                       | 12,620,901  | 0                   | 12,620,901  | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                         |                                                     |                       |             |                     |             |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                        |                                                     |                       |             |                     |             | 113.00 |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part I  
Date/Time Prepared:  
8/5/2020 1:45 pm

|                         |       |                             |  | Title XIX                                           |                       | 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                |             |        |
| 116.00                  | 11600 | HOSPICE                     |  | 6,321,864                                           |                       | 6,321,864   |                     | 6,321,864   | 116.00 |
| 200.00                  |       | Subtotal (see instructions) |  | 323,247,808                                         | 0                     | 323,247,808 | 245,168             | 323,492,976 | 200.00 |
| 201.00                  |       | Less Observation Beds       |  | 5,181,880                                           |                       | 5,181,880   |                     | 5,181,880   | 201.00 |
| 202.00                  |       | Total (see instructions)    |  | 318,065,928                                         | 0                     | 318,065,928 | 245,168             | 318,311,096 | 202.00 |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part I  
Date/Time Prepared:  
8/5/2020 1:45 pm

|                                        |       |                                         | Title XIX |            |                         | 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                     | 0         |            | 0                       |                     |                       | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                     | 0         |            | 0                       |                     |                       | 31.00  |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT            | 0         |            | 0                       |                     |                       | 34.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                       | 0         |            | 0                       |                     |                       | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                       | 0         |            | 0                       |                     |                       | 41.00  |
| 43.00                                  | 04300 | NURSERY                                 | 0         |            | 0                       |                     |                       | 43.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                         |           |            |                         |                     |                       |        |
| 50.00                                  | 05000 | OPERATING ROOM                          | 0         | 0          | 0                       | 0.000000            | 0.000000              | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                           | 0         | 0          | 0                       | 0.000000            | 0.000000              | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM              | 0         | 0          | 0                       | 0.000000            | 0.000000              | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                          | 0         | 0          | 0                       | 0.000000            | 0.000000              | 53.00  |
| 53.01                                  | 03950 | PAIN CLINIC                             | 0         | 0          | 0                       | 0.000000            | 0.000000              | 53.01  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                    | 0         | 0          | 0                       | 0.000000            | 0.000000              | 54.00  |
| 54.01                                  | 05401 | NORTHSIDE IMAGING                       | 0         | 0          | 0                       | 0.000000            | 0.000000              | 54.01  |
| 54.02                                  | 05402 | NORTHSIDE MAMMOGRAPHY                   | 0         | 0          | 0                       | 0.000000            | 0.000000              | 54.02  |
| 54.03                                  | 05403 | NORTHSIDE ULTRASOUND                    | 0         | 0          | 0                       | 0.000000            | 0.000000              | 54.03  |
| 54.04                                  | 05404 | NORTHSIDE CARDIO                        | 0         | 0          | 0                       | 0.000000            | 0.000000              | 54.04  |
| 54.05                                  | 05405 | NORTHSIDE ADMIN                         | 0         | 0          | 0                       | 0.000000            | 0.000000              | 54.05  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                   | 0         | 0          | 0                       | 0.000000            | 0.000000              | 55.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                            | 0         | 0          | 0                       | 0.000000            | 0.000000              | 56.00  |
| 56.01                                  | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 0         | 0          | 0                       | 0.000000            | 0.000000              | 56.01  |
| 57.00                                  | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 0         | 0          | 0                       | 0.000000            | 0.000000              | 57.00  |
| 57.01                                  | 05701 | NORTHSIDE CT                            | 0         | 0          | 0                       | 0.000000            | 0.000000              | 57.01  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 0         | 0          | 0                       | 0.000000            | 0.000000              | 58.00  |
| 58.01                                  | 05801 | NORTHSIDE MRI                           | 0         | 0          | 0                       | 0.000000            | 0.000000              | 58.01  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                 | 0         | 0          | 0                       | 0.000000            | 0.000000              | 59.00  |
| 60.00                                  | 06000 | LABORATORY                              | 0         | 0          | 0                       | 0.000000            | 0.000000              | 60.00  |
| 60.01                                  | 06001 | NORTHSIDE LAB                           | 0         | 0          | 0                       | 0.000000            | 0.000000              | 60.01  |
| 62.30                                  | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0         | 0          | 0                       | 0.000000            | 0.000000              | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 0         | 0          | 0                       | 0.000000            | 0.000000              | 63.00  |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                     | 0         | 0          | 0                       | 0.000000            | 0.000000              | 64.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                     | 0         | 0          | 0                       | 0.000000            | 0.000000              | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                        | 0         | 0          | 0                       | 0.000000            | 0.000000              | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                    | 0         | 0          | 0                       | 0.000000            | 0.000000              | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                        | 0         | 0          | 0                       | 0.000000            | 0.000000              | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                       | 0         | 0          | 0                       | 0.000000            | 0.000000              | 69.00  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                  | 0         | 0          | 0                       | 0.000000            | 0.000000              | 70.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 0         | 0          | 0                       | 0.000000            | 0.000000              | 71.00  |
| 72.00                                  | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 0         | 0          | 0                       | 0.000000            | 0.000000              | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS               | 0         | 0          | 0                       | 0.000000            | 0.000000              | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                          | 0         | 0          | 0                       | 0.000000            | 0.000000              | 74.00  |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 0         | 0          | 0                       | 0.000000            | 0.000000              | 76.00  |
| 76.01                                  | 03340 | GASTRO INTESTINAL SERVICES              | 0         | 0          | 0                       | 0.000000            | 0.000000              | 76.01  |
| 76.02                                  | 03140 | CARDIOLOGY                              | 0         | 0          | 0                       | 0.000000            | 0.000000              | 76.02  |
| 76.03                                  | 03560 | PULMONARY FUNCTION TESTING              | 0         | 0          | 0                       | 0.000000            | 0.000000              | 76.03  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                  | 0         | 0          | 0                       | 0.000000            | 0.000000              | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY               | 0         | 0          | 0                       | 0.000000            | 0.000000              | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                             | 0         | 0          | 0                       | 0.000000            | 0.000000              | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                         |           |            |                         |                     |                       |        |
| 90.00                                  | 09000 | CLINIC                                  | 0         | 0          | 0                       | 0.000000            | 0.000000              | 90.00  |
| 90.01                                  | 09001 | CHILLI FAMILY PHYSICIANS                | 0         | 0          | 0                       | 0.000000            | 0.000000              | 90.01  |
| 90.02                                  | 09005 | CLINIC                                  | 0         | 0          | 0                       | 0.000000            | 0.000000              | 90.02  |
| 90.03                                  | 09002 | PHYSICIAN OFFICES                       | 0         | 0          | 0                       | 0.000000            | 0.000000              | 90.03  |
| 90.06                                  | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM    | 0         | 0          | 0                       | 0.000000            | 0.000000              | 90.06  |
| 90.07                                  | 09004 | WOUND CARE CENTER                       | 0         | 0          | 0                       | 0.000000            | 0.000000              | 90.07  |
| 90.08                                  | 09008 | INTENSIVISTS CLINIC                     | 0         | 0          | 0                       | 0.000000            | 0.000000              | 90.08  |
| 90.09                                  | 09009 | NEUROLOGY CLINIC                        | 0         | 0          | 0                       | 0.000000            | 0.000000              | 90.09  |
| 90.10                                  | 09010 | MULTI-SPECIALITY CLINIC                 | 0         | 0          | 0                       | 0.000000            | 0.000000              | 90.10  |
| 90.11                                  | 09011 | PEDIATRICS-GASTROENTEROL CLINIC         | 0         | 0          | 0                       | 0.000000            | 0.000000              | 90.11  |
| 90.12                                  | 09012 | VASCULAR CLINIC                         | 0         | 0          | 0                       | 0.000000            | 0.000000              | 90.12  |
| 90.13                                  | 09013 | ONCOLOGY CLINIC                         | 0         | 0          | 0                       | 0.000000            | 0.000000              | 90.13  |
| 91.00                                  | 09100 | EMERGENCY                               | 0         | 0          | 0                       | 0.000000            | 0.000000              | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS                        | 0         | 0          | 0                       | 0.000000            | 0.000000              | 92.00  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                         |           |            |                         |                     |                       |        |
| 95.00                                  | 09500 | AMBULANCE SERVICES                      | 0         | 0          | 0                       | 0.000000            | 0.000000              | 95.00  |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                      | 0         | 0          | 0                       |                     |                       | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                         |           |            |                         |                     |                       |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                        |           |            |                         |                     |                       | 113.00 |
| 116.00                                 | 11600 | HOSPICE                                 | 0         | 0          | 0                       |                     |                       | 116.00 |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part I  
Date/Time Prepared:  
8/5/2020 1:45 pm

|                         |  |                             | Title XIX |            |                            | Hospital               | PPS                         |
|-------------------------|--|-----------------------------|-----------|------------|----------------------------|------------------------|-----------------------------|
| Cost Center Description |  |                             | Charges   |            |                            | Cost or Other<br>Ratio | TEFRA<br>Inpatient<br>Ratio |
|                         |  |                             | Inpatient | Outpatient | Total (col. 6<br>+ col. 7) |                        |                             |
|                         |  |                             | 6.00      | 7.00       | 8.00                       |                        | 10.00                       |
| 200.00                  |  | Subtotal (see instructions) | 0         | 0          | 0                          |                        | 200.00                      |
| 201.00                  |  | Less Observation Beds       |           |            |                            |                        | 201.00                      |
| 202.00                  |  | Total (see instructions)    | 0         | 0          | 0                          |                        | 202.00                      |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part I  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description                |       | PPS Inpatient<br>Ratio                  | Title XIX | Hospital | PPS    |
|----------------------------------------|-------|-----------------------------------------|-----------|----------|--------|
|                                        |       | 11.00                                   |           |          |        |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                         |           |          |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                     |           |          | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                     |           |          | 31.00  |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT            |           |          | 34.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                       |           |          | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                       |           |          | 41.00  |
| 43.00                                  | 04300 | NURSERY                                 |           |          | 43.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                         |           |          |        |
| 50.00                                  | 05000 | OPERATING ROOM                          | 0.000000  |          | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                           | 0.000000  |          | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM              | 0.000000  |          | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                          | 0.000000  |          | 53.00  |
| 53.01                                  | 03950 | PAIN CLINIC                             | 0.000000  |          | 53.01  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                    | 0.000000  |          | 54.00  |
| 54.01                                  | 05401 | NORTHSIDE IMAGING                       | 0.000000  |          | 54.01  |
| 54.02                                  | 05402 | NORTHSIDE MAMMOGRAPHY                   | 0.000000  |          | 54.02  |
| 54.03                                  | 05403 | NORTHSIDE ULTRASOUND                    | 0.000000  |          | 54.03  |
| 54.04                                  | 05404 | NORTHSIDE CARDIO                        | 0.000000  |          | 54.04  |
| 54.05                                  | 05405 | NORTHSIDE ADMIN                         | 0.000000  |          | 54.05  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                   | 0.000000  |          | 55.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                            | 0.000000  |          | 56.00  |
| 56.01                                  | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 0.000000  |          | 56.01  |
| 57.00                                  | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 0.000000  |          | 57.00  |
| 57.01                                  | 05701 | NORTHSIDE CT                            | 0.000000  |          | 57.01  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 0.000000  |          | 58.00  |
| 58.01                                  | 05801 | NORTHSIDE MRI                           | 0.000000  |          | 58.01  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                 | 0.000000  |          | 59.00  |
| 60.00                                  | 06000 | LABORATORY                              | 0.000000  |          | 60.00  |
| 60.01                                  | 06001 | NORTHSIDE LAB                           | 0.000000  |          | 60.01  |
| 62.30                                  | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0.000000  |          | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 0.000000  |          | 63.00  |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                     | 0.000000  |          | 64.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                     | 0.000000  |          | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                        | 0.000000  |          | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                    | 0.000000  |          | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                        | 0.000000  |          | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                       | 0.000000  |          | 69.00  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                  | 0.000000  |          | 70.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 0.000000  |          | 71.00  |
| 72.00                                  | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 0.000000  |          | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS               | 0.000000  |          | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                          | 0.000000  |          | 74.00  |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 0.000000  |          | 76.00  |
| 76.01                                  | 03340 | GASTRO INTESTINAL SERVICES              | 0.000000  |          | 76.01  |
| 76.02                                  | 03140 | CARDIOLOGY                              | 0.000000  |          | 76.02  |
| 76.03                                  | 03560 | PULMONARY FUNCTION TESTING              | 0.000000  |          | 76.03  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                  | 0.000000  |          | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY               | 0.000000  |          | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                             | 0.000000  |          | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                         |           |          |        |
| 90.00                                  | 09000 | CLINIC                                  | 0.000000  |          | 90.00  |
| 90.01                                  | 09001 | CHILLI FAMILY PHYSICIANS                | 0.000000  |          | 90.01  |
| 90.02                                  | 09005 | CLINIC                                  | 0.000000  |          | 90.02  |
| 90.03                                  | 09002 | PHYSICIAN OFFICES                       | 0.000000  |          | 90.03  |
| 90.06                                  | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM    | 0.000000  |          | 90.06  |
| 90.07                                  | 09004 | WOUND CARE CENTER                       | 0.000000  |          | 90.07  |
| 90.08                                  | 09008 | INTENSIVISTS CLINIC                     | 0.000000  |          | 90.08  |
| 90.09                                  | 09009 | NEUROLOGY CLINIC                        | 0.000000  |          | 90.09  |
| 90.10                                  | 09010 | MULTI-SPECIALITY CLINIC                 | 0.000000  |          | 90.10  |
| 90.11                                  | 09011 | PEDIATRICS-GASTROENTEROL CLINIC         | 0.000000  |          | 90.11  |
| 90.12                                  | 09012 | VASCULAR CLINIC                         | 0.000000  |          | 90.12  |
| 90.13                                  | 09013 | ONCOLOGY CLINIC                         | 0.000000  |          | 90.13  |
| 91.00                                  | 09100 | EMERGENCY                               | 0.000000  |          | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS                        | 0.000000  |          | 92.00  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                         |           |          |        |
| 95.00                                  | 09500 | AMBULANCE SERVICES                      | 0.000000  |          | 95.00  |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                      |           |          | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                         |           |          |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                        |           |          | 113.00 |
| 116.00                                 | 11600 | HOSPICE                                 |           |          | 116.00 |
| 200.00                                 |       | Subtotal (see instructions)             |           |          | 200.00 |
| 201.00                                 |       | Less Observation Beds                   |           |          | 201.00 |

MCRIF32 - 16.1.168.2

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF  
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part II  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description         |       |                                            | Title XIX                                   |                                               |                                                               | Hospital             | PPS                                   |
|---------------------------------|-------|--------------------------------------------|---------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|----------------------|---------------------------------------|
|                                 |       |                                            | Total Cost<br>(Wkst. B, Part<br>I, col. 26) | Capital Cost<br>(Wkst. B, Part<br>II col. 26) | Operating Cost<br>Net of Capital<br>Cost (col. 1 -<br>col. 2) | Capital<br>Reduction | Operating Cost<br>Reduction<br>Amount |
|                                 |       |                                            | 1.00                                        | 2.00                                          | 3.00                                                          | 4.00                 | 5.00                                  |
| ANCILLARY SERVICE COST CENTERS  |       |                                            |                                             |                                               |                                                               |                      |                                       |
| 50.00                           | 05000 | OPERATING ROOM                             | 32,120,425                                  | 3,284,681                                     | 28,835,744                                                    | 0                    | 0                                     |
| 51.00                           | 05100 | RECOVERY ROOM                              | 4,647,180                                   | 374,307                                       | 4,272,873                                                     | 0                    | 0                                     |
| 52.00                           | 05200 | DELIVERY ROOM & LABOR ROOM                 | 3,971,077                                   | 216,608                                       | 3,754,469                                                     | 0                    | 0                                     |
| 53.00                           | 05300 | ANESTHESIOLOGY                             | 4,715,938                                   | 167,590                                       | 4,548,348                                                     | 0                    | 0                                     |
| 53.01                           | 03950 | PAIN CLINIC                                | 289,269                                     | 44,242                                        | 245,027                                                       | 0                    | 0                                     |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                       | 12,039,765                                  | 1,837,106                                     | 10,202,659                                                    | 0                    | 0                                     |
| 54.01                           | 05401 | NORTHSIDE IMAGING                          | 719,478                                     | 45,632                                        | 673,846                                                       | 0                    | 0                                     |
| 54.02                           | 05402 | NORTHSIDE MAMMOGRAPHY                      | 410,668                                     | 36,746                                        | 373,922                                                       | 0                    | 0                                     |
| 54.03                           | 05403 | NORTHSIDE ULTRASOUND                       | 169,426                                     | 16,659                                        | 152,767                                                       | 0                    | 0                                     |
| 54.04                           | 05404 | NORTHSIDE CARDIO                           | 0                                           | 0                                             | 0                                                             | 0                    | 0                                     |
| 54.05                           | 05405 | NORTHSIDE ADMIN                            | 0                                           | 51,193                                        | -51,193                                                       | 0                    | 0                                     |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC                      | 4,052,638                                   | 717,522                                       | 3,335,116                                                     | 0                    | 0                                     |
| 56.00                           | 05600 | RADIOISOTOPE                               | 0                                           | 0                                             | 0                                                             | 0                    | 0                                     |
| 56.01                           | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC              | 2,422,563                                   | 360,339                                       | 2,062,224                                                     | 0                    | 0                                     |
| 57.00                           | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN              | 1,342,831                                   | 52,064                                        | 1,290,767                                                     | 0                    | 0                                     |
| 57.01                           | 05701 | NORTHSIDE CT                               | 482,189                                     | 5,905                                         | 476,284                                                       | 0                    | 0                                     |
| 58.00                           | 05800 | MAGNETIC RESONANCE IMAGING (MRI)           | 1,149,973                                   | 97,881                                        | 1,052,092                                                     | 0                    | 0                                     |
| 58.01                           | 05801 | NORTHSIDE MRI                              | 766,635                                     | 1,734                                         | 764,901                                                       | 0                    | 0                                     |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION                    | 1,390,540                                   | 86,507                                        | 1,304,033                                                     | 0                    | 0                                     |
| 60.00                           | 06000 | LABORATORY                                 | 26,689,862                                  | 1,212,169                                     | 25,477,693                                                    | 0                    | 0                                     |
| 60.01                           | 06001 | NORTHSIDE LAB                              | 0                                           | 0                                             | 0                                                             | 0                    | 0                                     |
| 62.30                           | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.         | 0                                           | 0                                             | 0                                                             | 0                    | 0                                     |
| 63.00                           | 06300 | BLOOD STORING, PROCESSING, & TRANS.        | 1,475,365                                   | 2,702                                         | 1,472,663                                                     | 0                    | 0                                     |
| 64.00                           | 06400 | INTRAVENOUS THERAPY                        | 5,224,464                                   | 337,424                                       | 4,887,040                                                     | 0                    | 0                                     |
| 65.00                           | 06500 | RESPIRATORY THERAPY                        | 2,636,810                                   | 107,667                                       | 2,529,143                                                     | 0                    | 0                                     |
| 66.00                           | 06600 | PHYSICAL THERAPY                           | 2,137,490                                   | 199,290                                       | 1,938,200                                                     | 0                    | 0                                     |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                       | 1,004,533                                   | 23,552                                        | 980,981                                                       | 0                    | 0                                     |
| 68.00                           | 06800 | SPEECH PATHOLOGY                           | 947,725                                     | 80,171                                        | 867,554                                                       | 0                    | 0                                     |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                          | 402,874                                     | 17,845                                        | 385,029                                                       | 0                    | 0                                     |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY                     | 1,581,123                                   | 127,943                                       | 1,453,180                                                     | 0                    | 0                                     |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS         | 1,922,934                                   | 3,521                                         | 1,919,413                                                     | 0                    | 0                                     |
| 72.00                           | 07200 | IMPLANTABLE DEVICES CHARGED TO<br>PATIENTS | 23,160,760                                  | 42,414                                        | 23,118,346                                                    | 0                    | 0                                     |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS                  | 20,082,901                                  | 241,322                                       | 19,841,579                                                    | 0                    | 0                                     |
| 74.00                           | 07400 | RENAL DIALYSIS                             | 906,046                                     | 137,123                                       | 768,923                                                       | 0                    | 0                                     |
| 76.00                           | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES         | 1,196,498                                   | 78,972                                        | 1,117,526                                                     | 0                    | 0                                     |
| 76.01                           | 03340 | GASTRO INTESTINAL SERVICES                 | 1,938,716                                   | 345,907                                       | 1,592,809                                                     | 0                    | 0                                     |
| 76.02                           | 03140 | CARDIOLOGY                                 | 1,796,334                                   | 150,376                                       | 1,645,958                                                     | 0                    | 0                                     |
| 76.03                           | 03560 | PULMONARY FUNCTION TESTING                 | 242,238                                     | 18,804                                        | 223,434                                                       | 0                    | 0                                     |
| 76.97                           | 07697 | CARDIAC REHABILITATION                     | 14,606                                      | 721                                           | 13,885                                                        | 0                    | 0                                     |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY                  | 1,229,302                                   | 107,679                                       | 1,121,623                                                     | 0                    | 0                                     |
| 76.99                           | 07699 | LITHOTRIPSY                                | 0                                           | 0                                             | 0                                                             | 0                    | 0                                     |
| OUTPATIENT SERVICE COST CENTERS |       |                                            |                                             |                                               |                                                               |                      |                                       |
| 90.00                           | 09000 | CLINIC                                     | 10,516,043                                  | 872,097                                       | 9,643,946                                                     | 0                    | 0                                     |
| 90.01                           | 09001 | CHILLI FAMILY PHYSICIANS                   | 1,874                                       | 3                                             | 1,871                                                         | 0                    | 0                                     |
| 90.02                           | 09005 | CLINIC                                     | 0                                           | 0                                             | 0                                                             | 0                    | 0                                     |
| 90.03                           | 09002 | PHYSICIAN OFFICES                          | 26,615,368                                  | 1,587,210                                     | 25,028,158                                                    | 0                    | 0                                     |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM       | 866,540                                     | 49,619                                        | 816,921                                                       | 0                    | 0                                     |
| 90.07                           | 09004 | WOUND CARE CENTER                          | 936,937                                     | 141,255                                       | 795,682                                                       | 0                    | 0                                     |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                        | 4,232,448                                   | 182,227                                       | 4,050,221                                                     | 0                    | 0                                     |
| 90.09                           | 09009 | NEUROLOGY CLINIC                           | 1,033,969                                   | 167,184                                       | 866,785                                                       | 0                    | 0                                     |
| 90.10                           | 09010 | MULTI-SPECIALTY CLINIC                     | 1,201,976                                   | 130,466                                       | 1,071,510                                                     | 0                    | 0                                     |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC            | 324,820                                     | 104,450                                       | 220,370                                                       | 0                    | 0                                     |
| 90.12                           | 09012 | VASCULAR CLINIC                            | 526,726                                     | 94,212                                        | 432,514                                                       | 0                    | 0                                     |
| 90.13                           | 09013 | ONCOLOGY CLINIC                            | 370,333                                     | 122,478                                       | 247,855                                                       | 0                    | 0                                     |
| 91.00                           | 09100 | EMERGENCY                                  | 12,179,547                                  | 399,927                                       | 11,779,620                                                    | 0                    | 0                                     |
| 92.00                           | 09200 | OBSERVATION BEDS                           | 5,181,880                                   | 280,386                                       | 4,901,494                                                     | 0                    | 0                                     |
| OTHER REIMBURSABLE COST CENTERS |       |                                            |                                             |                                               |                                                               |                      |                                       |
| 95.00                           | 09500 | AMBULANCE SERVICES                         | 0                                           | 0                                             | 0                                                             | 0                    | 0                                     |
| 101.00                          | 10100 | HOME HEALTH AGENCY                         | 12,620,901                                  | 169,794                                       | 12,451,107                                                    | 0                    | 0                                     |
| SPECIAL PURPOSE COST CENTERS    |       |                                            |                                             |                                               |                                                               |                      |                                       |
| 113.00                          | 11300 | INTEREST EXPENSE                           |                                             |                                               |                                                               |                      | 113.00                                |
| 116.00                          | 11600 | HOSPICE                                    | 6,321,864                                   | 530,147                                       | 5,791,717                                                     | 0                    | 0                                     |
| 200.00                          |       | Subtotal (sum of lines 50 thru 199)        | 248,212,402                                 | 15,463,773                                    | 232,748,629                                                   | 0                    | 0                                     |
| 201.00                          |       | Less Observation Beds                      | 5,181,880                                   | 280,386                                       | 4,901,494                                                     | 0                    | 0                                     |
| 202.00                          |       | Total (line 200 minus line 201)            | 243,030,522                                 | 15,183,387                                    | 227,847,135                                                   | 0                    | 0                                     |

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF  
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part II  
Date/Time Prepared:  
8/5/2020 1:45 pm

|        |                                               |                                                  | Title XIX                                     |                                                   | Hospital | PPS    |
|--------|-----------------------------------------------|--------------------------------------------------|-----------------------------------------------|---------------------------------------------------|----------|--------|
|        | Cost Center Description                       | Cost Net of Capital and Operating Cost Reduction | Total Charges (Worksheet C, Part I, column 8) | Outpatient Cost to Charge Ratio (col. 6 / col. 7) |          |        |
|        |                                               | 6.00                                             | 7.00                                          | 8.00                                              |          |        |
|        | ANCILLARY SERVICE COST CENTERS                |                                                  |                                               |                                                   |          |        |
| 50.00  | 05000 OPERATING ROOM                          | 32,120,425                                       | 167,028,532                                   | 0.192305                                          |          | 50.00  |
| 51.00  | 05100 RECOVERY ROOM                           | 4,647,180                                        | 39,745,004                                    | 0.116925                                          |          | 51.00  |
| 52.00  | 05200 DELIVERY ROOM & LABOR ROOM              | 3,971,077                                        | 13,672,980                                    | 0.290432                                          |          | 52.00  |
| 53.00  | 05300 ANESTHESIOLOGY                          | 4,715,938                                        | 82,886,513                                    | 0.056896                                          |          | 53.00  |
| 53.01  | 03950 PAIN CLINIC                             | 289,269                                          | 1,526,576                                     | 0.189489                                          |          | 53.01  |
| 54.00  | 05400 RADIOLOGY-DIAGNOSTIC                    | 12,039,765                                       | 45,101,798                                    | 0.266946                                          |          | 54.00  |
| 54.01  | 05401 NORTHSIDE IMAGING                       | 719,478                                          | 3,200,042                                     | 0.224834                                          |          | 54.01  |
| 54.02  | 05402 NORTHSIDE MAMMOGRAPHY                   | 410,668                                          | 1,963,383                                     | 0.209163                                          |          | 54.02  |
| 54.03  | 05403 NORTHSIDE ULTRASOUND                    | 169,426                                          | 1,132,138                                     | 0.149651                                          |          | 54.03  |
| 54.04  | 05404 NORTHSIDE CARDIO                        | 0                                                | 0                                             | 0.000000                                          |          | 54.04  |
| 54.05  | 05405 NORTHSIDE ADMIN                         | 0                                                | 0                                             | 0.000000                                          |          | 54.05  |
| 55.00  | 05500 RADIOLOGY-THERAPEUTIC                   | 4,052,638                                        | 29,160,167                                    | 0.138979                                          |          | 55.00  |
| 56.00  | 05600 RADIOISOTOPE                            | 0                                                | 0                                             | 0.000000                                          |          | 56.00  |
| 56.01  | 03450 NUCLEAR MEDICINE - DIAGNOSTIC           | 2,422,563                                        | 15,119,743                                    | 0.160225                                          |          | 56.01  |
| 57.00  | 05700 COMPUTED TOMOGRAPHY (CT) SCAN           | 1,342,831                                        | 79,459,243                                    | 0.016900                                          |          | 57.00  |
| 57.01  | 05701 NORTHSIDE CT                            | 482,189                                          | 9,311,786                                     | 0.051783                                          |          | 57.01  |
| 58.00  | 05800 MAGNETIC RESONANCE IMAGING (MRI)        | 1,149,973                                        | 24,668,592                                    | 0.046617                                          |          | 58.00  |
| 58.01  | 05801 NORTHSIDE MRI                           | 766,635                                          | 8,961,192                                     | 0.085551                                          |          | 58.01  |
| 59.00  | 05900 CARDIAC CATHETERIZATION                 | 1,390,540                                        | 36,752,839                                    | 0.037835                                          |          | 59.00  |
| 60.00  | 06000 LABORATORY                              | 26,689,862                                       | 155,363,707                                   | 0.171790                                          |          | 60.00  |
| 60.01  | 06001 NORTHSIDE LAB                           | 0                                                | 0                                             | 0.000000                                          |          | 60.01  |
| 62.30  | 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0                                                | 0                                             | 0.000000                                          |          | 62.30  |
| 63.00  | 06300 BLOOD STORING, PROCESSING, & TRANS.     | 1,475,365                                        | 5,837,937                                     | 0.252720                                          |          | 63.00  |
| 64.00  | 06400 INTRAVENOUS THERAPY                     | 5,224,464                                        | 26,868,988                                    | 0.194442                                          |          | 64.00  |
| 65.00  | 06500 RESPIRATORY THERAPY                     | 2,636,810                                        | 31,133,796                                    | 0.084693                                          |          | 65.00  |
| 66.00  | 06600 PHYSICAL THERAPY                        | 2,137,490                                        | 8,609,136                                     | 0.248282                                          |          | 66.00  |
| 67.00  | 06700 OCCUPATIONAL THERAPY                    | 1,004,533                                        | 4,238,559                                     | 0.236999                                          |          | 67.00  |
| 68.00  | 06800 SPEECH PATHOLOGY                        | 947,725                                          | 3,184,520                                     | 0.297604                                          |          | 68.00  |
| 69.00  | 06900 ELECTROCARDIOLOGY                       | 402,874                                          | 8,558,252                                     | 0.047074                                          |          | 69.00  |
| 70.00  | 07000 ELECTROENCEPHALOGRAPHY                  | 1,581,123                                        | 9,553,784                                     | 0.165497                                          |          | 70.00  |
| 71.00  | 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS      | 1,922,934                                        | 78,297,680                                    | 0.024559                                          |          | 71.00  |
| 72.00  | 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS | 23,160,760                                       | 54,146,460                                    | 0.427743                                          |          | 72.00  |
| 73.00  | 07300 DRUGS CHARGED TO PATIENTS               | 20,082,901                                       | 77,923,077                                    | 0.257727                                          |          | 73.00  |
| 74.00  | 07400 RENAL DIALYSIS                          | 906,046                                          | 3,213,271                                     | 0.281970                                          |          | 74.00  |
| 76.00  | 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 1,196,498                                        | 3,298,549                                     | 0.362735                                          |          | 76.00  |
| 76.01  | 03340 GASTRO INTESTINAL SERVICES              | 1,938,716                                        | 27,519,463                                    | 0.070449                                          |          | 76.01  |
| 76.02  | 03140 CARDIOLOGY                              | 1,796,334                                        | 17,180,655                                    | 0.104556                                          |          | 76.02  |
| 76.03  | 03560 PULMONARY FUNCTION TESTING              | 242,238                                          | 3,652,813                                     | 0.066315                                          |          | 76.03  |
| 76.97  | 07697 CARDIAC REHABILITATION                  | 14,606                                           | 13,708                                        | 1.065509                                          |          | 76.97  |
| 76.98  | 07698 HYPERBARIC OXYGEN THERAPY               | 1,229,302                                        | 1,667,270                                     | 0.737314                                          |          | 76.98  |
| 76.99  | 07699 LITHOTRIPSY                             | 0                                                | 0                                             | 0.000000                                          |          | 76.99  |
|        | OUTPATIENT SERVICE COST CENTERS               |                                                  |                                               |                                                   |          |        |
| 90.00  | 09000 CLINIC                                  | 10,516,043                                       | 26,085,694                                    | 0.403134                                          |          | 90.00  |
| 90.01  | 09001 CHILLI FAMILY PHYSICIANS                | 1,874                                            | 315                                           | 5.949206                                          |          | 90.01  |
| 90.02  | 09005 CLINIC                                  | 0                                                | 0                                             | 0.000000                                          |          | 90.02  |
| 90.03  | 09002 PHYSICIAN OFFICES                       | 26,615,368                                       | 56,989,622                                    | 0.467021                                          |          | 90.03  |
| 90.06  | 09003 ENDOCRINOLOGY, DIABETES & METABOLISM    | 866,540                                          | 4,105,532                                     | 0.211066                                          |          | 90.06  |
| 90.07  | 09004 WOUND CARE CENTER                       | 936,937                                          | 4,533,934                                     | 0.206650                                          |          | 90.07  |
| 90.08  | 09008 INTENSIVISTS CLINIC                     | 4,232,448                                        | 9,124,782                                     | 0.463841                                          |          | 90.08  |
| 90.09  | 09009 NEUROLOGY CLINIC                        | 1,033,969                                        | 4,919,749                                     | 0.210167                                          |          | 90.09  |
| 90.10  | 09010 MULTI-SPECIALTY CLINIC                  | 1,201,976                                        | 4,981,195                                     | 0.241303                                          |          | 90.10  |
| 90.11  | 09011 PEDIATRICS-GASTROENTEROL CLINIC         | 324,820                                          | 3,216,510                                     | 0.100985                                          |          | 90.11  |
| 90.12  | 09012 VASCULAR CLINIC                         | 526,726                                          | 6,167,182                                     | 0.085408                                          |          | 90.12  |
| 90.13  | 09013 ONCOLOGY CLINIC                         | 370,333                                          | 363,274                                       | 1.019432                                          |          | 90.13  |
| 91.00  | 09100 EMERGENCY                               | 12,179,547                                       | 111,295,674                                   | 0.109434                                          |          | 91.00  |
| 92.00  | 09200 OBSERVATION BEDS                        | 5,181,880                                        | 9,493,252                                     | 0.545849                                          |          | 92.00  |
|        | OTHER REIMBURSABLE COST CENTERS               |                                                  |                                               |                                                   |          |        |
| 95.00  | 09500 AMBULANCE SERVICES                      | 0                                                | 0                                             | 0.000000                                          |          | 95.00  |
| 101.00 | 10100 HOME HEALTH AGENCY                      | 12,620,901                                       | 11,050,100                                    | 1.142153                                          |          | 101.00 |
|        | SPECIAL PURPOSE COST CENTERS                  |                                                  |                                               |                                                   |          |        |
| 113.00 | 11300 INTEREST EXPENSE                        |                                                  |                                               |                                                   |          | 113.00 |
| 116.00 | 11600 HOSPICE                                 | 6,321,864                                        | 5,876,253                                     | 1.075833                                          |          | 116.00 |
| 200.00 | Subtotal (sum of lines 50 thru 199)           | 248,212,402                                      | 1,338,155,221                                 |                                                   |          | 200.00 |
| 201.00 | Less Observation Beds                         | 5,181,880                                        | 0                                             |                                                   |          | 201.00 |
| 202.00 | Total (line 200 minus line 201)               | 243,030,522                                      | 1,338,155,221                                 |                                                   |          | 202.00 |

## APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet D  
Part I  
Date/Time Prepared:  
8/5/2020 1:45 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                    | 2,534,397                                                         | 0                                                            | 2,534,397                                                  | 50,004                | 50.68                         | 30.00  |
| 31.00                   | INTENSIVE CARE UNIT                    | 352,374                                                           |                                                              | 352,374                                                    | 2,888                 | 122.01                        | 31.00  |
| 34.00                   | SURGICAL INTENSIVE CARE UNIT           | 19,742                                                            |                                                              | 19,742                                                     | 2,751                 | 7.18                          | 34.00  |
| 40.00                   | SUBPROVIDER - IPF                      | 502,776                                                           | 0                                                            | 502,776                                                    | 14,285                | 35.20                         | 40.00  |
| 41.00                   | SUBPROVIDER - IRF                      | 317,427                                                           | 0                                                            | 317,427                                                    | 5,233                 | 60.66                         | 41.00  |
| 43.00                   | NURSERY                                | 84,619                                                            |                                                              | 84,619                                                     | 4,788                 | 17.67                         | 43.00  |
| 200.00                  | Total (lines 30 through 199)           | 3,811,335                                                         |                                                              | 3,811,335                                                  | 79,949                |                               | 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                    | 16,592                                                            | 840,883                                                      |                                                            |                       |                               | 30.00  |
| 31.00                   | INTENSIVE CARE UNIT                    | 2,339                                                             | 285,381                                                      |                                                            |                       |                               | 31.00  |
| 34.00                   | SURGICAL INTENSIVE CARE UNIT           | 0                                                                 | 0                                                            |                                                            |                       |                               | 34.00  |
| 40.00                   | SUBPROVIDER - IPF                      | 2,315                                                             | 81,488                                                       |                                                            |                       |                               | 40.00  |
| 41.00                   | SUBPROVIDER - IRF                      | 4,130                                                             | 250,526                                                      |                                                            |                       |                               | 41.00  |
| 43.00                   | NURSERY                                | 0                                                                 | 0                                                            |                                                            |                       |                               | 43.00  |
| 200.00                  | Total (lines 30 through 199)           | 25,376                                                            | 1,458,278                                                    |                                                            |                       |                               | 200.00 |

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet D  
Part II  
Date/Time Prepared:  
8/5/2020 1:45 pm

| 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) | PPS    |
|---------------------------------|-----------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------|---------------------------------|-------------------------------------------|--------|
|                                 |                                               | 1.00                                                              | 2.00                                                  | 3.00                                                | 4.00                            | 5.00                                      |        |
| ANCILLARY SERVICE COST CENTERS  |                                               |                                                                   |                                                       |                                                     |                                 |                                           |        |
| 50.00                           | 05000 OPERATING ROOM                          | 3,284,681                                                         | 167,028,532                                           | 0.019665                                            | 27,569,083                      | 542,146                                   | 50.00  |
| 51.00                           | 05100 RECOVERY ROOM                           | 374,307                                                           | 39,745,004                                            | 0.009418                                            | 5,656,589                       | 53,274                                    | 51.00  |
| 52.00                           | 05200 DELIVERY ROOM & LABOR ROOM              | 216,608                                                           | 13,672,980                                            | 0.015842                                            | 29,214                          | 463                                       | 52.00  |
| 53.00                           | 05300 ANESTHESIOLOGY                          | 167,590                                                           | 82,886,513                                            | 0.002022                                            | 6,932,529                       | 14,018                                    | 53.00  |
| 53.01                           | 03950 PAIN CLINIC                             | 44,242                                                            | 1,526,576                                             | 0.028981                                            | 0                               | 0                                         | 53.01  |
| 54.00                           | 05400 RADIOLOGY-DIAGNOSTIC                    | 1,837,106                                                         | 45,101,798                                            | 0.040732                                            | 7,169,968                       | 292,047                                   | 54.00  |
| 54.01                           | 05401 NORTHSIDE IMAGING                       | 45,632                                                            | 3,200,042                                             | 0.014260                                            | 0                               | 0                                         | 54.01  |
| 54.02                           | 05402 NORTHSIDE MAMMOGRAPHY                   | 36,746                                                            | 1,963,383                                             | 0.018716                                            | 0                               | 0                                         | 54.02  |
| 54.03                           | 05403 NORTHSIDE ULTRASOUND                    | 16,659                                                            | 1,132,138                                             | 0.014715                                            | 0                               | 0                                         | 54.03  |
| 54.04                           | 05404 NORTHSIDE CARDIO                        | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 54.04  |
| 54.05                           | 05405 NORTHSIDE ADMIN                         | 51,193                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 54.05  |
| 55.00                           | 05500 RADIOLOGY-THERAPEUTIC                   | 717,522                                                           | 29,160,167                                            | 0.024606                                            | 365,046                         | 8,982                                     | 55.00  |
| 56.00                           | 05600 RADIOISOTOPE                            | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 56.00  |
| 56.01                           | 03450 NUCLEAR MEDICINE - DIAGNOSTIC           | 360,339                                                           | 15,119,743                                            | 0.023832                                            | 0                               | 0                                         | 56.01  |
| 57.00                           | 05700 COMPUTED TOMOGRAPHY (CT) SCAN           | 52,064                                                            | 79,459,243                                            | 0.000655                                            | 11,367,632                      | 7,446                                     | 57.00  |
| 57.01                           | 05701 NORTHSIDE CT                            | 5,905                                                             | 9,311,786                                             | 0.000634                                            | 0                               | 0                                         | 57.01  |
| 58.00                           | 05800 MAGNETIC RESONANCE IMAGING (MRI)        | 97,881                                                            | 24,668,592                                            | 0.003968                                            | 3,032,529                       | 12,033                                    | 58.00  |
| 58.01                           | 05801 NORTHSIDE MRI                           | 1,734                                                             | 8,961,192                                             | 0.000194                                            | 0                               | 0                                         | 58.01  |
| 59.00                           | 05900 CARDIAC CATHETERIZATION                 | 86,507                                                            | 36,752,839                                            | 0.002354                                            | 5,702,021                       | 13,423                                    | 59.00  |
| 60.00                           | 06000 LABORATORY                              | 1,212,169                                                         | 155,363,707                                           | 0.007802                                            | 24,366,641                      | 190,109                                   | 60.00  |
| 60.01                           | 06001 NORTHSIDE LAB                           | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 60.01  |
| 62.30                           | 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 62.30  |
| 63.00                           | 06300 BLOOD STORING, PROCESSING, & TRANS.     | 2,702                                                             | 5,837,937                                             | 0.000463                                            | 2,254,280                       | 1,044                                     | 63.00  |
| 64.00                           | 06400 INTRAVENOUS THERAPY                     | 337,424                                                           | 26,868,988                                            | 0.012558                                            | 2,580,750                       | 32,409                                    | 64.00  |
| 65.00                           | 06500 RESPIRATORY THERAPY                     | 107,667                                                           | 31,133,796                                            | 0.003458                                            | 13,163,047                      | 45,518                                    | 65.00  |
| 66.00                           | 06600 PHYSICAL THERAPY                        | 199,290                                                           | 8,609,136                                             | 0.023149                                            | 2,446,035                       | 56,623                                    | 66.00  |
| 67.00                           | 06700 OCCUPATIONAL THERAPY                    | 23,552                                                            | 4,238,559                                             | 0.005557                                            | 712,419                         | 3,959                                     | 67.00  |
| 68.00                           | 06800 SPEECH PATHOLOGY                        | 80,171                                                            | 3,184,520                                             | 0.025175                                            | 648,947                         | 16,337                                    | 68.00  |
| 69.00                           | 06900 ELECTROCARDIOLOGY                       | 17,845                                                            | 8,558,252                                             | 0.002085                                            | 1,520,373                       | 3,170                                     | 69.00  |
| 70.00                           | 07000 ELECTROENCEPHALOGRAPHY                  | 127,943                                                           | 9,553,784                                             | 0.013392                                            | 361,344                         | 4,839                                     | 70.00  |
| 71.00                           | 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS      | 3,521                                                             | 78,297,680                                            | 0.000045                                            | 19,454,789                      | 875                                       | 71.00  |
| 72.00                           | 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS | 42,414                                                            | 54,146,460                                            | 0.000783                                            | 14,382,677                      | 11,262                                    | 72.00  |
| 73.00                           | 07300 DRUGS CHARGED TO PATIENTS               | 241,322                                                           | 77,923,077                                            | 0.003097                                            | 16,773,413                      | 51,947                                    | 73.00  |
| 74.00                           | 07400 RENAL DIALYSIS                          | 137,123                                                           | 3,213,271                                             | 0.042674                                            | 707,050                         | 30,173                                    | 74.00  |
| 76.00                           | 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 78,972                                                            | 3,298,549                                             | 0.023941                                            | 0                               | 0                                         | 76.00  |
| 76.01                           | 03340 GASTRO INTESTINAL SERVICES              | 345,907                                                           | 27,519,463                                            | 0.012570                                            | 2,565,584                       | 32,249                                    | 76.01  |
| 76.02                           | 03140 RADIOLOGY                               | 150,376                                                           | 17,180,655                                            | 0.008753                                            | 4,338,791                       | 37,977                                    | 76.02  |
| 76.03                           | 03560 PULMONARY FUNCTION TESTING              | 18,804                                                            | 3,652,813                                             | 0.005148                                            | 703,351                         | 3,621                                     | 76.03  |
| 76.97                           | 07697 CARDIAC REHABILITATION                  | 721                                                               | 13,708                                                | 0.052597                                            | 0                               | 0                                         | 76.97  |
| 76.98                           | 07698 HYPERBARIC OXYGEN THERAPY               | 107,679                                                           | 1,667,270                                             | 0.064584                                            | 0                               | 0                                         | 76.98  |
| 76.99                           | 07699 LITHOTRIPSY                             | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |                                               |                                                                   |                                                       |                                                     |                                 |                                           |        |
| 90.00                           | 09000 CLINIC                                  | 872,097                                                           | 26,085,694                                            | 0.033432                                            | 1,890,729                       | 63,211                                    | 90.00  |
| 90.01                           | 09001 CHILLI FAMILY PHYSICIANS                | 3                                                                 | 315                                                   | 0.009524                                            | 0                               | 0                                         | 90.01  |
| 90.02                           | 09005 CLINIC                                  | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.02  |
| 90.03                           | 09002 PHYSICIAN OFFICES                       | 1,587,210                                                         | 56,989,622                                            | 0.027851                                            | 0                               | 0                                         | 90.03  |
| 90.06                           | 09003 ENDOCRINOLOGY, DIABETES & METABOLISM    | 49,619                                                            | 4,105,532                                             | 0.012086                                            | 0                               | 0                                         | 90.06  |
| 90.07                           | 09004 WOUND CARE CENTER                       | 141,255                                                           | 4,533,934                                             | 0.031155                                            | 0                               | 0                                         | 90.07  |
| 90.08                           | 09008 INTENSIVISTS CLINIC                     | 182,227                                                           | 9,124,782                                             | 0.019971                                            | 0                               | 0                                         | 90.08  |
| 90.09                           | 09009 NEUROLOGY CLINIC                        | 167,184                                                           | 4,919,749                                             | 0.033982                                            | 0                               | 0                                         | 90.09  |
| 90.10                           | 09010 MULTI-SPECIALITY CLINIC                 | 130,466                                                           | 4,981,195                                             | 0.026192                                            | 0                               | 0                                         | 90.10  |
| 90.11                           | 09011 PEDIATRICS-GASTROENTEROL CLINIC         | 104,450                                                           | 3,216,510                                             | 0.032473                                            | 0                               | 0                                         | 90.11  |
| 90.12                           | 09012 VASCULAR CLINIC                         | 94,212                                                            | 6,167,182                                             | 0.015276                                            | 0                               | 0                                         | 90.12  |
| 90.13                           | 09013 ONCOLOGY CLINIC                         | 122,478                                                           | 363,274                                               | 0.337150                                            | 0                               | 0                                         | 90.13  |
| 91.00                           | 09100 EMERGENCY                               | 399,927                                                           | 111,295,674                                           | 0.003593                                            | 7,256,786                       | 26,074                                    | 91.00  |
| 92.00                           | 09200 OBSERVATION BEDS                        | 280,382                                                           | 9,493,252                                             | 0.029535                                            | 585,298                         | 17,287                                    | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |                                               |                                                                   |                                                       |                                                     |                                 |                                           |        |
| 95.00                           | 09500 AMBULANCE SERVICES                      |                                                                   |                                                       |                                                     |                                 |                                           | 95.00  |
| 200.00                          | Total (lines 50 through 199)                  | 14,763,828                                                        | 1,321,228,868                                         |                                                     | 184,536,915                     | 1,572,516                                 | 200.00 |

| APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS |                                        |                              |                                                                   |                                                               | Provider CCN: 14-0209                         |                               | Period:<br>From 01/01/2019<br>To 12/31/2019 |        | Worksheet D<br>Part III<br>Date/Time Prepared:<br>8/5/2020 1:45 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                                                                 | 5,952,889                                                     | 0                                             | 0                             | 0                                           | 0      | 30.00                                                              |  |  |
| 31.00                                                               | 03100                                  | INTENSIVE CARE UNIT          | 0                                                                 | 114,015                                                       | 0                                             | 0                             | 0                                           | 0      | 31.00                                                              |  |  |
| 34.00                                                               | 03400                                  | SURGICAL INTENSIVE CARE UNIT | 0                                                                 | 13,614                                                        | 0                                             | 0                             | 0                                           | 0      | 34.00                                                              |  |  |
| 40.00                                                               | 04000                                  | SUBPROVIDER - IPF            | 0                                                                 | 242,778                                                       | 0                                             | 0                             | 0                                           | 0      | 40.00                                                              |  |  |
| 41.00                                                               | 04100                                  | SUBPROVIDER - IRF            | 0                                                                 | 17,017                                                        | 0                                             | 0                             | 0                                           | 0      | 41.00                                                              |  |  |
| 43.00                                                               | 04300                                  | NURSERY                      | 0                                                                 | 78,279                                                        | 0                                             | 0                             | 0                                           | 0      | 43.00                                                              |  |  |
| 200.00                                                              |                                        | Total (lines 30 through 199) | 0                                                                 | 6,418,592                                                     | 0                                             | 0                             | 0                                           | 0      | 200.00                                                             |  |  |
| Cost Center Description                                             |                                        |                              | Swing-Bed<br>Adjustment<br>Amount (see<br>instructions)           | Total Costs<br>(sum of cols.<br>1 through 3,<br>minus col. 4) | Total Patient<br>Days                         | Per Diem (col.<br>5 ÷ col. 6) | Inpatient<br>Program Days                   |        |                                                                    |  |  |
|                                                                     |                                        |                              | 4.00                                                              | 5.00                                                          | 6.00                                          | 7.00                          | 8.00                                        |        |                                                                    |  |  |
|                                                                     | INPATIENT ROUTINE SERVICE COST CENTERS |                              |                                                                   |                                                               |                                               |                               |                                             |        |                                                                    |  |  |
| 30.00                                                               | 03000                                  | ADULTS & PEDIATRICS          | 0                                                                 | 5,952,889                                                     | 50,004                                        | 119.05                        | 16,592                                      | 30.00  |                                                                    |  |  |
| 31.00                                                               | 03100                                  | INTENSIVE CARE UNIT          |                                                                   | 114,015                                                       | 2,888                                         | 39.48                         | 2,339                                       | 31.00  |                                                                    |  |  |
| 34.00                                                               | 03400                                  | SURGICAL INTENSIVE CARE UNIT |                                                                   | 13,614                                                        | 2,751                                         | 4.95                          | 0                                           | 34.00  |                                                                    |  |  |
| 40.00                                                               | 04000                                  | SUBPROVIDER - IPF            | 0                                                                 | 242,778                                                       | 14,285                                        | 17.00                         | 2,315                                       | 40.00  |                                                                    |  |  |
| 41.00                                                               | 04100                                  | SUBPROVIDER - IRF            | 0                                                                 | 17,017                                                        | 5,233                                         | 3.25                          | 4,130                                       | 41.00  |                                                                    |  |  |
| 43.00                                                               | 04300                                  | NURSERY                      |                                                                   | 78,279                                                        | 4,788                                         | 16.35                         | 0                                           | 43.00  |                                                                    |  |  |
| 200.00                                                              |                                        | Total (lines 30 through 199) |                                                                   | 6,418,592                                                     | 79,949                                        |                               | 25,376                                      | 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          | 1,975,278                                                         |                                                               |                                               |                               |                                             |        | 30.00                                                              |  |  |
| 31.00                                                               | 03100                                  | INTENSIVE CARE UNIT          | 92,344                                                            |                                                               |                                               |                               |                                             |        | 31.00                                                              |  |  |
| 34.00                                                               | 03400                                  | SURGICAL INTENSIVE CARE UNIT | 0                                                                 |                                                               |                                               |                               |                                             |        | 34.00                                                              |  |  |
| 40.00                                                               | 04000                                  | SUBPROVIDER - IPF            | 39,355                                                            |                                                               |                                               |                               |                                             |        | 40.00                                                              |  |  |
| 41.00                                                               | 04100                                  | SUBPROVIDER - IRF            | 13,423                                                            |                                                               |                                               |                               |                                             |        | 41.00                                                              |  |  |
| 43.00                                                               | 04300                                  | NURSERY                      | 0                                                                 |                                                               |                                               |                               |                                             |        | 43.00                                                              |  |  |
| 200.00                                                              |                                        | Total (lines 30 through 199) | 2,120,400                                                         |                                                               |                                               |                               |                                             |        | 200.00                                                             |  |  |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet D  
Part IV  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description         |       | Title XVIII                             |                                                | Hospital       |                                               | PPS           |          |
|---------------------------------|-------|-----------------------------------------|------------------------------------------------|----------------|-----------------------------------------------|---------------|----------|
|                                 |       | Non Physician<br>Anesthetist<br>Cost    | Nursing School<br>Post-Stepdown<br>Adjustments | Nursing School | Allied Health<br>Post-Stepdown<br>Adjustments | Allied Health |          |
|                                 |       | 1.00                                    | 2A                                             | 2.00           | 3A                                            | 3.00          |          |
| ANCILLARY SERVICE COST CENTERS  |       |                                         |                                                |                |                                               |               |          |
| 50.00                           | 05000 | OPERATING ROOM                          | 0                                              | 0              | 66,367                                        | 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              | 455,493                                       | 0             | 0 52.00  |
| 53.00                           | 05300 | ANESTHESIOLOGY                          | 0                                              | 0              | 0                                             | 0             | 0 53.00  |
| 53.01                           | 03950 | PAIN CLINIC                             | 0                                              | 0              | 0                                             | 0             | 0 53.01  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                    | 0                                              | 0              | 0                                             | 0             | 0 54.00  |
| 54.01                           | 05401 | NORTHSIDE IMAGING                       | 0                                              | 0              | 0                                             | 0             | 0 54.01  |
| 54.02                           | 05402 | NORTHSIDE MAMMOGRAPHY                   | 0                                              | 0              | 0                                             | 0             | 0 54.02  |
| 54.03                           | 05403 | NORTHSIDE ULTRASOUND                    | 0                                              | 0              | 0                                             | 0             | 0 54.03  |
| 54.04                           | 05404 | NORTHSIDE CARDIO                        | 0                                              | 0              | 0                                             | 0             | 0 54.04  |
| 54.05                           | 05405 | NORTHSIDE ADMIN                         | 0                                              | 0              | 0                                             | 0             | 0 54.05  |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC                   | 0                                              | 0              | 0                                             | 0             | 0 55.00  |
| 56.00                           | 05600 | RADIOISOTOPE                            | 0                                              | 0              | 0                                             | 0             | 0 56.00  |
| 56.01                           | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 0                                              | 0              | 0                                             | 0             | 0 56.01  |
| 57.00                           | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 0                                              | 0              | 0                                             | 0             | 0 57.00  |
| 57.01                           | 05701 | NORTHSIDE CT                            | 0                                              | 0              | 0                                             | 0             | 0 57.01  |
| 58.00                           | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 0                                              | 0              | 0                                             | 0             | 0 58.00  |
| 58.01                           | 05801 | NORTHSIDE MRI                           | 0                                              | 0              | 0                                             | 0             | 0 58.01  |
| 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 | NORTHSIDE LAB                           | 0                                              | 0              | 0                                             | 0             | 0 60.01  |
| 62.30                           | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0                                              | 0              | 0                                             | 0             | 0 62.30  |
| 63.00                           | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 0                                              | 0              | 0                                             | 0             | 0 63.00  |
| 64.00                           | 06400 | INTRAVENOUS THERAPY                     | 0                                              | 0              | 0                                             | 0             | 0 64.00  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                     | 0                                              | 0              | 0                                             | 0             | 0 65.00  |
| 66.00                           | 06600 | PHYSICAL THERAPY                        | 0                                              | 0              | 0                                             | 0             | 0 66.00  |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                    | 0                                              | 0              | 0                                             | 0             | 0 67.00  |
| 68.00                           | 06800 | SPEECH PATHOLOGY                        | 0                                              | 0              | 0                                             | 0             | 0 68.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                       | 0                                              | 0              | 0                                             | 0             | 0 69.00  |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY                  | 0                                              | 0              | 0                                             | 0             | 0 70.00  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 0                                              | 0              | 0                                             | 0             | 0 71.00  |
| 72.00                           | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 0                                              | 0              | 0                                             | 0             | 0 72.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS               | 0                                              | 0              | 0                                             | 0             | 0 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                          | 0                                              | 0              | 0                                             | 0             | 0 74.00  |
| 76.00                           | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 0                                              | 0              | 40,841                                        | 0             | 0 76.00  |
| 76.01                           | 03340 | GASTRO INTESTINAL SERVICES              | 0                                              | 0              | 0                                             | 0             | 0 76.01  |
| 76.02                           | 03140 | CARDIOLOGY                              | 0                                              | 0              | 0                                             | 0             | 0 76.02  |
| 76.03                           | 03560 | PULMONARY FUNCTION TESTING              | 0                                              | 0              | 0                                             | 0             | 0 76.03  |
| 76.97                           | 07697 | CARDIAC REHABILITATION                  | 0                                              | 0              | 0                                             | 0             | 0 76.97  |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY               | 0                                              | 0              | 0                                             | 0             | 0 76.98  |
| 76.99                           | 07699 | LITHOTRIPSY                             | 0                                              | 0              | 0                                             | 0             | 0 76.99  |
| OUTPATIENT SERVICE COST CENTERS |       |                                         |                                                |                |                                               |               |          |
| 90.00                           | 09000 | CLINIC                                  | 0                                              | 0              | 0                                             | 0             | 0 90.00  |
| 90.01                           | 09001 | CHILLI FAMILY PHYSICIANS                | 0                                              | 0              | 0                                             | 0             | 0 90.01  |
| 90.02                           | 09005 | CLINIC                                  | 0                                              | 0              | 0                                             | 0             | 0 90.02  |
| 90.03                           | 09002 | PHYSICIAN OFFICES                       | 0                                              | 0              | 218,954                                       | 0             | 0 90.03  |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM    | 0                                              | 0              | 0                                             | 0             | 0 90.06  |
| 90.07                           | 09004 | WOUND CARE CENTER                       | 0                                              | 0              | 45,663                                        | 0             | 0 90.07  |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                     | 0                                              | 0              | 0                                             | 0             | 0 90.08  |
| 90.09                           | 09009 | NEUROLOGY CLINIC                        | 0                                              | 0              | 0                                             | 0             | 0 90.09  |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                 | 0                                              | 0              | 0                                             | 0             | 0 90.10  |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC         | 0                                              | 0              | 0                                             | 0             | 0 90.11  |
| 90.12                           | 09012 | VASCULAR CLINIC                         | 0                                              | 0              | 0                                             | 0             | 0 90.12  |
| 90.13                           | 09013 | ONCOLOGY CLINIC                         | 0                                              | 0              | 0                                             | 0             | 0 90.13  |
| 91.00                           | 09100 | EMERGENCY                               | 0                                              | 0              | 86,788                                        | 0             | 0 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS                        | 0                                              | 0              | 658,573                                       | 0             | 0 92.00  |
| OTHER REIMBURSABLE COST CENTERS |       |                                         |                                                |                |                                               |               |          |
| 95.00                           | 09500 | AMBULANCE SERVICES                      | 0                                              | 0              | 0                                             | 0             | 0 95.00  |
| 200.00                          |       | Total (lines 50 through 199)            | 0                                              | 0              | 1,572,679                                     | 0             | 0 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet D  
Part IV  
Date/Time Prepared:  
8/5/2020 1:45 pm

|                                 |                         |                                         |                                  | Title XVIII                              |                                                  | Hospital                                     | PPS                                                           |        |
|---------------------------------|-------------------------|-----------------------------------------|----------------------------------|------------------------------------------|--------------------------------------------------|----------------------------------------------|---------------------------------------------------------------|--------|
|                                 | Cost Center Description |                                         | All Other Medical Education Cost | Total Cost (sum of cols. 1, 2, 3, and 4) | Total Outpatient Cost (sum of cols. 2, 3, and 4) | Total Charges (from Wkst. C, Part I, col. 8) | Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions) |        |
|                                 |                         |                                         | 4.00                             | 5.00                                     | 6.00                                             | 7.00                                         | 8.00                                                          |        |
| ANCILLARY SERVICE COST CENTERS  |                         |                                         |                                  |                                          |                                                  |                                              |                                                               |        |
| 50.00                           | 05000                   | OPERATING ROOM                          | 0                                | 66,367                                   | 66,367                                           | 167,028,532                                  | 0.000397                                                      | 50.00  |
| 51.00                           | 05100                   | RECOVERY ROOM                           | 0                                | 0                                        | 0                                                | 39,745,004                                   | 0.000000                                                      | 51.00  |
| 52.00                           | 05200                   | DELIVERY ROOM & LABOR ROOM              | 0                                | 455,493                                  | 455,493                                          | 13,672,980                                   | 0.033313                                                      | 52.00  |
| 53.00                           | 05300                   | ANESTHESIOLOGY                          | 0                                | 0                                        | 0                                                | 82,886,513                                   | 0.000000                                                      | 53.00  |
| 53.01                           | 03950                   | PAIN CLINIC                             | 0                                | 0                                        | 0                                                | 1,526,576                                    | 0.000000                                                      | 53.01  |
| 54.00                           | 05400                   | RADIOLOGY-DIAGNOSTIC                    | 0                                | 0                                        | 0                                                | 45,101,798                                   | 0.000000                                                      | 54.00  |
| 54.01                           | 05401                   | NORTHSIDE IMAGING                       | 0                                | 0                                        | 0                                                | 3,200,042                                    | 0.000000                                                      | 54.01  |
| 54.02                           | 05402                   | NORTHSIDE MAMMOGRAPHY                   | 0                                | 0                                        | 0                                                | 1,963,383                                    | 0.000000                                                      | 54.02  |
| 54.03                           | 05403                   | NORTHSIDE ULTRASOUND                    | 0                                | 0                                        | 0                                                | 1,132,138                                    | 0.000000                                                      | 54.03  |
| 54.04                           | 05404                   | NORTHSIDE CARDIO                        | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      | 54.04  |
| 54.05                           | 05405                   | NORTHSIDE ADMIN                         | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      | 54.05  |
| 55.00                           | 05500                   | RADIOLOGY-THERAPEUTIC                   | 0                                | 0                                        | 0                                                | 29,160,167                                   | 0.000000                                                      | 55.00  |
| 56.00                           | 05600                   | RADIOISOTOPE                            | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      | 56.00  |
| 56.01                           | 03450                   | NUCLEAR MEDICINE - DIAGNOSTIC           | 0                                | 0                                        | 0                                                | 15,119,743                                   | 0.000000                                                      | 56.01  |
| 57.00                           | 05700                   | COMPUTED TOMOGRAPHY (CT) SCAN           | 0                                | 0                                        | 0                                                | 79,459,243                                   | 0.000000                                                      | 57.00  |
| 57.01                           | 05701                   | NORTHSIDE CT                            | 0                                | 0                                        | 0                                                | 9,311,786                                    | 0.000000                                                      | 57.01  |
| 58.00                           | 05800                   | MAGNETIC RESONANCE IMAGING (MRI)        | 0                                | 0                                        | 0                                                | 24,668,592                                   | 0.000000                                                      | 58.00  |
| 58.01                           | 05801                   | NORTHSIDE MRI                           | 0                                | 0                                        | 0                                                | 8,961,192                                    | 0.000000                                                      | 58.01  |
| 59.00                           | 05900                   | CARDIAC CATHETERIZATION                 | 0                                | 0                                        | 0                                                | 36,752,839                                   | 0.000000                                                      | 59.00  |
| 60.00                           | 06000                   | LABORATORY                              | 0                                | 0                                        | 0                                                | 155,363,707                                  | 0.000000                                                      | 60.00  |
| 60.01                           | 06001                   | NORTHSIDE LAB                           | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      | 60.01  |
| 62.30                           | 06250                   | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      | 62.30  |
| 63.00                           | 06300                   | BLOOD STORING, PROCESSING, & TRANS.     | 0                                | 0                                        | 0                                                | 5,837,937                                    | 0.000000                                                      | 63.00  |
| 64.00                           | 06400                   | INTRAVENOUS THERAPY                     | 0                                | 0                                        | 0                                                | 26,868,988                                   | 0.000000                                                      | 64.00  |
| 65.00                           | 06500                   | RESPIRATORY THERAPY                     | 0                                | 0                                        | 0                                                | 31,133,796                                   | 0.000000                                                      | 65.00  |
| 66.00                           | 06600                   | PHYSICAL THERAPY                        | 0                                | 0                                        | 0                                                | 8,609,136                                    | 0.000000                                                      | 66.00  |
| 67.00                           | 06700                   | OCCUPATIONAL THERAPY                    | 0                                | 0                                        | 0                                                | 4,238,559                                    | 0.000000                                                      | 67.00  |
| 68.00                           | 06800                   | SPEECH PATHOLOGY                        | 0                                | 0                                        | 0                                                | 3,184,520                                    | 0.000000                                                      | 68.00  |
| 69.00                           | 06900                   | ELECTROCARDIOLOGY                       | 0                                | 0                                        | 0                                                | 8,558,252                                    | 0.000000                                                      | 69.00  |
| 70.00                           | 07000                   | ELECTROENCEPHALOGRAPHY                  | 0                                | 0                                        | 0                                                | 9,553,784                                    | 0.000000                                                      | 70.00  |
| 71.00                           | 07100                   | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 0                                | 0                                        | 0                                                | 78,297,680                                   | 0.000000                                                      | 71.00  |
| 72.00                           | 07200                   | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 0                                | 0                                        | 0                                                | 54,146,460                                   | 0.000000                                                      | 72.00  |
| 73.00                           | 07300                   | DRUGS CHARGED TO PATIENTS               | 0                                | 0                                        | 0                                                | 77,923,077                                   | 0.000000                                                      | 73.00  |
| 74.00                           | 07400                   | RENAL DIALYSIS                          | 0                                | 0                                        | 0                                                | 3,213,271                                    | 0.000000                                                      | 74.00  |
| 76.00                           | 03550                   | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 0                                | 40,841                                   | 40,841                                           | 3,298,549                                    | 0.012382                                                      | 76.00  |
| 76.01                           | 03340                   | GASTRO INTESTINAL SERVICES              | 0                                | 0                                        | 0                                                | 27,519,463                                   | 0.000000                                                      | 76.01  |
| 76.02                           | 03140                   | CARDIOLOGY                              | 0                                | 0                                        | 0                                                | 17,180,655                                   | 0.000000                                                      | 76.02  |
| 76.03                           | 03560                   | PULMONARY FUNCTION TESTING              | 0                                | 0                                        | 0                                                | 3,652,813                                    | 0.000000                                                      | 76.03  |
| 76.97                           | 07697                   | CARDIAC REHABILITATION                  | 0                                | 0                                        | 0                                                | 13,708                                       | 0.000000                                                      | 76.97  |
| 76.98                           | 07698                   | HYPERBARIC OXYGEN THERAPY               | 0                                | 0                                        | 0                                                | 1,667,270                                    | 0.000000                                                      | 76.98  |
| 76.99                           | 07699                   | LITHOTRIPSY                             | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |                         |                                         |                                  |                                          |                                                  |                                              |                                                               |        |
| 90.00                           | 09000                   | CLINIC                                  | 0                                | 0                                        | 0                                                | 26,085,694                                   | 0.000000                                                      | 90.00  |
| 90.01                           | 09001                   | CHILLI FAMILY PHYSICIANS                | 0                                | 0                                        | 0                                                | 315                                          | 0.000000                                                      | 90.01  |
| 90.02                           | 09005                   | CLINIC                                  | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      | 90.02  |
| 90.03                           | 09002                   | PHYSICIAN OFFICES                       | 0                                | 218,954                                  | 218,954                                          | 56,989,622                                   | 0.003842                                                      | 90.03  |
| 90.06                           | 09003                   | ENDOCRINOLOGY, DIABETES & METABOLISM    | 0                                | 0                                        | 0                                                | 4,105,532                                    | 0.000000                                                      | 90.06  |
| 90.07                           | 09004                   | WOUND CARE CENTER                       | 0                                | 45,663                                   | 45,663                                           | 4,533,934                                    | 0.010071                                                      | 90.07  |
| 90.08                           | 09008                   | INTENSIVISTS CLINIC                     | 0                                | 0                                        | 0                                                | 9,124,782                                    | 0.000000                                                      | 90.08  |
| 90.09                           | 09009                   | NEUROLOGY CLINIC                        | 0                                | 0                                        | 0                                                | 4,919,749                                    | 0.000000                                                      | 90.09  |
| 90.10                           | 09010                   | MULTI-SPECIALITY CLINIC                 | 0                                | 0                                        | 0                                                | 4,981,195                                    | 0.000000                                                      | 90.10  |
| 90.11                           | 09011                   | PEDIATRICS-GASTROENTEROL CLINIC         | 0                                | 0                                        | 0                                                | 3,216,510                                    | 0.000000                                                      | 90.11  |
| 90.12                           | 09012                   | VASCULAR CLINIC                         | 0                                | 0                                        | 0                                                | 6,167,182                                    | 0.000000                                                      | 90.12  |
| 90.13                           | 09013                   | ONCOLOGY CLINIC                         | 0                                | 0                                        | 0                                                | 363,274                                      | 0.000000                                                      | 90.13  |
| 91.00                           | 09100                   | EMERGENCY                               | 0                                | 86,788                                   | 86,788                                           | 111,295,674                                  | 0.000780                                                      | 91.00  |
| 92.00                           | 09200                   | OBSERVATION BEDS                        | 0                                | 658,573                                  | 658,573                                          | 9,493,252                                    | 0.069373                                                      | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |                         |                                         |                                  |                                          |                                                  |                                              |                                                               |        |
| 95.00                           | 09500                   | AMBULANCE SERVICES                      | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      | 95.00  |
| 200.00                          |                         | Total (lines 50 through 199)            | 0                                | 1,572,679                                | 1,572,679                                        | 1,321,228,868                                |                                                               | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet D  
Part IV  
Date/Time Prepared:  
8/5/2020 1:45 pm

|                                 |                                               |                                                                   | Title XVIII                     |                                                                     | Hospital                                                                 | PPS                                                                        |        |
|---------------------------------|-----------------------------------------------|-------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------|--------|
|                                 | Cost Center Description                       | Outpatient<br>Ratio of Cost<br>to Charges<br>(col. 6 ÷ col.<br>7) | Inpatient<br>Program<br>Charges | Inpatient<br>Program<br>Pass-Through<br>Costs (col. 8<br>x col. 10) | Outpatient<br>Program<br>Charges before<br>Geo<br>Reclassification<br>on | Outpatient<br>Program<br>Charges<br>on/after Geo<br>Reclassification<br>on |        |
|                                 |                                               | 9.00                                                              | 10.00                           | 11.00                                                               | 12.00                                                                    | 12.01                                                                      |        |
| ANCILLARY SERVICE COST CENTERS  |                                               |                                                                   |                                 |                                                                     |                                                                          |                                                                            |        |
| 50.00                           | 05000 OPERATING ROOM                          | 0.000397                                                          | 27,569,083                      | 10,945                                                              | 25,772,171                                                               | 0                                                                          | 50.00  |
| 51.00                           | 05100 RECOVERY ROOM                           | 0.000000                                                          | 5,656,589                       | 0                                                                   | 6,911,389                                                                | 0                                                                          | 51.00  |
| 52.00                           | 05200 DELIVERY ROOM & LABOR ROOM              | 0.033313                                                          | 29,214                          | 973                                                                 | 0                                                                        | 0                                                                          | 52.00  |
| 53.00                           | 05300 ANESTHESIOLOGY                          | 0.000000                                                          | 6,932,529                       | 0                                                                   | 7,183,114                                                                | 0                                                                          | 53.00  |
| 53.01                           | 03950 PAIN CLINIC                             | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 53.01  |
| 54.00                           | 05400 RADIOLOGY-DIAGNOSTIC                    | 0.000000                                                          | 7,169,968                       | 0                                                                   | 14,657,616                                                               | 0                                                                          | 54.00  |
| 54.01                           | 05401 NORTHSIDE IMAGING                       | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 54.01  |
| 54.02                           | 05402 NORTHSIDE MAMMOGRAPHY                   | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 54.02  |
| 54.03                           | 05403 NORTHSIDE ULTRASOUND                    | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 54.03  |
| 54.04                           | 05404 NORTHSIDE CARDIO                        | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 54.04  |
| 54.05                           | 05405 NORTHSIDE ADMIN                         | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 54.05  |
| 55.00                           | 05500 RADIOLOGY-THERAPEUTIC                   | 0.000000                                                          | 365,046                         | 0                                                                   | 12,174,880                                                               | 0                                                                          | 55.00  |
| 56.00                           | 05600 RADIOISOTOPE                            | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 56.00  |
| 56.01                           | 03450 NUCLEAR MEDICINE - DIAGNOSTIC           | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 56.01  |
| 57.00                           | 05700 COMPUTED TOMOGRAPHY (CT) SCAN           | 0.000000                                                          | 11,367,632                      | 0                                                                   | 17,678,159                                                               | 0                                                                          | 57.00  |
| 57.01                           | 05701 NORTHSIDE CT                            | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 57.01  |
| 58.00                           | 05800 MAGNETIC RESONANCE IMAGING (MRI)        | 0.000000                                                          | 3,032,529                       | 0                                                                   | 5,951,953                                                                | 0                                                                          | 58.00  |
| 58.01                           | 05801 NORTHSIDE MRI                           | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 58.01  |
| 59.00                           | 05900 CARDIAC CATHETERIZATION                 | 0.000000                                                          | 5,702,021                       | 0                                                                   | 9,237,329                                                                | 0                                                                          | 59.00  |
| 60.00                           | 06000 LABORATORY                              | 0.000000                                                          | 24,366,641                      | 0                                                                   | 8,846,470                                                                | 0                                                                          | 60.00  |
| 60.01                           | 06001 NORTHSIDE LAB                           | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 60.01  |
| 62.30                           | 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 62.30  |
| 63.00                           | 06300 BLOOD STORING, PROCESSING, & TRANS.     | 0.000000                                                          | 2,254,280                       | 0                                                                   | 180,389                                                                  | 0                                                                          | 63.00  |
| 64.00                           | 06400 INTRAVENOUS THERAPY                     | 0.000000                                                          | 2,580,750                       | 0                                                                   | 3,456,350                                                                | 0                                                                          | 64.00  |
| 65.00                           | 06500 RESPIRATORY THERAPY                     | 0.000000                                                          | 13,163,047                      | 0                                                                   | 763,017                                                                  | 0                                                                          | 65.00  |
| 66.00                           | 06600 PHYSICAL THERAPY                        | 0.000000                                                          | 2,446,035                       | 0                                                                   | 229,583                                                                  | 0                                                                          | 66.00  |
| 67.00                           | 06700 OCCUPATIONAL THERAPY                    | 0.000000                                                          | 712,419                         | 0                                                                   | 28,452                                                                   | 0                                                                          | 67.00  |
| 68.00                           | 06800 SPEECH PATHOLOGY                        | 0.000000                                                          | 648,947                         | 0                                                                   | 9,975                                                                    | 0                                                                          | 68.00  |
| 69.00                           | 06900 ELECTROCARDIOLOGY                       | 0.000000                                                          | 1,520,373                       | 0                                                                   | 1,541,446                                                                | 0                                                                          | 69.00  |
| 70.00                           | 07000 ELECTROENCEPHALOGRAPHY                  | 0.000000                                                          | 361,344                         | 0                                                                   | 2,210,198                                                                | 0                                                                          | 70.00  |
| 71.00                           | 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS      | 0.000000                                                          | 19,454,789                      | 0                                                                   | 9,300,721                                                                | 0                                                                          | 71.00  |
| 72.00                           | 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS | 0.000000                                                          | 14,382,677                      | 0                                                                   | 10,409,643                                                               | 0                                                                          | 72.00  |
| 73.00                           | 07300 DRUGS CHARGED TO PATIENTS               | 0.000000                                                          | 16,773,413                      | 0                                                                   | 14,541,508                                                               | 0                                                                          | 73.00  |
| 74.00                           | 07400 RENAL DIALYSIS                          | 0.000000                                                          | 707,050                         | 0                                                                   | 0                                                                        | 0                                                                          | 74.00  |
| 76.00                           | 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 0.012382                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 76.00  |
| 76.01                           | 03340 GASTRO INTESTINAL SERVICES              | 0.000000                                                          | 2,565,584                       | 0                                                                   | 6,337,083                                                                | 0                                                                          | 76.01  |
| 76.02                           | 03140 CARDIOLOGY                              | 0.000000                                                          | 4,338,791                       | 0                                                                   | 4,670,799                                                                | 0                                                                          | 76.02  |
| 76.03                           | 03560 PULMONARY FUNCTION TESTING              | 0.000000                                                          | 703,351                         | 0                                                                   | 731,874                                                                  | 0                                                                          | 76.03  |
| 76.97                           | 07697 CARDIAC REHABILITATION                  | 0.000000                                                          | 0                               | 0                                                                   | 245                                                                      | 0                                                                          | 76.97  |
| 76.98                           | 07698 HYPERBARIC OXYGEN THERAPY               | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 76.98  |
| 76.99                           | 07699 LITHOTRIPSY                             | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |                                               |                                                                   |                                 |                                                                     |                                                                          |                                                                            |        |
| 90.00                           | 09000 CLINIC                                  | 0.000000                                                          | 1,890,729                       | 0                                                                   | 10,362,735                                                               | 0                                                                          | 90.00  |
| 90.01                           | 09001 CHILLI FAMILY PHYSICIANS                | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 90.01  |
| 90.02                           | 09005 CLINIC                                  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 90.02  |
| 90.03                           | 09002 PHYSICIAN OFFICES                       | 0.003842                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 90.03  |
| 90.06                           | 09003 ENDOCRINOLOGY, DIABETES & METABOLISM    | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 90.06  |
| 90.07                           | 09004 WOUND CARE CENTER                       | 0.010071                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 90.07  |
| 90.08                           | 09008 INTENSIVISTS CLINIC                     | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 90.08  |
| 90.09                           | 09009 NEUROLOGY CLINIC                        | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 90.09  |
| 90.10                           | 09010 MULTI-SPECIALITY CLINIC                 | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 90.10  |
| 90.11                           | 09011 PEDIATRICS-GASTROENTEROL CLINIC         | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 90.11  |
| 90.12                           | 09012 VASCULAR CLINIC                         | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 90.12  |
| 90.13                           | 09013 ONCOLOGY CLINIC                         | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 90.13  |
| 91.00                           | 09100 EMERGENCY                               | 0.000780                                                          | 7,256,786                       | 5,660                                                               | 7,915,363                                                                | 0                                                                          | 91.00  |
| 92.00                           | 09200 OBSERVATION BEDS                        | 0.069373                                                          | 585,298                         | 40,604                                                              | 1,075,490                                                                | 0                                                                          | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |                                               |                                                                   |                                 |                                                                     |                                                                          |                                                                            |        |
| 95.00                           | 09500 AMBULANCE SERVICES                      |                                                                   |                                 |                                                                     |                                                                          |                                                                            | 95.00  |
| 200.00                          | Total (lines 50 through 199)                  |                                                                   | 184,536,915                     | 58,182                                                              | 182,177,952                                                              | 0                                                                          | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet D  
Part IV  
Date/Time Prepared:  
8/5/2020 1:45 pm

|                         |                                 |                                         | Title XVIII                                                                                               |                                                                                                             | Hospital | PPS    |
|-------------------------|---------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|--------|
| Cost Center Description |                                 |                                         | Outpatient Program<br>Pass-Through<br>Costs (col. 9<br>x col. 12)<br>before Geo<br>Reclassification<br>on | Outpatient Program<br>Pass-Through<br>Costs (col. 9<br>x col. 12)<br>on/after Geo<br>Reclassification<br>on |          |        |
|                         |                                 |                                         | 13.00                                                                                                     | 13.01                                                                                                       |          |        |
|                         | ANCILLARY SERVICE COST CENTERS  |                                         |                                                                                                           |                                                                                                             |          |        |
| 50.00                   | 05000                           | OPERATING ROOM                          | 10,232                                                                                                    | 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  |
| 53.01                   | 03950                           | PAIN CLINIC                             | 0                                                                                                         | 0                                                                                                           |          | 53.01  |
| 54.00                   | 05400                           | RADIOLOGY-DIAGNOSTIC                    | 0                                                                                                         | 0                                                                                                           |          | 54.00  |
| 54.01                   | 05401                           | NORTHSIDE IMAGING                       | 0                                                                                                         | 0                                                                                                           |          | 54.01  |
| 54.02                   | 05402                           | NORTHSIDE MAMMOGRAPHY                   | 0                                                                                                         | 0                                                                                                           |          | 54.02  |
| 54.03                   | 05403                           | NORTHSIDE ULTRASOUND                    | 0                                                                                                         | 0                                                                                                           |          | 54.03  |
| 54.04                   | 05404                           | NORTHSIDE CARDIO                        | 0                                                                                                         | 0                                                                                                           |          | 54.04  |
| 54.05                   | 05405                           | NORTHSIDE ADMIN                         | 0                                                                                                         | 0                                                                                                           |          | 54.05  |
| 55.00                   | 05500                           | RADIOLOGY-THERAPEUTIC                   | 0                                                                                                         | 0                                                                                                           |          | 55.00  |
| 56.00                   | 05600                           | RADIOISOTOPE                            | 0                                                                                                         | 0                                                                                                           |          | 56.00  |
| 56.01                   | 03450                           | NUCLEAR MEDICINE - DIAGNOSTIC           | 0                                                                                                         | 0                                                                                                           |          | 56.01  |
| 57.00                   | 05700                           | COMPUTED TOMOGRAPHY (CT) SCAN           | 0                                                                                                         | 0                                                                                                           |          | 57.00  |
| 57.01                   | 05701                           | NORTHSIDE CT                            | 0                                                                                                         | 0                                                                                                           |          | 57.01  |
| 58.00                   | 05800                           | MAGNETIC RESONANCE IMAGING (MRI)        | 0                                                                                                         | 0                                                                                                           |          | 58.00  |
| 58.01                   | 05801                           | NORTHSIDE MRI                           | 0                                                                                                         | 0                                                                                                           |          | 58.01  |
| 59.00                   | 05900                           | CARDIAC CATHETERIZATION                 | 0                                                                                                         | 0                                                                                                           |          | 59.00  |
| 60.00                   | 06000                           | LABORATORY                              | 0                                                                                                         | 0                                                                                                           |          | 60.00  |
| 60.01                   | 06001                           | NORTHSIDE LAB                           | 0                                                                                                         | 0                                                                                                           |          | 60.01  |
| 62.30                   | 06250                           | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0                                                                                                         | 0                                                                                                           |          | 62.30  |
| 63.00                   | 06300                           | BLOOD STORING, PROCESSING, & TRANS.     | 0                                                                                                         | 0                                                                                                           |          | 63.00  |
| 64.00                   | 06400                           | INTRAVENOUS THERAPY                     | 0                                                                                                         | 0                                                                                                           |          | 64.00  |
| 65.00                   | 06500                           | RESPIRATORY THERAPY                     | 0                                                                                                         | 0                                                                                                           |          | 65.00  |
| 66.00                   | 06600                           | PHYSICAL THERAPY                        | 0                                                                                                         | 0                                                                                                           |          | 66.00  |
| 67.00                   | 06700                           | OCCUPATIONAL THERAPY                    | 0                                                                                                         | 0                                                                                                           |          | 67.00  |
| 68.00                   | 06800                           | SPEECH PATHOLOGY                        | 0                                                                                                         | 0                                                                                                           |          | 68.00  |
| 69.00                   | 06900                           | ELECTROCARDIOLOGY                       | 0                                                                                                         | 0                                                                                                           |          | 69.00  |
| 70.00                   | 07000                           | ELECTROENCEPHALOGRAPHY                  | 0                                                                                                         | 0                                                                                                           |          | 70.00  |
| 71.00                   | 07100                           | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 0                                                                                                         | 0                                                                                                           |          | 71.00  |
| 72.00                   | 07200                           | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 0                                                                                                         | 0                                                                                                           |          | 72.00  |
| 73.00                   | 07300                           | DRUGS CHARGED TO PATIENTS               | 0                                                                                                         | 0                                                                                                           |          | 73.00  |
| 74.00                   | 07400                           | RENAL DIALYSIS                          | 0                                                                                                         | 0                                                                                                           |          | 74.00  |
| 76.00                   | 03550                           | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 0                                                                                                         | 0                                                                                                           |          | 76.00  |
| 76.01                   | 03340                           | GASTRO INTESTINAL SERVICES              | 0                                                                                                         | 0                                                                                                           |          | 76.01  |
| 76.02                   | 03140                           | CARDIOLOGY                              | 0                                                                                                         | 0                                                                                                           |          | 76.02  |
| 76.03                   | 03560                           | PULMONARY FUNCTION TESTING              | 0                                                                                                         | 0                                                                                                           |          | 76.03  |
| 76.97                   | 07697                           | CARDIAC REHABILITATION                  | 0                                                                                                         | 0                                                                                                           |          | 76.97  |
| 76.98                   | 07698                           | HYPERBARIC OXYGEN THERAPY               | 0                                                                                                         | 0                                                                                                           |          | 76.98  |
| 76.99                   | 07699                           | LITHOTRIPSY                             | 0                                                                                                         | 0                                                                                                           |          | 76.99  |
|                         | OUTPATIENT SERVICE COST CENTERS |                                         |                                                                                                           |                                                                                                             |          |        |
| 90.00                   | 09000                           | CLINIC                                  | 0                                                                                                         | 0                                                                                                           |          | 90.00  |
| 90.01                   | 09001                           | CHILLI FAMILY PHYSICIANS                | 0                                                                                                         | 0                                                                                                           |          | 90.01  |
| 90.02                   | 09005                           | CLINIC                                  | 0                                                                                                         | 0                                                                                                           |          | 90.02  |
| 90.03                   | 09002                           | PHYSICIAN OFFICES                       | 0                                                                                                         | 0                                                                                                           |          | 90.03  |
| 90.06                   | 09003                           | ENDOCRINOLOGY, DIABETES & METABOLISM    | 0                                                                                                         | 0                                                                                                           |          | 90.06  |
| 90.07                   | 09004                           | WOUND CARE CENTER                       | 0                                                                                                         | 0                                                                                                           |          | 90.07  |
| 90.08                   | 09008                           | INTENSIVISTS CLINIC                     | 0                                                                                                         | 0                                                                                                           |          | 90.08  |
| 90.09                   | 09009                           | NEUROLOGY CLINIC                        | 0                                                                                                         | 0                                                                                                           |          | 90.09  |
| 90.10                   | 09010                           | MULTI-SPECIALITY CLINIC                 | 0                                                                                                         | 0                                                                                                           |          | 90.10  |
| 90.11                   | 09011                           | PEDIATRICS-GASTROENTEROL CLINIC         | 0                                                                                                         | 0                                                                                                           |          | 90.11  |
| 90.12                   | 09012                           | VASCULAR CLINIC                         | 0                                                                                                         | 0                                                                                                           |          | 90.12  |
| 90.13                   | 09013                           | ONCOLOGY CLINIC                         | 0                                                                                                         | 0                                                                                                           |          | 90.13  |
| 91.00                   | 09100                           | EMERGENCY                               | 6,174                                                                                                     | 0                                                                                                           |          | 91.00  |
| 92.00                   | 09200                           | OBSERVATION BEDS                        | 74,610                                                                                                    | 0                                                                                                           |          | 92.00  |
|                         | OTHER REIMBURSABLE COST CENTERS |                                         |                                                                                                           |                                                                                                             |          |        |
| 95.00                   | 09500                           | AMBULANCE SERVICES                      |                                                                                                           |                                                                                                             |          | 95.00  |
| 200.00                  |                                 | Total (lines 50 through 199)            | 91,016                                                                                                    | 0                                                                                                           |          | 200.00 |

| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST |       |                                                    |  | Provider CCN: 14-0209                                          |                                           | Period:<br>From 01/01/2019<br>To 12/31/2019                                  |                                                                                  | Worksheet D<br>Part V<br>Date/Time Prepared:<br>8/5/2020 1:45 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                                     |  | 0.189717                                                       | 25,772,171                                | 0                                                                            | 0                                                                                | 4,889,419                                                        | 50.00  |
| 51.00                                                            | 05100 | RECOVERY ROOM                                      |  | 0.116925                                                       | 6,911,389                                 | 0                                                                            | 0                                                                                | 808,114                                                          | 51.00  |
| 52.00                                                            | 05200 | DELIVERY ROOM & LABOR ROOM                         |  | 0.290432                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                | 52.00  |
| 53.00                                                            | 05300 | ANESTHESIOLOGY                                     |  | 0.056896                                                       | 7,183,114                                 | 0                                                                            | 0                                                                                | 408,690                                                          | 53.00  |
| 53.01                                                            | 03950 | PAIN CLINIC                                        |  | 0.180875                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                | 53.01  |
| 54.00                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                               |  | 0.260386                                                       | 14,657,616                                | 0                                                                            | 0                                                                                | 3,816,638                                                        | 54.00  |
| 54.01                                                            | 05401 | NORTHSIDE IMAGING                                  |  | 0.224834                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                | 54.01  |
| 54.02                                                            | 05402 | NORTHSIDE MAMMOGRAPHY                              |  | 0.209163                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                | 54.02  |
| 54.03                                                            | 05403 | NORTHSIDE ULTRASOUND                               |  | 0.149651                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                | 54.03  |
| 54.04                                                            | 05404 | NORTHSIDE CARDIO                                   |  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                | 54.04  |
| 54.05                                                            | 05405 | NORTHSIDE ADMIN                                    |  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                | 54.05  |
| 55.00                                                            | 05500 | RADIOLOGY-THERAPEUTIC                              |  | 0.138979                                                       | 12,174,880                                | 0                                                                            | 0                                                                                | 1,692,053                                                        | 55.00  |
| 56.00                                                            | 05600 | RADIOISOTOPE                                       |  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                | 56.00  |
| 56.01                                                            | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC                      |  | 0.160225                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                | 56.01  |
| 57.00                                                            | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN                      |  | 0.016900                                                       | 17,678,159                                | 0                                                                            | 0                                                                                | 298,761                                                          | 57.00  |
| 57.01                                                            | 05701 | NORTHSIDE CT                                       |  | 0.051783                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                | 57.01  |
| 58.00                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                   |  | 0.046617                                                       | 5,951,953                                 | 0                                                                            | 0                                                                                | 277,462                                                          | 58.00  |
| 58.01                                                            | 05801 | NORTHSIDE MRI                                      |  | 0.085551                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                | 58.01  |
| 59.00                                                            | 05900 | CARDIAC CATHETERIZATION                            |  | 0.037835                                                       | 9,237,329                                 | 0                                                                            | 0                                                                                | 349,494                                                          | 59.00  |
| 60.00                                                            | 06000 | LABORATORY                                         |  | 0.171790                                                       | 8,846,470                                 | 0                                                                            | 0                                                                                | 1,519,735                                                        | 60.00  |
| 60.01                                                            | 06001 | NORTHSIDE LAB                                      |  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                | 60.01  |
| 62.30                                                            | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.                 |  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                | 62.30  |
| 63.00                                                            | 06300 | BLOOD STORING, PROCESSING, & TRANS.                |  | 0.252720                                                       | 180,389                                   | 0                                                                            | 0                                                                                | 45,588                                                           | 63.00  |
| 64.00                                                            | 06400 | INTRAVENOUS THERAPY                                |  | 0.194442                                                       | 3,456,350                                 | 0                                                                            | 0                                                                                | 672,060                                                          | 64.00  |
| 65.00                                                            | 06500 | RESPIRATORY THERAPY                                |  | 0.084693                                                       | 763,017                                   | 0                                                                            | 0                                                                                | 64,622                                                           | 65.00  |
| 66.00                                                            | 06600 | PHYSICAL THERAPY                                   |  | 0.248282                                                       | 229,583                                   | 0                                                                            | 0                                                                                | 57,001                                                           | 66.00  |
| 67.00                                                            | 06700 | OCCUPATIONAL THERAPY                               |  | 0.236999                                                       | 28,452                                    | 0                                                                            | 0                                                                                | 6,743                                                            | 67.00  |
| 68.00                                                            | 06800 | SPEECH PATHOLOGY                                   |  | 0.297604                                                       | 9,975                                     | 0                                                                            | 0                                                                                | 2,969                                                            | 68.00  |
| 69.00                                                            | 06900 | ELECTROCARDIOLOGY                                  |  | 0.047074                                                       | 1,541,446                                 | 0                                                                            | 0                                                                                | 72,562                                                           | 69.00  |
| 70.00                                                            | 07000 | ELECTROENCEPHALOGRAPHY                             |  | 0.165497                                                       | 2,210,198                                 | 0                                                                            | 0                                                                                | 365,781                                                          | 70.00  |
| 71.00                                                            | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS                 |  | 0.024559                                                       | 9,300,721                                 | 0                                                                            | 0                                                                                | 228,416                                                          | 71.00  |
| 72.00                                                            | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS            |  | 0.427743                                                       | 10,409,643                                | 0                                                                            | 0                                                                                | 4,452,652                                                        | 72.00  |
| 73.00                                                            | 07300 | DRUGS CHARGED TO PATIENTS                          |  | 0.257727                                                       | 14,541,508                                | 0                                                                            | 64,516                                                                           | 3,747,739                                                        | 73.00  |
| 74.00                                                            | 07400 | RENAL DIALYSIS                                     |  | 0.281970                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                | 74.00  |
| 76.00                                                            | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES                 |  | 0.362735                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                | 76.00  |
| 76.01                                                            | 03340 | GASTRO INTESTINAL SERVICES                         |  | 0.067136                                                       | 6,337,083                                 | 0                                                                            | 0                                                                                | 425,446                                                          | 76.01  |
| 76.02                                                            | 03140 | CARDIOLOGY                                         |  | 0.104556                                                       | 4,670,799                                 | 0                                                                            | 0                                                                                | 488,360                                                          | 76.02  |
| 76.03                                                            | 03560 | PULMONARY FUNCTION TESTING                         |  | 0.066315                                                       | 731,874                                   | 0                                                                            | 0                                                                                | 48,534                                                           | 76.03  |
| 76.97                                                            | 07697 | CARDIAC REHABILITATION                             |  | 1.065509                                                       | 245                                       | 0                                                                            | 0                                                                                | 261                                                              | 76.97  |
| 76.98                                                            | 07698 | HYPERBARIC OXYGEN THERAPY                          |  | 0.737314                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                | 76.98  |
| 76.99                                                            | 07699 | LITHOTRIPSY                                        |  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                | 76.99  |
| OUTPATIENT SERVICE COST CENTERS                                  |       |                                                    |  |                                                                |                                           |                                                                              |                                                                                  |                                                                  |        |
| 90.00                                                            | 09000 | CLINIC                                             |  | 0.246020                                                       | 10,362,735                                | 0                                                                            | 0                                                                                | 2,549,440                                                        | 90.00  |
| 90.01                                                            | 09001 | CHILLI FAMILY PHYSICIANS                           |  | 5.949206                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                | 90.01  |
| 90.02                                                            | 09005 | CLINIC                                             |  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                | 90.02  |
| 90.03                                                            | 09002 | PHYSICIAN OFFICES                                  |  | 0.378592                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                | 90.03  |
| 90.06                                                            | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM               |  | 0.211066                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                | 90.06  |
| 90.07                                                            | 09004 | WOUND CARE CENTER                                  |  | 0.206650                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                | 90.07  |
| 90.08                                                            | 09008 | INTENSIVISTS CLINIC                                |  | 0.463841                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                | 90.08  |
| 90.09                                                            | 09009 | NEUROLOGY CLINIC                                   |  | 0.210167                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                | 90.09  |
| 90.10                                                            | 09010 | MULTI-SPECIALITY CLINIC                            |  | 0.241303                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                | 90.10  |
| 90.11                                                            | 09011 | PEDIATRICS-GASTROENTEROL CLINIC                    |  | 0.100985                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                | 90.11  |
| 90.12                                                            | 09012 | VASCULAR CLINIC                                    |  | 0.085408                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                | 90.12  |
| 90.13                                                            | 09013 | ONCOLOGY CLINIC                                    |  | 1.019432                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                | 90.13  |
| 91.00                                                            | 09100 | EMERGENCY                                          |  | 0.105161                                                       | 7,915,363                                 | 0                                                                            | 0                                                                                | 832,387                                                          | 91.00  |
| 92.00                                                            | 09200 | OBSERVATION BEDS                                   |  | 0.532073                                                       | 1,075,490                                 | 0                                                                            | 0                                                                                | 572,239                                                          | 92.00  |
| OTHER REIMBURSABLE COST CENTERS                                  |       |                                                    |  |                                                                |                                           |                                                                              |                                                                                  |                                                                  |        |
| 95.00                                                            | 09500 | AMBULANCE SERVICES                                 |  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                | 95.00  |
| 200.00                                                           |       | Subtotal (see instructions)                        |  |                                                                | 182,177,952                               | 0                                                                            | 64,516                                                                           | 28,693,166                                                       | 200.00 |
| 201.00                                                           |       | Less PBP Clinic Lab. Services-Program Only Charges |  |                                                                |                                           | 0                                                                            | 0                                                                                | 0                                                                | 201.00 |
| 202.00                                                           |       | Net Charges (line 200 - line 201)                  |  |                                                                | 182,177,952                               | 0                                                                            | 64,516                                                                           | 28,693,166                                                       | 202.00 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet D  
Part V  
Date/Time Prepared:  
8/5/2020 1:45 pm

|        |                                 |                                                    | Title XVIII                                                   |                                                                   | Hospital |  | PPS    |  |
|--------|---------------------------------|----------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------|----------|--|--------|--|
|        | Cost Center Description         |                                                    | Costs                                                         |                                                                   |          |  |        |  |
|        |                                 |                                                    | Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) | Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) |          |  |        |  |
|        |                                 |                                                    | 6.00                                                          | 7.00                                                              |          |  |        |  |
|        | ANCILLARY SERVICE COST CENTERS  |                                                    |                                                               |                                                                   |          |  |        |  |
| 50.00  | 05000                           | OPERATING ROOM                                     | 0                                                             | 0                                                                 |          |  | 50.00  |  |
| 51.00  | 05100                           | RECOVERY ROOM                                      | 0                                                             | 0                                                                 |          |  | 51.00  |  |
| 52.00  | 05200                           | DELIVERY ROOM & LABOR ROOM                         | 0                                                             | 0                                                                 |          |  | 52.00  |  |
| 53.00  | 05300                           | ANESTHESIOLOGY                                     | 0                                                             | 0                                                                 |          |  | 53.00  |  |
| 53.01  | 03950                           | PAIN CLINIC                                        | 0                                                             | 0                                                                 |          |  | 53.01  |  |
| 54.00  | 05400                           | RADIOLOGY-DIAGNOSTIC                               | 0                                                             | 0                                                                 |          |  | 54.00  |  |
| 54.01  | 05401                           | NORTHSIDE IMAGING                                  | 0                                                             | 0                                                                 |          |  | 54.01  |  |
| 54.02  | 05402                           | NORTHSIDE MAMMOGRAPHY                              | 0                                                             | 0                                                                 |          |  | 54.02  |  |
| 54.03  | 05403                           | NORTHSIDE ULTRASOUND                               | 0                                                             | 0                                                                 |          |  | 54.03  |  |
| 54.04  | 05404                           | NORTHSIDE CARDIO                                   | 0                                                             | 0                                                                 |          |  | 54.04  |  |
| 54.05  | 05405                           | NORTHSIDE ADMIN                                    | 0                                                             | 0                                                                 |          |  | 54.05  |  |
| 55.00  | 05500                           | RADIOLOGY-THERAPEUTIC                              | 0                                                             | 0                                                                 |          |  | 55.00  |  |
| 56.00  | 05600                           | RADIOISOTOPE                                       | 0                                                             | 0                                                                 |          |  | 56.00  |  |
| 56.01  | 03450                           | NUCLEAR MEDICINE - DIAGNOSTIC                      | 0                                                             | 0                                                                 |          |  | 56.01  |  |
| 57.00  | 05700                           | COMPUTED TOMOGRAPHY (CT) SCAN                      | 0                                                             | 0                                                                 |          |  | 57.00  |  |
| 57.01  | 05701                           | NORTHSIDE CT                                       | 0                                                             | 0                                                                 |          |  | 57.01  |  |
| 58.00  | 05800                           | MAGNETIC RESONANCE IMAGING (MRI)                   | 0                                                             | 0                                                                 |          |  | 58.00  |  |
| 58.01  | 05801                           | NORTHSIDE MRI                                      | 0                                                             | 0                                                                 |          |  | 58.01  |  |
| 59.00  | 05900                           | CARDIAC CATHETERIZATION                            | 0                                                             | 0                                                                 |          |  | 59.00  |  |
| 60.00  | 06000                           | LABORATORY                                         | 0                                                             | 0                                                                 |          |  | 60.00  |  |
| 60.01  | 06001                           | NORTHSIDE LAB                                      | 0                                                             | 0                                                                 |          |  | 60.01  |  |
| 62.30  | 06250                           | BLOOD CLOTTING FACTORS FOR HEMOPH.                 | 0                                                             | 0                                                                 |          |  | 62.30  |  |
| 63.00  | 06300                           | BLOOD STORING, PROCESSING, & TRANS.                | 0                                                             | 0                                                                 |          |  | 63.00  |  |
| 64.00  | 06400                           | INTRAVENOUS THERAPY                                | 0                                                             | 0                                                                 |          |  | 64.00  |  |
| 65.00  | 06500                           | RESPIRATORY THERAPY                                | 0                                                             | 0                                                                 |          |  | 65.00  |  |
| 66.00  | 06600                           | PHYSICAL THERAPY                                   | 0                                                             | 0                                                                 |          |  | 66.00  |  |
| 67.00  | 06700                           | OCCUPATIONAL THERAPY                               | 0                                                             | 0                                                                 |          |  | 67.00  |  |
| 68.00  | 06800                           | SPEECH PATHOLOGY                                   | 0                                                             | 0                                                                 |          |  | 68.00  |  |
| 69.00  | 06900                           | ELECTROCARDIOLOGY                                  | 0                                                             | 0                                                                 |          |  | 69.00  |  |
| 70.00  | 07000                           | ELECTROENCEPHALOGRAPHY                             | 0                                                             | 0                                                                 |          |  | 70.00  |  |
| 71.00  | 07100                           | MEDICAL SUPPLIES CHRGD TO PATIENTS                 | 0                                                             | 0                                                                 |          |  | 71.00  |  |
| 72.00  | 07200                           | IMPLANTABLE DEVICES CHARGED TO PATIENTS            | 0                                                             | 0                                                                 |          |  | 72.00  |  |
| 73.00  | 07300                           | DRUGS CHARGED TO PATIENTS                          | 0                                                             | 16,628                                                            |          |  | 73.00  |  |
| 74.00  | 07400                           | RENAL DIALYSIS                                     | 0                                                             | 0                                                                 |          |  | 74.00  |  |
| 76.00  | 03550                           | PSYCHIATRIC/PSYCHOLOGICAL SERVICES                 | 0                                                             | 0                                                                 |          |  | 76.00  |  |
| 76.01  | 03340                           | GASTRO INTESTINAL SERVICES                         | 0                                                             | 0                                                                 |          |  | 76.01  |  |
| 76.02  | 03140                           | CARDIOLOGY                                         | 0                                                             | 0                                                                 |          |  | 76.02  |  |
| 76.03  | 03560                           | PULMONARY FUNCTION TESTING                         | 0                                                             | 0                                                                 |          |  | 76.03  |  |
| 76.97  | 07697                           | CARDIAC REHABILITATION                             | 0                                                             | 0                                                                 |          |  | 76.97  |  |
| 76.98  | 07698                           | HYPERBARIC OXYGEN THERAPY                          | 0                                                             | 0                                                                 |          |  | 76.98  |  |
| 76.99  | 07699                           | LITHOTRIPSY                                        | 0                                                             | 0                                                                 |          |  | 76.99  |  |
|        | OUTPATIENT SERVICE COST CENTERS |                                                    |                                                               |                                                                   |          |  |        |  |
| 90.00  | 09000                           | CLINIC                                             | 0                                                             | 0                                                                 |          |  | 90.00  |  |
| 90.01  | 09001                           | CHILLI FAMILY PHYSICIANS                           | 0                                                             | 0                                                                 |          |  | 90.01  |  |
| 90.02  | 09005                           | CLINIC                                             | 0                                                             | 0                                                                 |          |  | 90.02  |  |
| 90.03  | 09002                           | PHYSICIAN OFFICES                                  | 0                                                             | 0                                                                 |          |  | 90.03  |  |
| 90.06  | 09003                           | ENDOCRINOLOGY, DIABETES & METABOLISM               | 0                                                             | 0                                                                 |          |  | 90.06  |  |
| 90.07  | 09004                           | WOUND CARE CENTER                                  | 0                                                             | 0                                                                 |          |  | 90.07  |  |
| 90.08  | 09008                           | INTENSIVISTS CLINIC                                | 0                                                             | 0                                                                 |          |  | 90.08  |  |
| 90.09  | 09009                           | NEUROLOGY CLINIC                                   | 0                                                             | 0                                                                 |          |  | 90.09  |  |
| 90.10  | 09010                           | MULTI-SPECIALITY CLINIC                            | 0                                                             | 0                                                                 |          |  | 90.10  |  |
| 90.11  | 09011                           | PEDIATRICS-GASTROENTEROL CLINIC                    | 0                                                             | 0                                                                 |          |  | 90.11  |  |
| 90.12  | 09012                           | VASCULAR CLINIC                                    | 0                                                             | 0                                                                 |          |  | 90.12  |  |
| 90.13  | 09013                           | ONCOLOGY CLINIC                                    | 0                                                             | 0                                                                 |          |  | 90.13  |  |
| 91.00  | 09100                           | EMERGENCY                                          | 0                                                             | 0                                                                 |          |  | 91.00  |  |
| 92.00  | 09200                           | OBSERVATION BEDS                                   | 0                                                             | 0                                                                 |          |  | 92.00  |  |
|        | OTHER REIMBURSABLE COST CENTERS |                                                    |                                                               |                                                                   |          |  |        |  |
| 95.00  | 09500                           | AMBULANCE SERVICES                                 | 0                                                             |                                                                   |          |  | 95.00  |  |
| 200.00 |                                 | Subtotal (see instructions)                        | 0                                                             | 16,628                                                            |          |  | 200.00 |  |
| 201.00 |                                 | Less PBP Clinic Lab. Services-Program Only Charges | 0                                                             |                                                                   |          |  | 201.00 |  |
| 202.00 |                                 | Net Charges (line 200 - line 201)                  | 0                                                             | 16,628                                                            |          |  | 202.00 |  |

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0209

Period:

Worksheet D

Component CCN: 14-S209

From 01/01/2019  
To 12/31/2019Part II  
Date/Time Prepared:  
8/5/2020 1:45 pm

|                                 |       |                                            |                                                                   | Title XVIII                                           |                                                     | Subprovider -<br>IPF            |                                           | PPS    |       |
|---------------------------------|-------|--------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------|---------------------------------|-------------------------------------------|--------|-------|
| Cost Center Description         |       |                                            | Capital<br>Related Cost<br>(from Wkst. B,<br>Part II, col.<br>26) | Total Charges<br>(from Wkst. C,<br>Part I, col.<br>8) | Ratio of Cost<br>to Charges<br>(col. 1 ÷ col.<br>2) | Inpatient<br>Program<br>Charges | Capital Costs<br>(column 3 x<br>column 4) |        |       |
|                                 |       |                                            | 1.00                                                              | 2.00                                                  | 3.00                                                | 4.00                            | 5.00                                      |        |       |
| ANCILLARY SERVICE COST CENTERS  |       |                                            |                                                                   |                                                       |                                                     |                                 |                                           |        |       |
| 50.00                           | 05000 | OPERATING ROOM                             | 3,284,681                                                         | 167,028,532                                           | 0.019665                                            | 0                               | 0                                         | 50.00  |       |
| 51.00                           | 05100 | RECOVERY ROOM                              | 374,307                                                           | 39,745,004                                            | 0.009418                                            | 0                               | 0                                         | 51.00  |       |
| 52.00                           | 05200 | DELIVERY ROOM & LABOR ROOM                 | 216,608                                                           | 13,672,980                                            | 0.015842                                            | 0                               | 0                                         | 52.00  |       |
| 53.00                           | 05300 | ANESTHESIOLOGY                             | 167,590                                                           | 82,886,513                                            | 0.002022                                            | 0                               | 0                                         | 53.00  |       |
| 53.01                           | 03950 | PAIN CLINIC                                | 44,242                                                            | 1,526,576                                             | 0.028981                                            | 0                               | 0                                         | 53.01  |       |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                       | 1,837,106                                                         | 45,101,798                                            | 0.040732                                            | 26,747                          | 1,089                                     | 54.00  |       |
| 54.01                           | 05401 | NORTHSIDE IMAGING                          | 45,632                                                            | 3,200,042                                             | 0.014260                                            | 0                               | 0                                         | 54.01  |       |
| 54.02                           | 05402 | NORTHSIDE MAMMOGRAPHY                      | 36,746                                                            | 1,963,383                                             | 0.018716                                            | 0                               | 0                                         | 54.02  |       |
| 54.03                           | 05403 | NORTHSIDE ULTRASOUND                       | 16,659                                                            | 1,132,138                                             | 0.014715                                            | 0                               | 0                                         | 54.03  |       |
| 54.04                           | 05404 | NORTHSIDE CARDIO                           | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 54.04  |       |
| 54.05                           | 05405 | NORTHSIDE ADMIN                            | 51,193                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 54.05  |       |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC                      | 717,522                                                           | 29,160,167                                            | 0.024606                                            | 0                               | 0                                         | 55.00  |       |
| 56.00                           | 05600 | RADIOISOTOPE                               | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 56.00  |       |
| 56.01                           | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC              | 360,339                                                           | 15,119,743                                            | 0.023832                                            | 0                               | 0                                         | 56.01  |       |
| 57.00                           | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN              | 52,064                                                            | 79,459,243                                            | 0.000655                                            | 130,341                         | 85                                        | 57.00  |       |
| 57.01                           | 05701 | NORTHSIDE CT                               | 5,905                                                             | 9,311,786                                             | 0.000634                                            | 0                               | 0                                         | 57.01  |       |
| 58.00                           | 05800 | MAGNETIC RESONANCE IMAGING (MRI)           | 97,881                                                            | 24,668,592                                            | 0.003968                                            | 17,407                          | 69                                        | 58.00  |       |
| 58.01                           | 05801 | NORTHSIDE MRI                              | 1,734                                                             | 8,961,192                                             | 0.000194                                            | 0                               | 0                                         | 58.01  |       |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION                    | 86,507                                                            | 36,752,839                                            | 0.002354                                            | 0                               | 0                                         | 59.00  |       |
| 60.00                           | 06000 | LABORATORY                                 | 1,212,169                                                         | 155,363,707                                           | 0.007802                                            | 529,802                         | 4,134                                     | 60.00  |       |
| 60.01                           | 06001 | NORTHSIDE LAB                              | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 60.01  |       |
| 62.30                           | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.         | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 62.30  |       |
| 63.00                           | 06300 | BLOOD STORING, PROCESSING, & TRANS.        | 2,702                                                             | 5,837,937                                             | 0.000463                                            | 0                               | 0                                         | 63.00  |       |
| 64.00                           | 06400 | INTRAVENOUS THERAPY                        | 337,424                                                           | 26,868,988                                            | 0.012558                                            | 36,403                          | 457                                       | 64.00  |       |
| 65.00                           | 06500 | RESPIRATORY THERAPY                        | 107,667                                                           | 31,133,796                                            | 0.003458                                            | 221,379                         | 766                                       | 65.00  |       |
| 66.00                           | 06600 | PHYSICAL THERAPY                           | 199,290                                                           | 8,609,136                                             | 0.023149                                            | 6,137                           | 142                                       | 66.00  |       |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                       | 23,552                                                            | 4,238,559                                             | 0.005557                                            | 3,014                           | 17                                        | 67.00  |       |
| 68.00                           | 06800 | SPEECH PATHOLOGY                           | 80,171                                                            | 3,184,520                                             | 0.025175                                            | 0                               | 0                                         | 68.00  |       |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                          | 17,845                                                            | 8,558,252                                             | 0.002085                                            | 31,400                          | 65                                        | 69.00  |       |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY                     | 127,943                                                           | 9,553,784                                             | 0.013392                                            | 7,835                           | 105                                       | 70.00  |       |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS         | 3,521                                                             | 78,297,680                                            | 0.000045                                            | 9,816                           | 0                                         | 71.00  |       |
| 72.00                           | 07200 | IMPLANTABLE DEVICES CHARGED TO<br>PATIENTS | 42,414                                                            | 54,146,460                                            | 0.000783                                            | 0                               | 0                                         | 72.00  |       |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS                  | 241,322                                                           | 77,923,077                                            | 0.003097                                            | 119,668                         | 371                                       | 73.00  |       |
| 74.00                           | 07400 | RENAL DIALYSIS                             | 137,123                                                           | 3,213,271                                             | 0.042674                                            | 2,756                           | 118                                       | 74.00  |       |
| 76.00                           | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES         | 78,972                                                            | 3,298,549                                             | 0.023941                                            | 0                               | 0                                         | 76.00  |       |
| 76.01                           | 03340 | GASTRO INTESTINAL SERVICES                 | 345,907                                                           | 27,519,463                                            | 0.012570                                            | 0                               | 0                                         | 76.01  |       |
| 76.02                           | 03140 | CARDIOLOGY                                 | 150,376                                                           | 17,180,655                                            | 0.008753                                            | 11,622                          | 102                                       | 76.02  |       |
| 76.03                           | 03560 | PULMONARY FUNCTION TESTING                 | 18,804                                                            | 3,652,813                                             | 0.005148                                            | 4,130                           | 21                                        | 76.03  |       |
| 76.97                           | 07697 | CARDIAC REHABILITATION                     | 721                                                               | 13,708                                                | 0.052597                                            | 0                               | 0                                         | 76.97  |       |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY                  | 107,679                                                           | 1,667,270                                             | 0.064584                                            | 0                               | 0                                         | 76.98  |       |
| 76.99                           | 07699 | LITHOTRIPSY                                | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 76.99  |       |
| OUTPATIENT SERVICE COST CENTERS |       |                                            |                                                                   |                                                       |                                                     |                                 |                                           |        |       |
| 90.00                           | 09000 | CLINIC                                     | 872,097                                                           | 26,085,694                                            | 0.033432                                            | 10,525                          | 352                                       | 90.00  |       |
| 90.01                           | 09001 | CHILLI FAMILY PHYSICIANS                   | 3                                                                 | 315                                                   | 0.009524                                            | 0                               | 0                                         | 90.01  |       |
| 90.02                           | 09005 | CLINIC                                     | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.02  |       |
| 90.03                           | 09002 | PHYSICIAN OFFICES                          | 1,587,210                                                         | 56,989,622                                            | 0.027851                                            | 0                               | 0                                         | 90.03  |       |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM       | 49,619                                                            | 4,105,532                                             | 0.012086                                            | 0                               | 0                                         | 90.06  |       |
| 90.07                           | 09004 | WOUND CARE CENTER                          | 141,255                                                           | 4,533,934                                             | 0.031155                                            | 0                               | 0                                         | 90.07  |       |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                        | 182,227                                                           | 9,124,782                                             | 0.019971                                            | 0                               | 0                                         | 90.08  |       |
| 90.09                           | 09009 | NEUROLOGY CLINIC                           | 167,184                                                           | 4,919,749                                             | 0.033982                                            | 0                               | 0                                         | 90.09  |       |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                    | 130,466                                                           | 4,981,195                                             | 0.026192                                            | 0                               | 0                                         | 90.10  |       |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC            | 104,450                                                           | 3,216,510                                             | 0.032473                                            | 0                               | 0                                         | 90.11  |       |
| 90.12                           | 09012 | VASCULAR CLINIC                            | 94,212                                                            | 6,167,182                                             | 0.015276                                            | 0                               | 0                                         | 90.12  |       |
| 90.13                           | 09013 | ONCOLOGY CLINIC                            | 122,478                                                           | 363,274                                               | 0.337150                                            | 0                               | 0                                         | 90.13  |       |
| 91.00                           | 09100 | EMERGENCY                                  | 399,927                                                           | 111,295,674                                           | 0.003593                                            | 631,347                         | 2,268                                     | 91.00  |       |
| 92.00                           | 09200 | OBSERVATION BEDS                           | 0                                                                 | 9,493,252                                             | 0.000000                                            | 0                               | 0                                         | 92.00  |       |
| OTHER REIMBURSABLE COST CENTERS |       |                                            |                                                                   |                                                       |                                                     |                                 |                                           |        |       |
| 95.00                           | 09500 | AMBULANCE SERVICES                         |                                                                   |                                                       |                                                     |                                 |                                           |        | 95.00 |
| 200.00                          |       | Total (lines 50 through 199)               | 14,483,446                                                        | 1,321,228,868                                         |                                                     | 1,800,329                       | 10,161                                    | 200.00 |       |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 14-0209

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

Worksheet D  
Part IV  
Date/Time Prepared:  
8/5/2020 1:45 pm

Component CCN: 14-S209

Title XVIII

Subprovider -  
IPF

PPS

| Cost Center Description         |       |                                            | Non Physician<br>Anesthetist<br>Cost | Nursing School<br>Post-Stepdown<br>Adjustments | Nursing School | Allied Health<br>Post-Stepdown<br>Adjustments | Allied Health |        |
|---------------------------------|-------|--------------------------------------------|--------------------------------------|------------------------------------------------|----------------|-----------------------------------------------|---------------|--------|
|                                 |       |                                            | 1.00                                 | 2A                                             | 2.00           | 3A                                            | 3.00          |        |
| ANCILLARY SERVICE COST CENTERS  |       |                                            |                                      |                                                |                |                                               |               |        |
| 50.00                           | 05000 | OPERATING ROOM                             | 0                                    | 0                                              | 66,367         | 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                                              | 455,493        | 0                                             | 0             | 52.00  |
| 53.00                           | 05300 | ANESTHESIOLOGY                             | 0                                    | 0                                              | 0              | 0                                             | 0             | 53.00  |
| 53.01                           | 03950 | PAIN CLINIC                                | 0                                    | 0                                              | 0              | 0                                             | 0             | 53.01  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                       | 0                                    | 0                                              | 0              | 0                                             | 0             | 54.00  |
| 54.01                           | 05401 | NORTHSIDE IMAGING                          | 0                                    | 0                                              | 0              | 0                                             | 0             | 54.01  |
| 54.02                           | 05402 | NORTHSIDE MAMMOGRAPHY                      | 0                                    | 0                                              | 0              | 0                                             | 0             | 54.02  |
| 54.03                           | 05403 | NORTHSIDE ULTRASOUND                       | 0                                    | 0                                              | 0              | 0                                             | 0             | 54.03  |
| 54.04                           | 05404 | NORTHSIDE CARDIO                           | 0                                    | 0                                              | 0              | 0                                             | 0             | 54.04  |
| 54.05                           | 05405 | NORTHSIDE ADMIN                            | 0                                    | 0                                              | 0              | 0                                             | 0             | 54.05  |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC                      | 0                                    | 0                                              | 0              | 0                                             | 0             | 55.00  |
| 56.00                           | 05600 | RADIOISOTOPE                               | 0                                    | 0                                              | 0              | 0                                             | 0             | 56.00  |
| 56.01                           | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC              | 0                                    | 0                                              | 0              | 0                                             | 0             | 56.01  |
| 57.00                           | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN              | 0                                    | 0                                              | 0              | 0                                             | 0             | 57.00  |
| 57.01                           | 05701 | NORTHSIDE CT                               | 0                                    | 0                                              | 0              | 0                                             | 0             | 57.01  |
| 58.00                           | 05800 | MAGNETIC RESONANCE IMAGING (MRI)           | 0                                    | 0                                              | 0              | 0                                             | 0             | 58.00  |
| 58.01                           | 05801 | NORTHSIDE MRI                              | 0                                    | 0                                              | 0              | 0                                             | 0             | 58.01  |
| 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 | NORTHSIDE LAB                              | 0                                    | 0                                              | 0              | 0                                             | 0             | 60.01  |
| 62.30                           | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.         | 0                                    | 0                                              | 0              | 0                                             | 0             | 62.30  |
| 63.00                           | 06300 | BLOOD STORING, PROCESSING, & TRANS.        | 0                                    | 0                                              | 0              | 0                                             | 0             | 63.00  |
| 64.00                           | 06400 | INTRAVENOUS THERAPY                        | 0                                    | 0                                              | 0              | 0                                             | 0             | 64.00  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                        | 0                                    | 0                                              | 0              | 0                                             | 0             | 65.00  |
| 66.00                           | 06600 | PHYSICAL THERAPY                           | 0                                    | 0                                              | 0              | 0                                             | 0             | 66.00  |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                       | 0                                    | 0                                              | 0              | 0                                             | 0             | 67.00  |
| 68.00                           | 06800 | SPEECH PATHOLOGY                           | 0                                    | 0                                              | 0              | 0                                             | 0             | 68.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                          | 0                                    | 0                                              | 0              | 0                                             | 0             | 69.00  |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY                     | 0                                    | 0                                              | 0              | 0                                             | 0             | 70.00  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS         | 0                                    | 0                                              | 0              | 0                                             | 0             | 71.00  |
| 72.00                           | 07200 | IMPLANTABLE DEVICES CHARGED TO<br>PATIENTS | 0                                    | 0                                              | 0              | 0                                             | 0             | 72.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS                  | 0                                    | 0                                              | 0              | 0                                             | 0             | 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                             | 0                                    | 0                                              | 0              | 0                                             | 0             | 74.00  |
| 76.00                           | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES         | 0                                    | 0                                              | 40,841         | 0                                             | 0             | 76.00  |
| 76.01                           | 03340 | GASTRO INTESTINAL SERVICES                 | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.01  |
| 76.02                           | 03140 | CARDIOLOGY                                 | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.02  |
| 76.03                           | 03560 | PULMONARY FUNCTION TESTING                 | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.03  |
| 76.97                           | 07697 | CARDIAC REHABILITATION                     | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.97  |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY                  | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.98  |
| 76.99                           | 07699 | LITHOTRIPSY                                | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |       |                                            |                                      |                                                |                |                                               |               |        |
| 90.00                           | 09000 | CLINIC                                     | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.00  |
| 90.01                           | 09001 | CHILLI FAMILY PHYSICIANS                   | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.01  |
| 90.02                           | 09005 | CLINIC                                     | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.02  |
| 90.03                           | 09002 | PHYSICIAN OFFICES                          | 0                                    | 0                                              | 218,954        | 0                                             | 0             | 90.03  |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM       | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.06  |
| 90.07                           | 09004 | WOUND CARE CENTER                          | 0                                    | 0                                              | 45,663         | 0                                             | 0             | 90.07  |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                        | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.08  |
| 90.09                           | 09009 | NEUROLOGY CLINIC                           | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.09  |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                    | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.10  |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC            | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.11  |
| 90.12                           | 09012 | VASCULAR CLINIC                            | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.12  |
| 90.13                           | 09013 | ONCOLOGY CLINIC                            | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.13  |
| 91.00                           | 09100 | EMERGENCY                                  | 0                                    | 0                                              | 86,788         | 0                                             | 0             | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS                           | 0                                    | 0                                              | 0              | 0                                             | 0             | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |       |                                            |                                      |                                                |                |                                               |               |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                         | 0                                    | 0                                              | 914,106        | 0                                             | 0             | 95.00  |
| 200.00                          |       | Total (lines 50 through 199)               | 0                                    | 0                                              | 914,106        | 0                                             | 0             | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                         | Provider CCN: 14-0209<br>Component CCN: 14-S209 |                                                   | Period:<br>From 01/01/2019<br>To 12/31/2019                  |                                                       | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>8/5/2020 1:45 pm            |        |
|----------------------------------------------------------------------------------|-------|-----------------------------------------|-------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|--------|
|                                                                                  |       |                                         | Title XVIII                                     |                                                   | Subprovider -<br>IPF                                         |                                                       | PPS                                                                          |        |
| 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                                               | 66,367                                            | 66,367                                                       | 167,028,532                                           | 0.000397                                                                     | 50.00  |
| 51.00                                                                            | 05100 | RECOVERY ROOM                           | 0                                               | 0                                                 | 0                                                            | 39,745,004                                            | 0.000000                                                                     | 51.00  |
| 52.00                                                                            | 05200 | DELIVERY ROOM & LABOR ROOM              | 0                                               | 455,493                                           | 455,493                                                      | 13,672,980                                            | 0.033313                                                                     | 52.00  |
| 53.00                                                                            | 05300 | ANESTHESIOLOGY                          | 0                                               | 0                                                 | 0                                                            | 82,886,513                                            | 0.000000                                                                     | 53.00  |
| 53.01                                                                            | 03950 | PAIN CLINIC                             | 0                                               | 0                                                 | 0                                                            | 1,526,576                                             | 0.000000                                                                     | 53.01  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                    | 0                                               | 0                                                 | 0                                                            | 45,101,798                                            | 0.000000                                                                     | 54.00  |
| 54.01                                                                            | 05401 | NORTHSIDE IMAGING                       | 0                                               | 0                                                 | 0                                                            | 3,200,042                                             | 0.000000                                                                     | 54.01  |
| 54.02                                                                            | 05402 | NORTHSIDE MAMMOGRAPHY                   | 0                                               | 0                                                 | 0                                                            | 1,963,383                                             | 0.000000                                                                     | 54.02  |
| 54.03                                                                            | 05403 | NORTHSIDE ULTRASOUND                    | 0                                               | 0                                                 | 0                                                            | 1,132,138                                             | 0.000000                                                                     | 54.03  |
| 54.04                                                                            | 05404 | NORTHSIDE CARDIO                        | 0                                               | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 54.04  |
| 54.05                                                                            | 05405 | NORTHSIDE ADMIN                         | 0                                               | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 54.05  |
| 55.00                                                                            | 05500 | RADIOLOGY-THERAPEUTIC                   | 0                                               | 0                                                 | 0                                                            | 29,160,167                                            | 0.000000                                                                     | 55.00  |
| 56.00                                                                            | 05600 | RADIOISOTOPE                            | 0                                               | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 56.00  |
| 56.01                                                                            | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 0                                               | 0                                                 | 0                                                            | 15,119,743                                            | 0.000000                                                                     | 56.01  |
| 57.00                                                                            | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 0                                               | 0                                                 | 0                                                            | 79,459,243                                            | 0.000000                                                                     | 57.00  |
| 57.01                                                                            | 05701 | NORTHSIDE CT                            | 0                                               | 0                                                 | 0                                                            | 9,311,786                                             | 0.000000                                                                     | 57.01  |
| 58.00                                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 0                                               | 0                                                 | 0                                                            | 24,668,592                                            | 0.000000                                                                     | 58.00  |
| 58.01                                                                            | 05801 | NORTHSIDE MRI                           | 0                                               | 0                                                 | 0                                                            | 8,961,192                                             | 0.000000                                                                     | 58.01  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION                 | 0                                               | 0                                                 | 0                                                            | 36,752,839                                            | 0.000000                                                                     | 59.00  |
| 60.00                                                                            | 06000 | LABORATORY                              | 0                                               | 0                                                 | 0                                                            | 155,363,707                                           | 0.000000                                                                     | 60.00  |
| 60.01                                                                            | 06001 | NORTHSIDE LAB                           | 0                                               | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 60.01  |
| 62.30                                                                            | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0                                               | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 62.30  |
| 63.00                                                                            | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 0                                               | 0                                                 | 0                                                            | 5,837,937                                             | 0.000000                                                                     | 63.00  |
| 64.00                                                                            | 06400 | INTRAVENOUS THERAPY                     | 0                                               | 0                                                 | 0                                                            | 26,868,988                                            | 0.000000                                                                     | 64.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                     | 0                                               | 0                                                 | 0                                                            | 31,133,796                                            | 0.000000                                                                     | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                        | 0                                               | 0                                                 | 0                                                            | 8,609,136                                             | 0.000000                                                                     | 66.00  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                    | 0                                               | 0                                                 | 0                                                            | 4,238,559                                             | 0.000000                                                                     | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                        | 0                                               | 0                                                 | 0                                                            | 3,184,520                                             | 0.000000                                                                     | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                       | 0                                               | 0                                                 | 0                                                            | 8,558,252                                             | 0.000000                                                                     | 69.00  |
| 70.00                                                                            | 07000 | ELECTROENCEPHALOGRAPHY                  | 0                                               | 0                                                 | 0                                                            | 9,553,784                                             | 0.000000                                                                     | 70.00  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 0                                               | 0                                                 | 0                                                            | 78,297,680                                            | 0.000000                                                                     | 71.00  |
| 72.00                                                                            | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 0                                               | 0                                                 | 0                                                            | 54,146,460                                            | 0.000000                                                                     | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS               | 0                                               | 0                                                 | 0                                                            | 77,923,077                                            | 0.000000                                                                     | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                          | 0                                               | 0                                                 | 0                                                            | 3,213,271                                             | 0.000000                                                                     | 74.00  |
| 76.00                                                                            | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 0                                               | 40,841                                            | 40,841                                                       | 3,298,549                                             | 0.012382                                                                     | 76.00  |
| 76.01                                                                            | 03340 | GASTRO INTESTINAL SERVICES              | 0                                               | 0                                                 | 0                                                            | 27,519,463                                            | 0.000000                                                                     | 76.01  |
| 76.02                                                                            | 03140 | CARDIOLOGY                              | 0                                               | 0                                                 | 0                                                            | 17,180,655                                            | 0.000000                                                                     | 76.02  |
| 76.03                                                                            | 03560 | PULMONARY FUNCTION TESTING              | 0                                               | 0                                                 | 0                                                            | 3,652,813                                             | 0.000000                                                                     | 76.03  |
| 76.97                                                                            | 07697 | CARDIAC REHABILITATION                  | 0                                               | 0                                                 | 0                                                            | 13,708                                                | 0.000000                                                                     | 76.97  |
| 76.98                                                                            | 07698 | HYPERBARIC OXYGEN THERAPY               | 0                                               | 0                                                 | 0                                                            | 1,667,270                                             | 0.000000                                                                     | 76.98  |
| 76.99                                                                            | 07699 | LITHOTRIPSY                             | 0                                               | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 76.99  |
| OUTPATIENT SERVICE COST CENTERS                                                  |       |                                         |                                                 |                                                   |                                                              |                                                       |                                                                              |        |
| 90.00                                                                            | 09000 | CLINIC                                  | 0                                               | 0                                                 | 0                                                            | 26,085,694                                            | 0.000000                                                                     | 90.00  |
| 90.01                                                                            | 09001 | CHILLI FAMILY PHYSICIANS                | 0                                               | 0                                                 | 0                                                            | 315                                                   | 0.000000                                                                     | 90.01  |
| 90.02                                                                            | 09005 | CLINIC                                  | 0                                               | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 90.02  |
| 90.03                                                                            | 09002 | PHYSICIAN OFFICES                       | 0                                               | 218,954                                           | 218,954                                                      | 56,989,622                                            | 0.003842                                                                     | 90.03  |
| 90.06                                                                            | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM    | 0                                               | 0                                                 | 0                                                            | 4,105,532                                             | 0.000000                                                                     | 90.06  |
| 90.07                                                                            | 09004 | WOUND CARE CENTER                       | 0                                               | 45,663                                            | 45,663                                                       | 4,533,934                                             | 0.010071                                                                     | 90.07  |
| 90.08                                                                            | 09008 | INTENSIVISTS CLINIC                     | 0                                               | 0                                                 | 0                                                            | 9,124,782                                             | 0.000000                                                                     | 90.08  |
| 90.09                                                                            | 09009 | NEUROLOGY CLINIC                        | 0                                               | 0                                                 | 0                                                            | 4,919,749                                             | 0.000000                                                                     | 90.09  |
| 90.10                                                                            | 09010 | MULTI-SPECIALITY CLINIC                 | 0                                               | 0                                                 | 0                                                            | 4,981,195                                             | 0.000000                                                                     | 90.10  |
| 90.11                                                                            | 09011 | PEDIATRICS-GASTROENTEROL CLINIC         | 0                                               | 0                                                 | 0                                                            | 3,216,510                                             | 0.000000                                                                     | 90.11  |
| 90.12                                                                            | 09012 | VASCULAR CLINIC                         | 0                                               | 0                                                 | 0                                                            | 6,167,182                                             | 0.000000                                                                     | 90.12  |
| 90.13                                                                            | 09013 | ONCOLOGY CLINIC                         | 0                                               | 0                                                 | 0                                                            | 363,274                                               | 0.000000                                                                     | 90.13  |
| 91.00                                                                            | 09100 | EMERGENCY                               | 0                                               | 86,788                                            | 86,788                                                       | 111,295,674                                           | 0.000780                                                                     | 91.00  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS                        | 0                                               | 0                                                 | 0                                                            | 9,493,252                                             | 0.000000                                                                     | 92.00  |
| OTHER REIMBURSABLE COST CENTERS                                                  |       |                                         |                                                 |                                                   |                                                              |                                                       |                                                                              |        |
| 95.00                                                                            | 09500 | AMBULANCE SERVICES                      | 0                                               | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 95.00  |
| 200.00                                                                           |       | Total (lines 50 through 199)            | 0                                               | 914,106                                           | 914,106                                                      | 1,321,228,868                                         |                                                                              | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                         |  | Provider CCN: 14-0209<br>Component CCN: 14-S209                   |                                 | Period:<br>From 01/01/2019<br>To 12/31/2019                         |                                                                          | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>8/5/2020 1:45 pm          |        |
|----------------------------------------------------------------------------------|-------|-----------------------------------------|--|-------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------|--------|
|                                                                                  |       |                                         |  | Title XVIII                                                       |                                 | Subprovider -<br>IPF                                                |                                                                          | PPS                                                                        |        |
| Cost Center Description                                                          |       |                                         |  | Outpatient<br>Ratio of Cost<br>to Charges<br>(col. 6 ÷ col.<br>7) | Inpatient<br>Program<br>Charges | Inpatient<br>Program<br>Pass-Through<br>Costs (col. 8<br>x col. 10) | Outpatient<br>Program<br>Charges before<br>Geo<br>Reclassification<br>on | Outpatient<br>Program<br>Charges<br>on/after Geo<br>Reclassification<br>on |        |
|                                                                                  |       |                                         |  | 9.00                                                              | 10.00                           | 11.00                                                               | 12.00                                                                    | 12.01                                                                      |        |
| ANCILLARY SERVICE COST CENTERS                                                   |       |                                         |  |                                                                   |                                 |                                                                     |                                                                          |                                                                            |        |
| 50.00                                                                            | 05000 | OPERATING ROOM                          |  | 0.000397                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 50.00  |
| 51.00                                                                            | 05100 | RECOVERY ROOM                           |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 51.00  |
| 52.00                                                                            | 05200 | DELIVERY ROOM & LABOR ROOM              |  | 0.033313                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 52.00  |
| 53.00                                                                            | 05300 | ANESTHESIOLOGY                          |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 53.00  |
| 53.01                                                                            | 03950 | PAIN CLINIC                             |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 53.01  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                    |  | 0.000000                                                          | 26,747                          | 0                                                                   | 0                                                                        | 0                                                                          | 54.00  |
| 54.01                                                                            | 05401 | NORTHSIDE IMAGING                       |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 54.01  |
| 54.02                                                                            | 05402 | NORTHSIDE MAMMOGRAPHY                   |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 54.02  |
| 54.03                                                                            | 05403 | NORTHSIDE ULTRASOUND                    |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 54.03  |
| 54.04                                                                            | 05404 | NORTHSIDE CARDIO                        |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 54.04  |
| 54.05                                                                            | 05405 | NORTHSIDE ADMIN                         |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 54.05  |
| 55.00                                                                            | 05500 | RADIOLOGY-THERAPEUTIC                   |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 55.00  |
| 56.00                                                                            | 05600 | RADIOISOTOPE                            |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 56.00  |
| 56.01                                                                            | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 56.01  |
| 57.00                                                                            | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           |  | 0.000000                                                          | 130,341                         | 0                                                                   | 0                                                                        | 0                                                                          | 57.00  |
| 57.01                                                                            | 05701 | NORTHSIDE CT                            |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 57.01  |
| 58.00                                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        |  | 0.000000                                                          | 17,407                          | 0                                                                   | 0                                                                        | 0                                                                          | 58.00  |
| 58.01                                                                            | 05801 | NORTHSIDE MRI                           |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 58.01  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION                 |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 59.00  |
| 60.00                                                                            | 06000 | LABORATORY                              |  | 0.000000                                                          | 529,802                         | 0                                                                   | 0                                                                        | 0                                                                          | 60.00  |
| 60.01                                                                            | 06001 | NORTHSIDE LAB                           |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 60.01  |
| 62.30                                                                            | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 62.30  |
| 63.00                                                                            | 06300 | BLOOD STORING, PROCESSING, & TRANS.     |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 63.00  |
| 64.00                                                                            | 06400 | INTRAVENOUS THERAPY                     |  | 0.000000                                                          | 36,403                          | 0                                                                   | 0                                                                        | 0                                                                          | 64.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                     |  | 0.000000                                                          | 221,379                         | 0                                                                   | 0                                                                        | 0                                                                          | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                        |  | 0.000000                                                          | 6,137                           | 0                                                                   | 0                                                                        | 0                                                                          | 66.00  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                    |  | 0.000000                                                          | 3,014                           | 0                                                                   | 0                                                                        | 0                                                                          | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                        |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                       |  | 0.000000                                                          | 31,400                          | 0                                                                   | 0                                                                        | 0                                                                          | 69.00  |
| 70.00                                                                            | 07000 | ELECTROENCEPHALOGRAPHY                  |  | 0.000000                                                          | 7,835                           | 0                                                                   | 0                                                                        | 0                                                                          | 70.00  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      |  | 0.000000                                                          | 9,816                           | 0                                                                   | 0                                                                        | 0                                                                          | 71.00  |
| 72.00                                                                            | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS               |  | 0.000000                                                          | 119,668                         | 0                                                                   | 0                                                                        | 0                                                                          | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                          |  | 0.000000                                                          | 2,756                           | 0                                                                   | 0                                                                        | 0                                                                          | 74.00  |
| 76.00                                                                            | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      |  | 0.012382                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 76.00  |
| 76.01                                                                            | 03340 | GASTRO INTESTINAL SERVICES              |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 76.01  |
| 76.02                                                                            | 03140 | CARDIOLOGY                              |  | 0.000000                                                          | 11,622                          | 0                                                                   | 0                                                                        | 0                                                                          | 76.02  |
| 76.03                                                                            | 03560 | PULMONARY FUNCTION TESTING              |  | 0.000000                                                          | 4,130                           | 0                                                                   | 0                                                                        | 0                                                                          | 76.03  |
| 76.97                                                                            | 07697 | CARDIAC REHABILITATION                  |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 76.97  |
| 76.98                                                                            | 07698 | HYPERBARIC OXYGEN THERAPY               |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 76.98  |
| 76.99                                                                            | 07699 | LITHOTRIPSY                             |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 76.99  |
| OUTPATIENT SERVICE COST CENTERS                                                  |       |                                         |  |                                                                   |                                 |                                                                     |                                                                          |                                                                            |        |
| 90.00                                                                            | 09000 | CLINIC                                  |  | 0.000000                                                          | 10,525                          | 0                                                                   | 136                                                                      | 0                                                                          | 90.00  |
| 90.01                                                                            | 09001 | CHILLI FAMILY PHYSICIANS                |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 90.01  |
| 90.02                                                                            | 09005 | CLINIC                                  |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 90.02  |
| 90.03                                                                            | 09002 | PHYSICIAN OFFICES                       |  | 0.003842                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 90.03  |
| 90.06                                                                            | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM    |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 90.06  |
| 90.07                                                                            | 09004 | WOUND CARE CENTER                       |  | 0.010071                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 90.07  |
| 90.08                                                                            | 09008 | INTENSIVISTS CLINIC                     |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 90.08  |
| 90.09                                                                            | 09009 | NEUROLOGY CLINIC                        |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 90.09  |
| 90.10                                                                            | 09010 | MULTI-SPECIALITY CLINIC                 |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 90.10  |
| 90.11                                                                            | 09011 | PEDIATRICS-GASTROENTEROL CLINIC         |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 90.11  |
| 90.12                                                                            | 09012 | VASCULAR CLINIC                         |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 90.12  |
| 90.13                                                                            | 09013 | ONCOLOGY CLINIC                         |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 90.13  |
| 91.00                                                                            | 09100 | EMERGENCY                               |  | 0.000780                                                          | 631,347                         | 492                                                                 | 0                                                                        | 0                                                                          | 91.00  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS                        |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                                                        | 0                                                                          | 92.00  |
| OTHER REIMBURSABLE COST CENTERS                                                  |       |                                         |  |                                                                   |                                 |                                                                     |                                                                          |                                                                            |        |
| 95.00                                                                            | 09500 | AMBULANCE SERVICES                      |  |                                                                   |                                 |                                                                     |                                                                          |                                                                            | 95.00  |
| 200.00                                                                           |       | Total (lines 50 through 199)            |  |                                                                   | 1,800,329                       | 492                                                                 | 136                                                                      | 0                                                                          | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet D  
Part IV  
Date/Time Prepared:  
8/5/2020 1:45 pm

Component CCN: 14-S209

Title XVIII

Subprovider -  
IPF

PPS

| Cost Center Description         |                                                  | Outpatient<br>Program<br>Pass-Through<br>Costs (col. 9<br>x col. 12)<br>before Geo<br>Reclassification<br>on | Outpatient<br>Program<br>Pass-Through<br>Costs (col. 9<br>x col. 12)<br>on/after Geo<br>Reclassification<br>on |        |
|---------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------|
|                                 |                                                  | 13.00                                                                                                        | 13.01                                                                                                          |        |
| 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  |
| 53.01                           | 03950 PAIN CLINIC                                | 0                                                                                                            | 0                                                                                                              | 53.01  |
| 54.00                           | 05400 RADIOLOGY-DIAGNOSTIC                       | 0                                                                                                            | 0                                                                                                              | 54.00  |
| 54.01                           | 05401 NORTHSIDE IMAGING                          | 0                                                                                                            | 0                                                                                                              | 54.01  |
| 54.02                           | 05402 NORTHSIDE MAMMOGRAPHY                      | 0                                                                                                            | 0                                                                                                              | 54.02  |
| 54.03                           | 05403 NORTHSIDE ULTRASOUND                       | 0                                                                                                            | 0                                                                                                              | 54.03  |
| 54.04                           | 05404 NORTHSIDE CARDIO                           | 0                                                                                                            | 0                                                                                                              | 54.04  |
| 54.05                           | 05405 NORTHSIDE ADMIN                            | 0                                                                                                            | 0                                                                                                              | 54.05  |
| 55.00                           | 05500 RADIOLOGY-THERAPEUTIC                      | 0                                                                                                            | 0                                                                                                              | 55.00  |
| 56.00                           | 05600 RADIOISOTOPE                               | 0                                                                                                            | 0                                                                                                              | 56.00  |
| 56.01                           | 03450 NUCLEAR MEDICINE - DIAGNOSTIC              | 0                                                                                                            | 0                                                                                                              | 56.01  |
| 57.00                           | 05700 COMPUTED TOMOGRAPHY (CT) SCAN              | 0                                                                                                            | 0                                                                                                              | 57.00  |
| 57.01                           | 05701 NORTHSIDE CT                               | 0                                                                                                            | 0                                                                                                              | 57.01  |
| 58.00                           | 05800 MAGNETIC RESONANCE IMAGING (MRI)           | 0                                                                                                            | 0                                                                                                              | 58.00  |
| 58.01                           | 05801 NORTHSIDE MRI                              | 0                                                                                                            | 0                                                                                                              | 58.01  |
| 59.00                           | 05900 CARDIAC CATHETERIZATION                    | 0                                                                                                            | 0                                                                                                              | 59.00  |
| 60.00                           | 06000 LABORATORY                                 | 0                                                                                                            | 0                                                                                                              | 60.00  |
| 60.01                           | 06001 NORTHSIDE LAB                              | 0                                                                                                            | 0                                                                                                              | 60.01  |
| 62.30                           | 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.         | 0                                                                                                            | 0                                                                                                              | 62.30  |
| 63.00                           | 06300 BLOOD STORING, PROCESSING, & TRANS.        | 0                                                                                                            | 0                                                                                                              | 63.00  |
| 64.00                           | 06400 INTRAVENOUS THERAPY                        | 0                                                                                                            | 0                                                                                                              | 64.00  |
| 65.00                           | 06500 RESPIRATORY THERAPY                        | 0                                                                                                            | 0                                                                                                              | 65.00  |
| 66.00                           | 06600 PHYSICAL THERAPY                           | 0                                                                                                            | 0                                                                                                              | 66.00  |
| 67.00                           | 06700 OCCUPATIONAL THERAPY                       | 0                                                                                                            | 0                                                                                                              | 67.00  |
| 68.00                           | 06800 SPEECH PATHOLOGY                           | 0                                                                                                            | 0                                                                                                              | 68.00  |
| 69.00                           | 06900 ELECTROCARDIOLOGY                          | 0                                                                                                            | 0                                                                                                              | 69.00  |
| 70.00                           | 07000 ELECTROENCEPHALOGRAPHY                     | 0                                                                                                            | 0                                                                                                              | 70.00  |
| 71.00                           | 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS         | 0                                                                                                            | 0                                                                                                              | 71.00  |
| 72.00                           | 07200 IMPLANTABLE DEVICES CHARGED TO<br>PATIENTS | 0                                                                                                            | 0                                                                                                              | 72.00  |
| 73.00                           | 07300 DRUGS CHARGED TO PATIENTS                  | 0                                                                                                            | 0                                                                                                              | 73.00  |
| 74.00                           | 07400 RENAL DIALYSIS                             | 0                                                                                                            | 0                                                                                                              | 74.00  |
| 76.00                           | 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES         | 0                                                                                                            | 0                                                                                                              | 76.00  |
| 76.01                           | 03340 GASTRO INTESTINAL SERVICES                 | 0                                                                                                            | 0                                                                                                              | 76.01  |
| 76.02                           | 03140 CARDIOLOGY                                 | 0                                                                                                            | 0                                                                                                              | 76.02  |
| 76.03                           | 03560 PULMONARY FUNCTION TESTING                 | 0                                                                                                            | 0                                                                                                              | 76.03  |
| 76.97                           | 07697 CARDIAC REHABILITATION                     | 0                                                                                                            | 0                                                                                                              | 76.97  |
| 76.98                           | 07698 HYPERBARIC OXYGEN THERAPY                  | 0                                                                                                            | 0                                                                                                              | 76.98  |
| 76.99                           | 07699 LITHOTRIPSY                                | 0                                                                                                            | 0                                                                                                              | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |                                                  |                                                                                                              |                                                                                                                |        |
| 90.00                           | 09000 CLINIC                                     | 0                                                                                                            | 0                                                                                                              | 90.00  |
| 90.01                           | 09001 CHILLI FAMILY PHYSICIANS                   | 0                                                                                                            | 0                                                                                                              | 90.01  |
| 90.02                           | 09005 CLINIC                                     | 0                                                                                                            | 0                                                                                                              | 90.02  |
| 90.03                           | 09002 PHYSICIAN OFFICES                          | 0                                                                                                            | 0                                                                                                              | 90.03  |
| 90.06                           | 09003 ENDOCRINOLOGY, DIABETES & METABOLISM       | 0                                                                                                            | 0                                                                                                              | 90.06  |
| 90.07                           | 09004 WOUND CARE CENTER                          | 0                                                                                                            | 0                                                                                                              | 90.07  |
| 90.08                           | 09008 INTENSIVISTS CLINIC                        | 0                                                                                                            | 0                                                                                                              | 90.08  |
| 90.09                           | 09009 NEUROLOGY CLINIC                           | 0                                                                                                            | 0                                                                                                              | 90.09  |
| 90.10                           | 09010 MULTI-SPECIALITY CLINIC                    | 0                                                                                                            | 0                                                                                                              | 90.10  |
| 90.11                           | 09011 PEDIATRICS-GASTROENTEROL CLINIC            | 0                                                                                                            | 0                                                                                                              | 90.11  |
| 90.12                           | 09012 VASCULAR CLINIC                            | 0                                                                                                            | 0                                                                                                              | 90.12  |
| 90.13                           | 09013 ONCOLOGY CLINIC                            | 0                                                                                                            | 0                                                                                                              | 90.13  |
| 91.00                           | 09100 EMERGENCY                                  | 0                                                                                                            | 0                                                                                                              | 91.00  |
| 92.00                           | 09200 OBSERVATION BEDS                           | 0                                                                                                            | 0                                                                                                              | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |                                                  |                                                                                                              |                                                                                                                |        |
| 95.00                           | 09500 AMBULANCE SERVICES                         |                                                                                                              |                                                                                                                | 95.00  |
| 200.00                          | Total (lines 50 through 199)                     | 0                                                                                                            | 0                                                                                                              | 200.00 |

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

Provider CCN: 14-0209

Period:

Worksheet D

Component CCN: 14-S209

From 01/01/2019

Part V

To 12/31/2019

Date/Time Prepared:

8/5/2020 1:45 pm

Title XVIII

Subprovider -  
IPF

PPS

| Cost Center Description         |       |                                                    | Charges                                                        |                                           |                                                                              |                                                                                  | Costs                       |        |
|---------------------------------|-------|----------------------------------------------------|----------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------|--------|
|                                 |       |                                                    | Cost to Charge<br>Ratio From<br>Worksheet C,<br>Part I, col. 9 | 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                                     | 0.189717                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 50.00  |
| 51.00                           | 05100 | RECOVERY ROOM                                      | 0.116925                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 51.00  |
| 52.00                           | 05200 | DELIVERY ROOM & LABOR ROOM                         | 0.290432                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 52.00  |
| 53.00                           | 05300 | ANESTHESIOLOGY                                     | 0.056896                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 53.00  |
| 53.01                           | 03950 | PAIN CLINIC                                        | 0.180875                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 53.01  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                               | 0.260386                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 54.00  |
| 54.01                           | 05401 | NORTHSIDE IMAGING                                  | 0.224834                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 54.01  |
| 54.02                           | 05402 | NORTHSIDE MAMMOGRAPHY                              | 0.209163                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 54.02  |
| 54.03                           | 05403 | NORTHSIDE ULTRASOUND                               | 0.149651                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 54.03  |
| 54.04                           | 05404 | NORTHSIDE CARDIO                                   | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 54.04  |
| 54.05                           | 05405 | NORTHSIDE ADMIN                                    | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 54.05  |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC                              | 0.138979                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 55.00  |
| 56.00                           | 05600 | RADIOISOTOPE                                       | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 56.00  |
| 56.01                           | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC                      | 0.160225                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 56.01  |
| 57.00                           | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN                      | 0.016900                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 57.00  |
| 57.01                           | 05701 | NORTHSIDE CT                                       | 0.051783                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 57.01  |
| 58.00                           | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                   | 0.046617                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 58.00  |
| 58.01                           | 05801 | NORTHSIDE MRI                                      | 0.085551                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 58.01  |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION                            | 0.037835                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 59.00  |
| 60.00                           | 06000 | LABORATORY                                         | 0.171790                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 60.00  |
| 60.01                           | 06001 | NORTHSIDE LAB                                      | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 60.01  |
| 62.30                           | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.                 | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 62.30  |
| 63.00                           | 06300 | BLOOD STORING, PROCESSING, & TRANS.                | 0.252720                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 63.00  |
| 64.00                           | 06400 | INTRAVENOUS THERAPY                                | 0.194442                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 64.00  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                                | 0.084693                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 65.00  |
| 66.00                           | 06600 | PHYSICAL THERAPY                                   | 0.248282                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 66.00  |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                               | 0.236999                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 67.00  |
| 68.00                           | 06800 | SPEECH PATHOLOGY                                   | 0.297604                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 68.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                                  | 0.047074                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 69.00  |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY                             | 0.165497                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 70.00  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS                 | 0.024559                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 71.00  |
| 72.00                           | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS            | 0.427743                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 72.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS                          | 0.257727                                                       | 0                                         | 0                                                                            | 247                                                                              | 0                           | 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                                     | 0.281970                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 74.00  |
| 76.00                           | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES                 | 0.362735                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 76.00  |
| 76.01                           | 03340 | GASTRO INTESTINAL SERVICES                         | 0.067136                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 76.01  |
| 76.02                           | 03140 | CARDIOLOGY                                         | 0.104556                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 76.02  |
| 76.03                           | 03560 | PULMONARY FUNCTION TESTING                         | 0.066315                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 76.03  |
| 76.97                           | 07697 | CARDIAC REHABILITATION                             | 1.065509                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 76.97  |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY                          | 0.737314                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 76.98  |
| 76.99                           | 07699 | LITHOTRIPSY                                        | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |       |                                                    |                                                                |                                           |                                                                              |                                                                                  |                             |        |
| 90.00                           | 09000 | CLINIC                                             | 0.246020                                                       | 136                                       | 0                                                                            | 0                                                                                | 33                          | 90.00  |
| 90.01                           | 09001 | CHILLI FAMILY PHYSICIANS                           | 5.949206                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 90.01  |
| 90.02                           | 09005 | CLINIC                                             | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 90.02  |
| 90.03                           | 09002 | PHYSICIAN OFFICES                                  | 0.378592                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 90.03  |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM               | 0.211066                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 90.06  |
| 90.07                           | 09004 | WOUND CARE CENTER                                  | 0.206650                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 90.07  |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                                | 0.463841                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 90.08  |
| 90.09                           | 09009 | NEUROLOGY CLINIC                                   | 0.210167                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 90.09  |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                            | 0.241303                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 90.10  |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC                    | 0.100985                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 90.11  |
| 90.12                           | 09012 | VASCULAR CLINIC                                    | 0.085408                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 90.12  |
| 90.13                           | 09013 | ONCOLOGY CLINIC                                    | 1.019432                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 90.13  |
| 91.00                           | 09100 | EMERGENCY                                          | 0.105161                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS                                   | 0.532073                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |       |                                                    |                                                                |                                           |                                                                              |                                                                                  |                             |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                                 | 0.000000                                                       |                                           | 0                                                                            | 0                                                                                |                             | 95.00  |
| 200.00                          |       | Subtotal (see instructions)                        |                                                                | 136                                       | 0                                                                            | 247                                                                              | 33                          | 200.00 |
| 201.00                          |       | Less PBP Clinic Lab. Services-Program Only Charges |                                                                |                                           | 0                                                                            | 0                                                                                |                             | 201.00 |
| 202.00                          |       | Net Charges (line 200 - line 201)                  |                                                                | 136                                       | 0                                                                            | 247                                                                              | 33                          | 202.00 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0209

Period:

Worksheet D

Component CCN: 14-S209

From 01/01/2019  
To 12/31/2019Part V  
Date/Time Prepared:  
8/5/2020 1:45 pm

Title XVIII

Subprovider -  
IPF

PPS

|                                 |       | Cost Center Description                            | Costs                                                         |                                                                   |  |        |
|---------------------------------|-------|----------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------|--|--------|
|                                 |       |                                                    | Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) | Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) |  |        |
|                                 |       |                                                    | 6.00                                                          | 7.00                                                              |  |        |
| ANCILLARY SERVICE COST CENTERS  |       |                                                    |                                                               |                                                                   |  |        |
| 50.00                           | 05000 | OPERATING ROOM                                     | 0                                                             | 0                                                                 |  | 50.00  |
| 51.00                           | 05100 | RECOVERY ROOM                                      | 0                                                             | 0                                                                 |  | 51.00  |
| 52.00                           | 05200 | DELIVERY ROOM & LABOR ROOM                         | 0                                                             | 0                                                                 |  | 52.00  |
| 53.00                           | 05300 | ANESTHESIOLOGY                                     | 0                                                             | 0                                                                 |  | 53.00  |
| 53.01                           | 03950 | PAIN CLINIC                                        | 0                                                             | 0                                                                 |  | 53.01  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                               | 0                                                             | 0                                                                 |  | 54.00  |
| 54.01                           | 05401 | NORTHSIDE IMAGING                                  | 0                                                             | 0                                                                 |  | 54.01  |
| 54.02                           | 05402 | NORTHSIDE MAMMOGRAPHY                              | 0                                                             | 0                                                                 |  | 54.02  |
| 54.03                           | 05403 | NORTHSIDE ULTRASOUND                               | 0                                                             | 0                                                                 |  | 54.03  |
| 54.04                           | 05404 | NORTHSIDE CARDIO                                   | 0                                                             | 0                                                                 |  | 54.04  |
| 54.05                           | 05405 | NORTHSIDE ADMIN                                    | 0                                                             | 0                                                                 |  | 54.05  |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC                              | 0                                                             | 0                                                                 |  | 55.00  |
| 56.00                           | 05600 | RADIOISOTOPE                                       | 0                                                             | 0                                                                 |  | 56.00  |
| 56.01                           | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC                      | 0                                                             | 0                                                                 |  | 56.01  |
| 57.00                           | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN                      | 0                                                             | 0                                                                 |  | 57.00  |
| 57.01                           | 05701 | NORTHSIDE CT                                       | 0                                                             | 0                                                                 |  | 57.01  |
| 58.00                           | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                   | 0                                                             | 0                                                                 |  | 58.00  |
| 58.01                           | 05801 | NORTHSIDE MRI                                      | 0                                                             | 0                                                                 |  | 58.01  |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION                            | 0                                                             | 0                                                                 |  | 59.00  |
| 60.00                           | 06000 | LABORATORY                                         | 0                                                             | 0                                                                 |  | 60.00  |
| 60.01                           | 06001 | NORTHSIDE LAB                                      | 0                                                             | 0                                                                 |  | 60.01  |
| 62.30                           | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.                 | 0                                                             | 0                                                                 |  | 62.30  |
| 63.00                           | 06300 | BLOOD STORING, PROCESSING, & TRANS.                | 0                                                             | 0                                                                 |  | 63.00  |
| 64.00                           | 06400 | INTRAVENOUS THERAPY                                | 0                                                             | 0                                                                 |  | 64.00  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                                | 0                                                             | 0                                                                 |  | 65.00  |
| 66.00                           | 06600 | PHYSICAL THERAPY                                   | 0                                                             | 0                                                                 |  | 66.00  |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                               | 0                                                             | 0                                                                 |  | 67.00  |
| 68.00                           | 06800 | SPEECH PATHOLOGY                                   | 0                                                             | 0                                                                 |  | 68.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                                  | 0                                                             | 0                                                                 |  | 69.00  |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY                             | 0                                                             | 0                                                                 |  | 70.00  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS                 | 0                                                             | 0                                                                 |  | 71.00  |
| 72.00                           | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS            | 0                                                             | 0                                                                 |  | 72.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS                          | 0                                                             | 64                                                                |  | 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                                     | 0                                                             | 0                                                                 |  | 74.00  |
| 76.00                           | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES                 | 0                                                             | 0                                                                 |  | 76.00  |
| 76.01                           | 03340 | GASTRO INTESTINAL SERVICES                         | 0                                                             | 0                                                                 |  | 76.01  |
| 76.02                           | 03140 | CARDIOLOGY                                         | 0                                                             | 0                                                                 |  | 76.02  |
| 76.03                           | 03560 | PULMONARY FUNCTION TESTING                         | 0                                                             | 0                                                                 |  | 76.03  |
| 76.97                           | 07697 | CARDIAC REHABILITATION                             | 0                                                             | 0                                                                 |  | 76.97  |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY                          | 0                                                             | 0                                                                 |  | 76.98  |
| 76.99                           | 07699 | LITHOTRIPSY                                        | 0                                                             | 0                                                                 |  | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |       |                                                    |                                                               |                                                                   |  |        |
| 90.00                           | 09000 | CLINIC                                             | 0                                                             | 0                                                                 |  | 90.00  |
| 90.01                           | 09001 | CHILLI FAMILY PHYSICIANS                           | 0                                                             | 0                                                                 |  | 90.01  |
| 90.02                           | 09005 | CLINIC                                             | 0                                                             | 0                                                                 |  | 90.02  |
| 90.03                           | 09002 | PHYSICIAN OFFICES                                  | 0                                                             | 0                                                                 |  | 90.03  |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM               | 0                                                             | 0                                                                 |  | 90.06  |
| 90.07                           | 09004 | WOUND CARE CENTER                                  | 0                                                             | 0                                                                 |  | 90.07  |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                                | 0                                                             | 0                                                                 |  | 90.08  |
| 90.09                           | 09009 | NEUROLOGY CLINIC                                   | 0                                                             | 0                                                                 |  | 90.09  |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                            | 0                                                             | 0                                                                 |  | 90.10  |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC                    | 0                                                             | 0                                                                 |  | 90.11  |
| 90.12                           | 09012 | VASCULAR CLINIC                                    | 0                                                             | 0                                                                 |  | 90.12  |
| 90.13                           | 09013 | ONCOLOGY CLINIC                                    | 0                                                             | 0                                                                 |  | 90.13  |
| 91.00                           | 09100 | EMERGENCY                                          | 0                                                             | 0                                                                 |  | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS                                   | 0                                                             | 0                                                                 |  | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |       |                                                    |                                                               |                                                                   |  |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                                 | 0                                                             |                                                                   |  | 95.00  |
| 200.00                          |       | Subtotal (see instructions)                        | 0                                                             | 64                                                                |  | 200.00 |
| 201.00                          |       | Less PBP Clinic Lab. Services-Program Only Charges | 0                                                             |                                                                   |  | 201.00 |
| 202.00                          |       | Net Charges (line 200 - line 201)                  | 0                                                             | 64                                                                |  | 202.00 |

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0209

Period:

Worksheet D

Component CCN: 14-T209

From 01/01/2019

Part II

To 12/31/2019

Date/Time Prepared:

8/5/2020 1:45 pm

|                                 |       |                                         |                                                       | Title XVIII                                  |                                            | Subprovider - IRF         |                                     | PPS    |  |
|---------------------------------|-------|-----------------------------------------|-------------------------------------------------------|----------------------------------------------|--------------------------------------------|---------------------------|-------------------------------------|--------|--|
| Cost Center Description         |       |                                         | Capital Related Cost (from Wkst. B, Part II, col. 26) | Total Charges (from Wkst. C, Part I, col. 8) | Ratio of Cost to Charges (col. 1 ÷ col. 2) | Inpatient Program Charges | Capital Costs (column 3 x column 4) |        |  |
|                                 |       |                                         | 1.00                                                  | 2.00                                         | 3.00                                       | 4.00                      | 5.00                                |        |  |
| ANCILLARY SERVICE COST CENTERS  |       |                                         |                                                       |                                              |                                            |                           |                                     |        |  |
| 50.00                           | 05000 | OPERATING ROOM                          | 3,284,681                                             | 167,028,532                                  | 0.019665                                   | 103,936                   | 2,044                               | 50.00  |  |
| 51.00                           | 05100 | RECOVERY ROOM                           | 374,307                                               | 39,745,004                                   | 0.009418                                   | 35,180                    | 331                                 | 51.00  |  |
| 52.00                           | 05200 | DELIVERY ROOM & LABOR ROOM              | 216,608                                               | 13,672,980                                   | 0.015842                                   | 0                         | 0                                   | 52.00  |  |
| 53.00                           | 05300 | ANESTHESIOLOGY                          | 167,590                                               | 82,886,513                                   | 0.002022                                   | 40,190                    | 81                                  | 53.00  |  |
| 53.01                           | 03950 | PAIN CLINIC                             | 44,242                                                | 1,526,576                                    | 0.028981                                   | 0                         | 0                                   | 53.01  |  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                    | 1,837,106                                             | 45,101,798                                   | 0.040732                                   | 240,457                   | 9,794                               | 54.00  |  |
| 54.01                           | 05401 | NORTHSIDE IMAGING                       | 45,632                                                | 3,200,042                                    | 0.014260                                   | 0                         | 0                                   | 54.01  |  |
| 54.02                           | 05402 | NORTHSIDE MAMMOGRAPHY                   | 36,746                                                | 1,963,383                                    | 0.018716                                   | 0                         | 0                                   | 54.02  |  |
| 54.03                           | 05403 | NORTHSIDE ULTRASOUND                    | 16,659                                                | 1,132,138                                    | 0.014715                                   | 0                         | 0                                   | 54.03  |  |
| 54.04                           | 05404 | NORTHSIDE CARDIO                        | 0                                                     | 0                                            | 0.000000                                   | 0                         | 0                                   | 54.04  |  |
| 54.05                           | 05405 | NORTHSIDE ADMIN                         | 51,193                                                | 0                                            | 0.000000                                   | 0                         | 0                                   | 54.05  |  |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC                   | 717,522                                               | 29,160,167                                   | 0.024606                                   | 43,471                    | 1,070                               | 55.00  |  |
| 56.00                           | 05600 | RADIOISOTOPE                            | 0                                                     | 0                                            | 0.000000                                   | 0                         | 0                                   | 56.00  |  |
| 56.01                           | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 360,339                                               | 15,119,743                                   | 0.023832                                   | 0                         | 0                                   | 56.01  |  |
| 57.00                           | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 52,064                                                | 79,459,243                                   | 0.000655                                   | 248,630                   | 163                                 | 57.00  |  |
| 57.01                           | 05701 | NORTHSIDE CT                            | 5,905                                                 | 9,311,786                                    | 0.000634                                   | 0                         | 0                                   | 57.01  |  |
| 58.00                           | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 97,881                                                | 24,668,592                                   | 0.003968                                   | 115,165                   | 457                                 | 58.00  |  |
| 58.01                           | 05801 | NORTHSIDE MRI                           | 1,734                                                 | 8,961,192                                    | 0.000194                                   | 0                         | 0                                   | 58.01  |  |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION                 | 86,507                                                | 36,752,839                                   | 0.002354                                   | 0                         | 0                                   | 59.00  |  |
| 60.00                           | 06000 | LABORATORY                              | 1,212,169                                             | 155,363,707                                  | 0.007802                                   | 1,481,829                 | 11,561                              | 60.00  |  |
| 60.01                           | 06001 | NORTHSIDE LAB                           | 0                                                     | 0                                            | 0.000000                                   | 0                         | 0                                   | 60.01  |  |
| 62.30                           | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0                                                     | 0                                            | 0.000000                                   | 0                         | 0                                   | 62.30  |  |
| 63.00                           | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 2,702                                                 | 5,837,937                                    | 0.000463                                   | 58,082                    | 27                                  | 63.00  |  |
| 64.00                           | 06400 | INTRAVENOUS THERAPY                     | 337,424                                               | 26,868,988                                   | 0.012558                                   | 17,598                    | 221                                 | 64.00  |  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                     | 107,667                                               | 31,133,796                                   | 0.003458                                   | 1,221,200                 | 4,223                               | 65.00  |  |
| 66.00                           | 06600 | PHYSICAL THERAPY                        | 199,290                                               | 8,609,136                                    | 0.023149                                   | 2,846,481                 | 65,893                              | 66.00  |  |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                    | 23,552                                                | 4,238,559                                    | 0.005557                                   | 2,759,770                 | 15,336                              | 67.00  |  |
| 68.00                           | 06800 | SPEECH PATHOLOGY                        | 80,171                                                | 3,184,520                                    | 0.025175                                   | 332,713                   | 8,376                               | 68.00  |  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                       | 17,845                                                | 8,558,252                                    | 0.002085                                   | 45,471                    | 95                                  | 69.00  |  |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY                  | 127,943                                               | 9,553,784                                    | 0.013392                                   | 21,734                    | 291                                 | 70.00  |  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 3,521                                                 | 78,297,680                                   | 0.000045                                   | 657,548                   | 30                                  | 71.00  |  |
| 72.00                           | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 42,414                                                | 54,146,460                                   | 0.000783                                   | 36,675                    | 29                                  | 72.00  |  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS               | 241,322                                               | 77,923,077                                   | 0.003097                                   | 785,566                   | 2,433                               | 73.00  |  |
| 74.00                           | 07400 | RENAL DIALYSIS                          | 137,123                                               | 3,213,271                                    | 0.042674                                   | 130,843                   | 5,584                               | 74.00  |  |
| 76.00                           | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 78,972                                                | 3,298,549                                    | 0.023941                                   | 0                         | 0                                   | 76.00  |  |
| 76.01                           | 03340 | GASTRO INTESTINAL SERVICES              | 345,907                                               | 27,519,463                                   | 0.012570                                   | 38,557                    | 485                                 | 76.01  |  |
| 76.02                           | 03140 | CARDIOLOGY                              | 150,376                                               | 17,180,655                                   | 0.008753                                   | 61,390                    | 537                                 | 76.02  |  |
| 76.03                           | 03560 | PULMONARY FUNCTION TESTING              | 18,804                                                | 3,652,813                                    | 0.005148                                   | 36,451                    | 188                                 | 76.03  |  |
| 76.97                           | 07697 | CARDIAC REHABILITATION                  | 721                                                   | 13,708                                       | 0.052597                                   | 0                         | 0                                   | 76.97  |  |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY               | 107,679                                               | 1,667,270                                    | 0.064584                                   | 0                         | 0                                   | 76.98  |  |
| 76.99                           | 07699 | LITHOTRIPSY                             | 0                                                     | 0                                            | 0.000000                                   | 0                         | 0                                   | 76.99  |  |
| OUTPATIENT SERVICE COST CENTERS |       |                                         |                                                       |                                              |                                            |                           |                                     |        |  |
| 90.00                           | 09000 | CLINIC                                  | 872,097                                               | 26,085,694                                   | 0.033432                                   | 167,391                   | 5,596                               | 90.00  |  |
| 90.01                           | 09001 | CHILLI FAMILY PHYSICIANS                | 3                                                     | 315                                          | 0.009524                                   | 0                         | 0                                   | 90.01  |  |
| 90.02                           | 09005 | CLINIC                                  | 0                                                     | 0                                            | 0.000000                                   | 0                         | 0                                   | 90.02  |  |
| 90.03                           | 09002 | PHYSICIAN OFFICES                       | 1,587,210                                             | 56,989,622                                   | 0.027851                                   | 0                         | 0                                   | 90.03  |  |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM    | 49,619                                                | 4,105,532                                    | 0.012086                                   | 0                         | 0                                   | 90.06  |  |
| 90.07                           | 09004 | WOUND CARE CENTER                       | 141,255                                               | 4,533,934                                    | 0.031155                                   | 0                         | 0                                   | 90.07  |  |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                     | 182,227                                               | 9,124,782                                    | 0.019971                                   | 0                         | 0                                   | 90.08  |  |
| 90.09                           | 09009 | NEUROLOGY CLINIC                        | 167,184                                               | 4,919,749                                    | 0.033982                                   | 0                         | 0                                   | 90.09  |  |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                 | 130,466                                               | 4,981,195                                    | 0.026192                                   | 0                         | 0                                   | 90.10  |  |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC         | 104,450                                               | 3,216,510                                    | 0.032473                                   | 0                         | 0                                   | 90.11  |  |
| 90.12                           | 09012 | VASCULAR CLINIC                         | 94,212                                                | 6,167,182                                    | 0.015276                                   | 0                         | 0                                   | 90.12  |  |
| 90.13                           | 09013 | ONCOLOGY CLINIC                         | 122,478                                               | 363,274                                      | 0.337150                                   | 0                         | 0                                   | 90.13  |  |
| 91.00                           | 09100 | EMERGENCY                               | 399,927                                               | 111,295,674                                  | 0.003593                                   | 5,224                     | 19                                  | 91.00  |  |
| 92.00                           | 09200 | OBSERVATION BEDS                        | 0                                                     | 9,493,252                                    | 0.000000                                   | 0                         | 0                                   | 92.00  |  |
| OTHER REIMBURSABLE COST CENTERS |       |                                         |                                                       |                                              |                                            |                           |                                     |        |  |
| 95.00                           | 09500 | AMBULANCE SERVICES                      |                                                       |                                              |                                            |                           |                                     | 95.00  |  |
| 200.00                          |       | Total (lines 50 through 199)            | 14,483,446                                            | 1,321,228,868                                |                                            | 11,531,552                | 134,864                             | 200.00 |  |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 14-0209

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

Worksheet D  
Part IV  
Date/Time Prepared:  
8/5/2020 1:45 pm

Component CCN: 14-T209

Title XVIII

Subprovider -  
IRF

PPS

| Cost Center Description         |       |                                            | Non Physician<br>Anesthetist<br>Cost | Nursing School<br>Post-Stepdown<br>Adjustments | Nursing School | Allied Health<br>Post-Stepdown<br>Adjustments | Allied Health |        |
|---------------------------------|-------|--------------------------------------------|--------------------------------------|------------------------------------------------|----------------|-----------------------------------------------|---------------|--------|
|                                 |       |                                            | 1.00                                 | 2A                                             | 2.00           | 3A                                            | 3.00          |        |
| ANCILLARY SERVICE COST CENTERS  |       |                                            |                                      |                                                |                |                                               |               |        |
| 50.00                           | 05000 | OPERATING ROOM                             | 0                                    | 0                                              | 66,367         | 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                                              | 455,493        | 0                                             | 0             | 52.00  |
| 53.00                           | 05300 | ANESTHESIOLOGY                             | 0                                    | 0                                              | 0              | 0                                             | 0             | 53.00  |
| 53.01                           | 03950 | PAIN CLINIC                                | 0                                    | 0                                              | 0              | 0                                             | 0             | 53.01  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                       | 0                                    | 0                                              | 0              | 0                                             | 0             | 54.00  |
| 54.01                           | 05401 | NORTHSIDE IMAGING                          | 0                                    | 0                                              | 0              | 0                                             | 0             | 54.01  |
| 54.02                           | 05402 | NORTHSIDE MAMMOGRAPHY                      | 0                                    | 0                                              | 0              | 0                                             | 0             | 54.02  |
| 54.03                           | 05403 | NORTHSIDE ULTRASOUND                       | 0                                    | 0                                              | 0              | 0                                             | 0             | 54.03  |
| 54.04                           | 05404 | NORTHSIDE CARDIO                           | 0                                    | 0                                              | 0              | 0                                             | 0             | 54.04  |
| 54.05                           | 05405 | NORTHSIDE ADMIN                            | 0                                    | 0                                              | 0              | 0                                             | 0             | 54.05  |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC                      | 0                                    | 0                                              | 0              | 0                                             | 0             | 55.00  |
| 56.00                           | 05600 | RADIOISOTOPE                               | 0                                    | 0                                              | 0              | 0                                             | 0             | 56.00  |
| 56.01                           | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC              | 0                                    | 0                                              | 0              | 0                                             | 0             | 56.01  |
| 57.00                           | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN              | 0                                    | 0                                              | 0              | 0                                             | 0             | 57.00  |
| 57.01                           | 05701 | NORTHSIDE CT                               | 0                                    | 0                                              | 0              | 0                                             | 0             | 57.01  |
| 58.00                           | 05800 | MAGNETIC RESONANCE IMAGING (MRI)           | 0                                    | 0                                              | 0              | 0                                             | 0             | 58.00  |
| 58.01                           | 05801 | NORTHSIDE MRI                              | 0                                    | 0                                              | 0              | 0                                             | 0             | 58.01  |
| 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 | NORTHSIDE LAB                              | 0                                    | 0                                              | 0              | 0                                             | 0             | 60.01  |
| 62.30                           | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.         | 0                                    | 0                                              | 0              | 0                                             | 0             | 62.30  |
| 63.00                           | 06300 | BLOOD STORING, PROCESSING, & TRANS.        | 0                                    | 0                                              | 0              | 0                                             | 0             | 63.00  |
| 64.00                           | 06400 | INTRAVENOUS THERAPY                        | 0                                    | 0                                              | 0              | 0                                             | 0             | 64.00  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                        | 0                                    | 0                                              | 0              | 0                                             | 0             | 65.00  |
| 66.00                           | 06600 | PHYSICAL THERAPY                           | 0                                    | 0                                              | 0              | 0                                             | 0             | 66.00  |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                       | 0                                    | 0                                              | 0              | 0                                             | 0             | 67.00  |
| 68.00                           | 06800 | SPEECH PATHOLOGY                           | 0                                    | 0                                              | 0              | 0                                             | 0             | 68.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                          | 0                                    | 0                                              | 0              | 0                                             | 0             | 69.00  |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY                     | 0                                    | 0                                              | 0              | 0                                             | 0             | 70.00  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS         | 0                                    | 0                                              | 0              | 0                                             | 0             | 71.00  |
| 72.00                           | 07200 | IMPLANTABLE DEVICES CHARGED TO<br>PATIENTS | 0                                    | 0                                              | 0              | 0                                             | 0             | 72.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS                  | 0                                    | 0                                              | 0              | 0                                             | 0             | 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                             | 0                                    | 0                                              | 0              | 0                                             | 0             | 74.00  |
| 76.00                           | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES         | 0                                    | 0                                              | 40,841         | 0                                             | 0             | 76.00  |
| 76.01                           | 03340 | GASTRO INTESTINAL SERVICES                 | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.01  |
| 76.02                           | 03140 | CARDIOLOGY                                 | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.02  |
| 76.03                           | 03560 | PULMONARY FUNCTION TESTING                 | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.03  |
| 76.97                           | 07697 | CARDIAC REHABILITATION                     | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.97  |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY                  | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.98  |
| 76.99                           | 07699 | LITHOTRIPSY                                | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |       |                                            |                                      |                                                |                |                                               |               |        |
| 90.00                           | 09000 | CLINIC                                     | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.00  |
| 90.01                           | 09001 | CHILLI FAMILY PHYSICIANS                   | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.01  |
| 90.02                           | 09005 | CLINIC                                     | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.02  |
| 90.03                           | 09002 | PHYSICIAN OFFICES                          | 0                                    | 0                                              | 218,954        | 0                                             | 0             | 90.03  |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM       | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.06  |
| 90.07                           | 09004 | WOUND CARE CENTER                          | 0                                    | 0                                              | 45,663         | 0                                             | 0             | 90.07  |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                        | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.08  |
| 90.09                           | 09009 | NEUROLOGY CLINIC                           | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.09  |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                    | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.10  |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC            | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.11  |
| 90.12                           | 09012 | VASCULAR CLINIC                            | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.12  |
| 90.13                           | 09013 | ONCOLOGY CLINIC                            | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.13  |
| 91.00                           | 09100 | EMERGENCY                                  | 0                                    | 0                                              | 86,788         | 0                                             | 0             | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS                           | 0                                    | 0                                              | 0              | 0                                             | 0             | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |       |                                            |                                      |                                                |                |                                               |               |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                         | 0                                    | 0                                              | 914,106        | 0                                             | 0             | 95.00  |
| 200.00                          |       | Total (lines 50 through 199)               | 0                                    | 0                                              | 914,106        | 0                                             | 0             | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                         |   | Provider CCN: 14-0209<br>Component CCN: 14-T209 |                                                   | Period:<br>From 01/01/2019<br>To 12/31/2019                  |                                                       | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>8/5/2020 1:45 pm            |        |
|----------------------------------------------------------------------------------|-------|-----------------------------------------|---|-------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|--------|
|                                                                                  |       |                                         |   | Title XVIII                                     |                                                   | Subprovider -<br>IRF                                         |                                                       | PPS                                                                          |        |
| 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 |                                                 | 66,367                                            | 66,367                                                       | 167,028,532                                           | 0.000397                                                                     | 50.00  |
| 51.00                                                                            | 05100 | RECOVERY ROOM                           | 0 |                                                 | 0                                                 | 0                                                            | 39,745,004                                            | 0.000000                                                                     | 51.00  |
| 52.00                                                                            | 05200 | DELIVERY ROOM & LABOR ROOM              | 0 |                                                 | 455,493                                           | 455,493                                                      | 13,672,980                                            | 0.033313                                                                     | 52.00  |
| 53.00                                                                            | 05300 | ANESTHESIOLOGY                          | 0 |                                                 | 0                                                 | 0                                                            | 82,886,513                                            | 0.000000                                                                     | 53.00  |
| 53.01                                                                            | 03950 | PAIN CLINIC                             | 0 |                                                 | 0                                                 | 0                                                            | 1,526,576                                             | 0.000000                                                                     | 53.01  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                    | 0 |                                                 | 0                                                 | 0                                                            | 45,101,798                                            | 0.000000                                                                     | 54.00  |
| 54.01                                                                            | 05401 | NORTHSIDE IMAGING                       | 0 |                                                 | 0                                                 | 0                                                            | 3,200,042                                             | 0.000000                                                                     | 54.01  |
| 54.02                                                                            | 05402 | NORTHSIDE MAMMOGRAPHY                   | 0 |                                                 | 0                                                 | 0                                                            | 1,963,383                                             | 0.000000                                                                     | 54.02  |
| 54.03                                                                            | 05403 | NORTHSIDE ULTRASOUND                    | 0 |                                                 | 0                                                 | 0                                                            | 1,132,138                                             | 0.000000                                                                     | 54.03  |
| 54.04                                                                            | 05404 | NORTHSIDE CARDIO                        | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 54.04  |
| 54.05                                                                            | 05405 | NORTHSIDE ADMIN                         | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 54.05  |
| 55.00                                                                            | 05500 | RADIOLOGY-THERAPEUTIC                   | 0 |                                                 | 0                                                 | 0                                                            | 29,160,167                                            | 0.000000                                                                     | 55.00  |
| 56.00                                                                            | 05600 | RADIOISOTOPE                            | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 56.00  |
| 56.01                                                                            | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 0 |                                                 | 0                                                 | 0                                                            | 15,119,743                                            | 0.000000                                                                     | 56.01  |
| 57.00                                                                            | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 0 |                                                 | 0                                                 | 0                                                            | 79,459,243                                            | 0.000000                                                                     | 57.00  |
| 57.01                                                                            | 05701 | NORTHSIDE CT                            | 0 |                                                 | 0                                                 | 0                                                            | 9,311,786                                             | 0.000000                                                                     | 57.01  |
| 58.00                                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 0 |                                                 | 0                                                 | 0                                                            | 24,668,592                                            | 0.000000                                                                     | 58.00  |
| 58.01                                                                            | 05801 | NORTHSIDE MRI                           | 0 |                                                 | 0                                                 | 0                                                            | 8,961,192                                             | 0.000000                                                                     | 58.01  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION                 | 0 |                                                 | 0                                                 | 0                                                            | 36,752,839                                            | 0.000000                                                                     | 59.00  |
| 60.00                                                                            | 06000 | LABORATORY                              | 0 |                                                 | 0                                                 | 0                                                            | 155,363,707                                           | 0.000000                                                                     | 60.00  |
| 60.01                                                                            | 06001 | NORTHSIDE LAB                           | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 60.01  |
| 62.30                                                                            | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 62.30  |
| 63.00                                                                            | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 0 |                                                 | 0                                                 | 0                                                            | 5,837,937                                             | 0.000000                                                                     | 63.00  |
| 64.00                                                                            | 06400 | INTRAVENOUS THERAPY                     | 0 |                                                 | 0                                                 | 0                                                            | 26,868,988                                            | 0.000000                                                                     | 64.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                     | 0 |                                                 | 0                                                 | 0                                                            | 31,133,796                                            | 0.000000                                                                     | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                        | 0 |                                                 | 0                                                 | 0                                                            | 8,609,136                                             | 0.000000                                                                     | 66.00  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                    | 0 |                                                 | 0                                                 | 0                                                            | 4,238,559                                             | 0.000000                                                                     | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                        | 0 |                                                 | 0                                                 | 0                                                            | 3,184,520                                             | 0.000000                                                                     | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                       | 0 |                                                 | 0                                                 | 0                                                            | 8,558,252                                             | 0.000000                                                                     | 69.00  |
| 70.00                                                                            | 07000 | ELECTROENCEPHALOGRAPHY                  | 0 |                                                 | 0                                                 | 0                                                            | 9,553,784                                             | 0.000000                                                                     | 70.00  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 0 |                                                 | 0                                                 | 0                                                            | 78,297,680                                            | 0.000000                                                                     | 71.00  |
| 72.00                                                                            | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 0 |                                                 | 0                                                 | 0                                                            | 54,146,460                                            | 0.000000                                                                     | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS               | 0 |                                                 | 0                                                 | 0                                                            | 77,923,077                                            | 0.000000                                                                     | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                          | 0 |                                                 | 0                                                 | 0                                                            | 3,213,271                                             | 0.000000                                                                     | 74.00  |
| 76.00                                                                            | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 0 |                                                 | 40,841                                            | 40,841                                                       | 3,298,549                                             | 0.012382                                                                     | 76.00  |
| 76.01                                                                            | 03340 | GASTRO INTESTINAL SERVICES              | 0 |                                                 | 0                                                 | 0                                                            | 27,519,463                                            | 0.000000                                                                     | 76.01  |
| 76.02                                                                            | 03140 | CARDIOLOGY                              | 0 |                                                 | 0                                                 | 0                                                            | 17,180,655                                            | 0.000000                                                                     | 76.02  |
| 76.03                                                                            | 03560 | PULMONARY FUNCTION TESTING              | 0 |                                                 | 0                                                 | 0                                                            | 3,652,813                                             | 0.000000                                                                     | 76.03  |
| 76.97                                                                            | 07697 | CARDIAC REHABILITATION                  | 0 |                                                 | 0                                                 | 0                                                            | 13,708                                                | 0.000000                                                                     | 76.97  |
| 76.98                                                                            | 07698 | HYPERBARIC OXYGEN THERAPY               | 0 |                                                 | 0                                                 | 0                                                            | 1,667,270                                             | 0.000000                                                                     | 76.98  |
| 76.99                                                                            | 07699 | LITHOTRIPSY                             | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 76.99  |
| OUTPATIENT SERVICE COST CENTERS                                                  |       |                                         |   |                                                 |                                                   |                                                              |                                                       |                                                                              |        |
| 90.00                                                                            | 09000 | CLINIC                                  | 0 |                                                 | 0                                                 | 0                                                            | 26,085,694                                            | 0.000000                                                                     | 90.00  |
| 90.01                                                                            | 09001 | CHILLI FAMILY PHYSICIANS                | 0 |                                                 | 0                                                 | 0                                                            | 315                                                   | 0.000000                                                                     | 90.01  |
| 90.02                                                                            | 09005 | CLINIC                                  | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 90.02  |
| 90.03                                                                            | 09002 | PHYSICIAN OFFICES                       | 0 |                                                 | 218,954                                           | 218,954                                                      | 56,989,622                                            | 0.003842                                                                     | 90.03  |
| 90.06                                                                            | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM    | 0 |                                                 | 0                                                 | 0                                                            | 4,105,532                                             | 0.000000                                                                     | 90.06  |
| 90.07                                                                            | 09004 | WOUND CARE CENTER                       | 0 |                                                 | 45,663                                            | 45,663                                                       | 4,533,934                                             | 0.010071                                                                     | 90.07  |
| 90.08                                                                            | 09008 | INTENSIVISTS CLINIC                     | 0 |                                                 | 0                                                 | 0                                                            | 9,124,782                                             | 0.000000                                                                     | 90.08  |
| 90.09                                                                            | 09009 | NEUROLOGY CLINIC                        | 0 |                                                 | 0                                                 | 0                                                            | 4,919,749                                             | 0.000000                                                                     | 90.09  |
| 90.10                                                                            | 09010 | MULTI-SPECIALITY CLINIC                 | 0 |                                                 | 0                                                 | 0                                                            | 4,981,195                                             | 0.000000                                                                     | 90.10  |
| 90.11                                                                            | 09011 | PEDIATRICS-GASTROENTEROL CLINIC         | 0 |                                                 | 0                                                 | 0                                                            | 3,216,510                                             | 0.000000                                                                     | 90.11  |
| 90.12                                                                            | 09012 | VASCULAR CLINIC                         | 0 |                                                 | 0                                                 | 0                                                            | 6,167,182                                             | 0.000000                                                                     | 90.12  |
| 90.13                                                                            | 09013 | ONCOLOGY CLINIC                         | 0 |                                                 | 0                                                 | 0                                                            | 363,274                                               | 0.000000                                                                     | 90.13  |
| 91.00                                                                            | 09100 | EMERGENCY                               | 0 |                                                 | 86,788                                            | 86,788                                                       | 111,295,674                                           | 0.000780                                                                     | 91.00  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS                        | 0 |                                                 | 0                                                 | 0                                                            | 9,493,252                                             | 0.000000                                                                     | 92.00  |
| OTHER REIMBURSABLE COST CENTERS                                                  |       |                                         |   |                                                 |                                                   |                                                              |                                                       |                                                                              |        |
| 95.00                                                                            | 09500 | AMBULANCE SERVICES                      | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 95.00  |
| 200.00                                                                           |       | Total (lines 50 through 199)            | 0 |                                                 | 914,106                                           | 914,106                                                      | 1,321,228,868                                         |                                                                              | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209

Period:

Worksheet D

Component CCN: 14-T209

From 01/01/2019  
To 12/31/2019Part IV  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Title XVIII                     |                                               |                                                       |                           | Subprovider - IRF                                       |                                                        | PPS                                                      |        |
|---------------------------------|-----------------------------------------------|-------------------------------------------------------|---------------------------|---------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------|--------|
| Cost Center Description         |                                               | Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7) | Inpatient Program Charges | Inpatient Program Pass-Through Costs (col. 8 x col. 10) | Outpatient Program Charges before Geo Reclassification | Outpatient Program Charges on/after Geo Reclassification |        |
|                                 |                                               | 9.00                                                  | 10.00                     | 11.00                                                   | 12.00                                                  | 12.01                                                    |        |
| ANCILLARY SERVICE COST CENTERS  |                                               |                                                       |                           |                                                         |                                                        |                                                          |        |
| 50.00                           | 05000 OPERATING ROOM                          | 0.000397                                              | 103,936                   | 41                                                      | 0                                                      | 0                                                        | 50.00  |
| 51.00                           | 05100 RECOVERY ROOM                           | 0.000000                                              | 35,180                    | 0                                                       | 0                                                      | 0                                                        | 51.00  |
| 52.00                           | 05200 DELIVERY ROOM & LABOR ROOM              | 0.033313                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 52.00  |
| 53.00                           | 05300 ANESTHESIOLOGY                          | 0.000000                                              | 40,190                    | 0                                                       | 0                                                      | 0                                                        | 53.00  |
| 53.01                           | 03950 PAIN CLINIC                             | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 53.01  |
| 54.00                           | 05400 RADIOLOGY-DIAGNOSTIC                    | 0.000000                                              | 240,457                   | 0                                                       | 4,666                                                  | 0                                                        | 54.00  |
| 54.01                           | 05401 NORTHSIDE IMAGING                       | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 54.01  |
| 54.02                           | 05402 NORTHSIDE MAMMOGRAPHY                   | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 54.02  |
| 54.03                           | 05403 NORTHSIDE ULTRASOUND                    | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 54.03  |
| 54.04                           | 05404 NORTHSIDE CARDIO                        | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 54.04  |
| 54.05                           | 05405 NORTHSIDE ADMIN                         | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 54.05  |
| 55.00                           | 05500 RADIOLOGY-THERAPEUTIC                   | 0.000000                                              | 43,471                    | 0                                                       | 0                                                      | 0                                                        | 55.00  |
| 56.00                           | 05600 RADIOISOTOPE                            | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 56.00  |
| 56.01                           | 03450 NUCLEAR MEDICINE - DIAGNOSTIC           | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 56.01  |
| 57.00                           | 05700 COMPUTED TOMOGRAPHY (CT) SCAN           | 0.000000                                              | 248,630                   | 0                                                       | 0                                                      | 0                                                        | 57.00  |
| 57.01                           | 05701 NORTHSIDE CT                            | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 57.01  |
| 58.00                           | 05800 MAGNETIC RESONANCE IMAGING (MRI)        | 0.000000                                              | 115,165                   | 0                                                       | 0                                                      | 0                                                        | 58.00  |
| 58.01                           | 05801 NORTHSIDE MRI                           | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 58.01  |
| 59.00                           | 05900 CARDIAC CATHETERIZATION                 | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 59.00  |
| 60.00                           | 06000 LABORATORY                              | 0.000000                                              | 1,481,829                 | 0                                                       | 0                                                      | 0                                                        | 60.00  |
| 60.01                           | 06001 NORTHSIDE LAB                           | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 60.01  |
| 62.30                           | 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 62.30  |
| 63.00                           | 06300 BLOOD STORING, PROCESSING, & TRANS.     | 0.000000                                              | 58,082                    | 0                                                       | 0                                                      | 0                                                        | 63.00  |
| 64.00                           | 06400 INTRAVENOUS THERAPY                     | 0.000000                                              | 17,598                    | 0                                                       | 0                                                      | 0                                                        | 64.00  |
| 65.00                           | 06500 RESPIRATORY THERAPY                     | 0.000000                                              | 1,221,200                 | 0                                                       | 0                                                      | 0                                                        | 65.00  |
| 66.00                           | 06600 PHYSICAL THERAPY                        | 0.000000                                              | 2,846,481                 | 0                                                       | 0                                                      | 0                                                        | 66.00  |
| 67.00                           | 06700 OCCUPATIONAL THERAPY                    | 0.000000                                              | 2,759,770                 | 0                                                       | 0                                                      | 0                                                        | 67.00  |
| 68.00                           | 06800 SPEECH PATHOLOGY                        | 0.000000                                              | 332,713                   | 0                                                       | 0                                                      | 0                                                        | 68.00  |
| 69.00                           | 06900 ELECTROCARDIOLOGY                       | 0.000000                                              | 45,471                    | 0                                                       | 0                                                      | 0                                                        | 69.00  |
| 70.00                           | 07000 ELECTROENCEPHALOGRAPHY                  | 0.000000                                              | 21,734                    | 0                                                       | 0                                                      | 0                                                        | 70.00  |
| 71.00                           | 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS      | 0.000000                                              | 657,548                   | 0                                                       | 0                                                      | 0                                                        | 71.00  |
| 72.00                           | 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS | 0.000000                                              | 36,675                    | 0                                                       | 0                                                      | 0                                                        | 72.00  |
| 73.00                           | 07300 DRUGS CHARGED TO PATIENTS               | 0.000000                                              | 785,566                   | 0                                                       | 0                                                      | 0                                                        | 73.00  |
| 74.00                           | 07400 RENAL DIALYSIS                          | 0.000000                                              | 130,843                   | 0                                                       | 0                                                      | 0                                                        | 74.00  |
| 76.00                           | 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 0.012382                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 76.00  |
| 76.01                           | 03340 GASTRO INTESTINAL SERVICES              | 0.000000                                              | 38,557                    | 0                                                       | 0                                                      | 0                                                        | 76.01  |
| 76.02                           | 03140 CARDIOLOGY                              | 0.000000                                              | 61,390                    | 0                                                       | 0                                                      | 0                                                        | 76.02  |
| 76.03                           | 03560 PULMONARY FUNCTION TESTING              | 0.000000                                              | 36,451                    | 0                                                       | 183                                                    | 0                                                        | 76.03  |
| 76.97                           | 07697 CARDIAC REHABILITATION                  | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 76.97  |
| 76.98                           | 07698 HYPERBARIC OXYGEN THERAPY               | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 76.98  |
| 76.99                           | 07699 LITHOTRIPSY                             | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |                                               |                                                       |                           |                                                         |                                                        |                                                          |        |
| 90.00                           | 09000 CLINIC                                  | 0.000000                                              | 167,391                   | 0                                                       | 949                                                    | 0                                                        | 90.00  |
| 90.01                           | 09001 CHILLI FAMILY PHYSICIANS                | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 90.01  |
| 90.02                           | 09005 CLINIC                                  | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 90.02  |
| 90.03                           | 09002 PHYSICIAN OFFICES                       | 0.003842                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 90.03  |
| 90.06                           | 09003 ENDOCRINOLOGY, DIABETES & METABOLISM    | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 90.06  |
| 90.07                           | 09004 WOUND CARE CENTER                       | 0.010071                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 90.07  |
| 90.08                           | 09008 INTENSIVISTS CLINIC                     | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 90.08  |
| 90.09                           | 09009 NEUROLOGY CLINIC                        | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 90.09  |
| 90.10                           | 09010 MULTI-SPECIALITY CLINIC                 | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 90.10  |
| 90.11                           | 09011 PEDIATRICS-GASTROENTEROL CLINIC         | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 90.11  |
| 90.12                           | 09012 VASCULAR CLINIC                         | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 90.12  |
| 90.13                           | 09013 ONCOLOGY CLINIC                         | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 90.13  |
| 91.00                           | 09100 EMERGENCY                               | 0.000780                                              | 5,224                     | 4                                                       | 0                                                      | 0                                                        | 91.00  |
| 92.00                           | 09200 OBSERVATION BEDS                        | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |                                               |                                                       |                           |                                                         |                                                        |                                                          |        |
| 95.00                           | 09500 AMBULANCE SERVICES                      |                                                       |                           |                                                         |                                                        |                                                          | 95.00  |
| 200.00                          | Total (lines 50 through 199)                  |                                                       | 11,531,552                | 45                                                      | 5,798                                                  | 0                                                        | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 14-0209  
Component CCN: 14-T209

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

Worksheet D  
Part IV  
Date/Time Prepared:  
8/5/2020 1:45 pm

|                                 |       |                                            |                                                                                                                       |                                                                                                                         |  |                      |  |                         |  |
|---------------------------------|-------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|----------------------|--|-------------------------|--|
|                                 |       |                                            |                                                                                                                       | Title XVIII                                                                                                             |  | Subprovider -<br>IRF |  | 8/5/2020 1:45 pm<br>PPS |  |
| Cost Center Description         |       |                                            | Outpatient<br>Program<br>Pass-Through<br>Costs (col. 9<br>x col. 12)<br>before Geo<br>Reclassification<br>on<br>13.00 | Outpatient<br>Program<br>Pass-Through<br>Costs (col. 9<br>x col. 12)<br>on/after Geo<br>Reclassification<br>on<br>13.01 |  |                      |  |                         |  |
|                                 |       |                                            |                                                                                                                       |                                                                                                                         |  |                      |  |                         |  |
| 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                   |  |
| 53.01                           | 03950 | PAIN CLINIC                                | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 53.01                   |  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                       | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 54.00                   |  |
| 54.01                           | 05401 | NORTHSIDE IMAGING                          | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 54.01                   |  |
| 54.02                           | 05402 | NORTHSIDE MAMMOGRAPHY                      | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 54.02                   |  |
| 54.03                           | 05403 | NORTHSIDE ULTRASOUND                       | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 54.03                   |  |
| 54.04                           | 05404 | NORTHSIDE CARDIO                           | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 54.04                   |  |
| 54.05                           | 05405 | NORTHSIDE ADMIN                            | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 54.05                   |  |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC                      | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 55.00                   |  |
| 56.00                           | 05600 | RADIOISOTOPE                               | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 56.00                   |  |
| 56.01                           | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC              | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 56.01                   |  |
| 57.00                           | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN              | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 57.00                   |  |
| 57.01                           | 05701 | NORTHSIDE CT                               | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 57.01                   |  |
| 58.00                           | 05800 | MAGNETIC RESONANCE IMAGING (MRI)           | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 58.00                   |  |
| 58.01                           | 05801 | NORTHSIDE MRI                              | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 58.01                   |  |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION                    | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 59.00                   |  |
| 60.00                           | 06000 | LABORATORY                                 | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 60.00                   |  |
| 60.01                           | 06001 | NORTHSIDE LAB                              | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 60.01                   |  |
| 62.30                           | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.         | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 62.30                   |  |
| 63.00                           | 06300 | BLOOD STORING, PROCESSING, & TRANS.        | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 63.00                   |  |
| 64.00                           | 06400 | INTRAVENOUS THERAPY                        | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 64.00                   |  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                        | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 65.00                   |  |
| 66.00                           | 06600 | PHYSICAL THERAPY                           | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 66.00                   |  |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                       | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 67.00                   |  |
| 68.00                           | 06800 | SPEECH PATHOLOGY                           | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 68.00                   |  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                          | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 69.00                   |  |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY                     | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 70.00                   |  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS         | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 71.00                   |  |
| 72.00                           | 07200 | IMPLANTABLE DEVICES CHARGED TO<br>PATIENTS | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 72.00                   |  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS                  | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 73.00                   |  |
| 74.00                           | 07400 | RENAL DIALYSIS                             | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 74.00                   |  |
| 76.00                           | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES         | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 76.00                   |  |
| 76.01                           | 03340 | GASTRO INTESTINAL SERVICES                 | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 76.01                   |  |
| 76.02                           | 03140 | CARDIOLOGY                                 | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 76.02                   |  |
| 76.03                           | 03560 | PULMONARY FUNCTION TESTING                 | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 76.03                   |  |
| 76.97                           | 07697 | CARDIAC REHABILITATION                     | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 76.97                   |  |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY                  | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 76.98                   |  |
| 76.99                           | 07699 | LITHOTRIPSY                                | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 76.99                   |  |
| OUTPATIENT SERVICE COST CENTERS |       |                                            |                                                                                                                       |                                                                                                                         |  |                      |  |                         |  |
| 90.00                           | 09000 | CLINIC                                     | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 90.00                   |  |
| 90.01                           | 09001 | CHILLI FAMILY PHYSICIANS                   | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 90.01                   |  |
| 90.02                           | 09005 | CLINIC                                     | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 90.02                   |  |
| 90.03                           | 09002 | PHYSICIAN OFFICES                          | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 90.03                   |  |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM       | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 90.06                   |  |
| 90.07                           | 09004 | WOUND CARE CENTER                          | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 90.07                   |  |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                        | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 90.08                   |  |
| 90.09                           | 09009 | NEUROLOGY CLINIC                           | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 90.09                   |  |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                    | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 90.10                   |  |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC            | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 90.11                   |  |
| 90.12                           | 09012 | VASCULAR CLINIC                            | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 90.12                   |  |
| 90.13                           | 09013 | ONCOLOGY CLINIC                            | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 90.13                   |  |
| 91.00                           | 09100 | EMERGENCY                                  | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 91.00                   |  |
| 92.00                           | 09200 | OBSERVATION BEDS                           | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 92.00                   |  |
| OTHER REIMBURSABLE COST CENTERS |       |                                            |                                                                                                                       |                                                                                                                         |  |                      |  |                         |  |
| 95.00                           | 09500 | AMBULANCE SERVICES                         |                                                                                                                       |                                                                                                                         |  |                      |  | 95.00                   |  |
| 200.00                          |       | Total (lines 50 through 199)               | 0                                                                                                                     | 0                                                                                                                       |  |                      |  | 200.00                  |  |

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

Provider CCN: 14-0209

Period:

Worksheet D

Component CCN: 14-T209

From 01/01/2019  
To 12/31/2019Part V  
Date/Time Prepared:  
8/5/2020 1:45 pm

Title XVIII

Subprovider -  
IRF

PPS

| Cost Center Description         |                                                       | Cost to Charge<br>Ratio From<br>Worksheet C,<br>Part I, col. 9 | Charges                                   |                                                                              | Costs                                                                            |                             |
|---------------------------------|-------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------|
|                                 |                                                       |                                                                | PPS Reimbursed<br>Services (see<br>inst.) | Cost<br>Reimbursed<br>Services<br>Subject To<br>Ded. & Coins.<br>(see inst.) | Cost<br>Reimbursed<br>Services Not<br>Subject To<br>Ded. & Coins.<br>(see inst.) | PPS Services<br>(see inst.) |
|                                 |                                                       | 1.00                                                           | 2.00                                      | 3.00                                                                         | 4.00                                                                             | 5.00                        |
| ANCILLARY SERVICE COST CENTERS  |                                                       |                                                                |                                           |                                                                              |                                                                                  |                             |
| 50.00                           | 05000 OPERATING ROOM                                  | 0.189717                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 50.00                     |
| 51.00                           | 05100 RECOVERY ROOM                                   | 0.116925                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 51.00                     |
| 52.00                           | 05200 DELIVERY ROOM & LABOR ROOM                      | 0.290432                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 52.00                     |
| 53.00                           | 05300 ANESTHESIOLOGY                                  | 0.056896                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 53.00                     |
| 53.01                           | 03950 PAIN CLINIC                                     | 0.180875                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 53.01                     |
| 54.00                           | 05400 RADIOLOGY-DIAGNOSTIC                            | 0.260386                                                       | 4,666                                     | 0                                                                            | 0                                                                                | 1,215 54.00                 |
| 54.01                           | 05401 NORTHSIDE IMAGING                               | 0.224834                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 54.01                     |
| 54.02                           | 05402 NORTHSIDE MAMMOGRAPHY                           | 0.209163                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 54.02                     |
| 54.03                           | 05403 NORTHSIDE ULTRASOUND                            | 0.149651                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 54.03                     |
| 54.04                           | 05404 NORTHSIDE CARDIO                                | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 54.04                     |
| 54.05                           | 05405 NORTHSIDE ADMIN                                 | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 54.05                     |
| 55.00                           | 05500 RADIOLOGY-THERAPEUTIC                           | 0.138979                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 55.00                     |
| 56.00                           | 05600 RADIOISOTOPE                                    | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 56.00                     |
| 56.01                           | 03450 NUCLEAR MEDICINE - DIAGNOSTIC                   | 0.160225                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 56.01                     |
| 57.00                           | 05700 COMPUTED TOMOGRAPHY (CT) SCAN                   | 0.016900                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 57.00                     |
| 57.01                           | 05701 NORTHSIDE CT                                    | 0.051783                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 57.01                     |
| 58.00                           | 05800 MAGNETIC RESONANCE IMAGING (MRI)                | 0.046617                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 58.00                     |
| 58.01                           | 05801 NORTHSIDE MRI                                   | 0.085551                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 58.01                     |
| 59.00                           | 05900 CARDIAC CATHETERIZATION                         | 0.037835                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 59.00                     |
| 60.00                           | 06000 LABORATORY                                      | 0.171790                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 60.00                     |
| 60.01                           | 06001 NORTHSIDE LAB                                   | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 60.01                     |
| 62.30                           | 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.              | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 62.30                     |
| 63.00                           | 06300 BLOOD STORING, PROCESSING, & TRANS.             | 0.252720                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 63.00                     |
| 64.00                           | 06400 INTRAVENOUS THERAPY                             | 0.194442                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 64.00                     |
| 65.00                           | 06500 RESPIRATORY THERAPY                             | 0.084693                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 65.00                     |
| 66.00                           | 06600 PHYSICAL THERAPY                                | 0.248282                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 66.00                     |
| 67.00                           | 06700 OCCUPATIONAL THERAPY                            | 0.236999                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 67.00                     |
| 68.00                           | 06800 SPEECH PATHOLOGY                                | 0.297604                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 68.00                     |
| 69.00                           | 06900 ELECTROCARDIOLOGY                               | 0.047074                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 69.00                     |
| 70.00                           | 07000 ELECTROENCEPHALOGRAPHY                          | 0.165497                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 70.00                     |
| 71.00                           | 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS              | 0.024559                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 71.00                     |
| 72.00                           | 07200 IMPLANTABLE DEVICES CHARGED TO<br>PATIENTS      | 0.427743                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 72.00                     |
| 73.00                           | 07300 DRUGS CHARGED TO PATIENTS                       | 0.257727                                                       | 0                                         | 0                                                                            | 2,929                                                                            | 0 73.00                     |
| 74.00                           | 07400 RENAL DIALYSIS                                  | 0.281970                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 74.00                     |
| 76.00                           | 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES              | 0.362735                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 76.00                     |
| 76.01                           | 03340 GASTRO INTESTINAL SERVICES                      | 0.067136                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 76.01                     |
| 76.02                           | 03140 CARDIOLOGY                                      | 0.104556                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 76.02                     |
| 76.03                           | 03560 PULMONARY FUNCTION TESTING                      | 0.066315                                                       | 183                                       | 0                                                                            | 0                                                                                | 12 76.03                    |
| 76.97                           | 07697 CARDIAC REHABILITATION                          | 1.065509                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 76.97                     |
| 76.98                           | 07698 HYPERBARIC OXYGEN THERAPY                       | 0.737314                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 76.98                     |
| 76.99                           | 07699 LITHOTRIPSY                                     | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 76.99                     |
| OUTPATIENT SERVICE COST CENTERS |                                                       |                                                                |                                           |                                                                              |                                                                                  |                             |
| 90.00                           | 09000 CLINIC                                          | 0.246020                                                       | 949                                       | 0                                                                            | 0                                                                                | 233 90.00                   |
| 90.01                           | 09001 CHILLI FAMILY PHYSICIANS                        | 5.949206                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 90.01                     |
| 90.02                           | 09005 CLINIC                                          | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 90.02                     |
| 90.03                           | 09002 PHYSICIAN OFFICES                               | 0.378592                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 90.03                     |
| 90.06                           | 09003 ENDOCRINOLOGY, DIABETES & METABOLISM            | 0.211066                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 90.06                     |
| 90.07                           | 09004 WOUND CARE CENTER                               | 0.206650                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 90.07                     |
| 90.08                           | 09008 INTENSIVISTS CLINIC                             | 0.463841                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 90.08                     |
| 90.09                           | 09009 NEUROLOGY CLINIC                                | 0.210167                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 90.09                     |
| 90.10                           | 09010 MULTI-SPECIALITY CLINIC                         | 0.241303                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 90.10                     |
| 90.11                           | 09011 PEDIATRICS-GASTROENTEROL CLINIC                 | 0.100985                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 90.11                     |
| 90.12                           | 09012 VASCULAR CLINIC                                 | 0.085408                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 90.12                     |
| 90.13                           | 09013 ONCOLOGY CLINIC                                 | 1.019432                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 90.13                     |
| 91.00                           | 09100 EMERGENCY                                       | 0.105161                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 91.00                     |
| 92.00                           | 09200 OBSERVATION BEDS                                | 0.532073                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 92.00                     |
| OTHER REIMBURSABLE COST CENTERS |                                                       |                                                                |                                           |                                                                              |                                                                                  |                             |
| 95.00                           | 09500 AMBULANCE SERVICES                              | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0 95.00                     |
| 200.00                          | Subtotal (see instructions)                           |                                                                | 5,798                                     | 0                                                                            | 2,929                                                                            | 1,460 200.00                |
| 201.00                          | Less PBP Clinic Lab. Services-Program<br>Only Charges |                                                                |                                           | 0                                                                            | 0                                                                                | 0 201.00                    |
| 202.00                          | Net Charges (line 200 - line 201)                     |                                                                | 5,798                                     | 0                                                                            | 2,929                                                                            | 1,460 202.00                |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0209

Period:

Worksheet D

Component CCN: 14-T209

From 01/01/2019  
To 12/31/2019Part V  
Date/Time Prepared:  
8/5/2020 1:45 pm

Title XVIII

Subprovider -  
IRF

PPS

| Cost Center Description         |       |                                                    | Costs                                                         |                                                                   |  |        |
|---------------------------------|-------|----------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------|--|--------|
|                                 |       |                                                    | Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) | Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) |  |        |
|                                 |       |                                                    | 6.00                                                          | 7.00                                                              |  |        |
| ANCILLARY SERVICE COST CENTERS  |       |                                                    |                                                               |                                                                   |  |        |
| 50.00                           | 05000 | OPERATING ROOM                                     | 0                                                             | 0                                                                 |  | 50.00  |
| 51.00                           | 05100 | RECOVERY ROOM                                      | 0                                                             | 0                                                                 |  | 51.00  |
| 52.00                           | 05200 | DELIVERY ROOM & LABOR ROOM                         | 0                                                             | 0                                                                 |  | 52.00  |
| 53.00                           | 05300 | ANESTHESIOLOGY                                     | 0                                                             | 0                                                                 |  | 53.00  |
| 53.01                           | 03950 | PAIN CLINIC                                        | 0                                                             | 0                                                                 |  | 53.01  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                               | 0                                                             | 0                                                                 |  | 54.00  |
| 54.01                           | 05401 | NORTHSIDE IMAGING                                  | 0                                                             | 0                                                                 |  | 54.01  |
| 54.02                           | 05402 | NORTHSIDE MAMMOGRAPHY                              | 0                                                             | 0                                                                 |  | 54.02  |
| 54.03                           | 05403 | NORTHSIDE ULTRASOUND                               | 0                                                             | 0                                                                 |  | 54.03  |
| 54.04                           | 05404 | NORTHSIDE CARDIO                                   | 0                                                             | 0                                                                 |  | 54.04  |
| 54.05                           | 05405 | NORTHSIDE ADMIN                                    | 0                                                             | 0                                                                 |  | 54.05  |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC                              | 0                                                             | 0                                                                 |  | 55.00  |
| 56.00                           | 05600 | RADIOISOTOPE                                       | 0                                                             | 0                                                                 |  | 56.00  |
| 56.01                           | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC                      | 0                                                             | 0                                                                 |  | 56.01  |
| 57.00                           | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN                      | 0                                                             | 0                                                                 |  | 57.00  |
| 57.01                           | 05701 | NORTHSIDE CT                                       | 0                                                             | 0                                                                 |  | 57.01  |
| 58.00                           | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                   | 0                                                             | 0                                                                 |  | 58.00  |
| 58.01                           | 05801 | NORTHSIDE MRI                                      | 0                                                             | 0                                                                 |  | 58.01  |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION                            | 0                                                             | 0                                                                 |  | 59.00  |
| 60.00                           | 06000 | LABORATORY                                         | 0                                                             | 0                                                                 |  | 60.00  |
| 60.01                           | 06001 | NORTHSIDE LAB                                      | 0                                                             | 0                                                                 |  | 60.01  |
| 62.30                           | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.                 | 0                                                             | 0                                                                 |  | 62.30  |
| 63.00                           | 06300 | BLOOD STORING, PROCESSING, & TRANS.                | 0                                                             | 0                                                                 |  | 63.00  |
| 64.00                           | 06400 | INTRAVENOUS THERAPY                                | 0                                                             | 0                                                                 |  | 64.00  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                                | 0                                                             | 0                                                                 |  | 65.00  |
| 66.00                           | 06600 | PHYSICAL THERAPY                                   | 0                                                             | 0                                                                 |  | 66.00  |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                               | 0                                                             | 0                                                                 |  | 67.00  |
| 68.00                           | 06800 | SPEECH PATHOLOGY                                   | 0                                                             | 0                                                                 |  | 68.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                                  | 0                                                             | 0                                                                 |  | 69.00  |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY                             | 0                                                             | 0                                                                 |  | 70.00  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS                 | 0                                                             | 0                                                                 |  | 71.00  |
| 72.00                           | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS            | 0                                                             | 0                                                                 |  | 72.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS                          | 0                                                             | 755                                                               |  | 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                                     | 0                                                             | 0                                                                 |  | 74.00  |
| 76.00                           | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES                 | 0                                                             | 0                                                                 |  | 76.00  |
| 76.01                           | 03340 | GASTRO INTESTINAL SERVICES                         | 0                                                             | 0                                                                 |  | 76.01  |
| 76.02                           | 03140 | CARDIOLOGY                                         | 0                                                             | 0                                                                 |  | 76.02  |
| 76.03                           | 03560 | PULMONARY FUNCTION TESTING                         | 0                                                             | 0                                                                 |  | 76.03  |
| 76.97                           | 07697 | CARDIAC REHABILITATION                             | 0                                                             | 0                                                                 |  | 76.97  |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY                          | 0                                                             | 0                                                                 |  | 76.98  |
| 76.99                           | 07699 | LITHOTRIPSY                                        | 0                                                             | 0                                                                 |  | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |       |                                                    |                                                               |                                                                   |  |        |
| 90.00                           | 09000 | CLINIC                                             | 0                                                             | 0                                                                 |  | 90.00  |
| 90.01                           | 09001 | CHILLI FAMILY PHYSICIANS                           | 0                                                             | 0                                                                 |  | 90.01  |
| 90.02                           | 09005 | CLINIC                                             | 0                                                             | 0                                                                 |  | 90.02  |
| 90.03                           | 09002 | PHYSICIAN OFFICES                                  | 0                                                             | 0                                                                 |  | 90.03  |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM               | 0                                                             | 0                                                                 |  | 90.06  |
| 90.07                           | 09004 | WOUND CARE CENTER                                  | 0                                                             | 0                                                                 |  | 90.07  |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                                | 0                                                             | 0                                                                 |  | 90.08  |
| 90.09                           | 09009 | NEUROLOGY CLINIC                                   | 0                                                             | 0                                                                 |  | 90.09  |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                            | 0                                                             | 0                                                                 |  | 90.10  |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC                    | 0                                                             | 0                                                                 |  | 90.11  |
| 90.12                           | 09012 | VASCULAR CLINIC                                    | 0                                                             | 0                                                                 |  | 90.12  |
| 90.13                           | 09013 | ONCOLOGY CLINIC                                    | 0                                                             | 0                                                                 |  | 90.13  |
| 91.00                           | 09100 | EMERGENCY                                          | 0                                                             | 0                                                                 |  | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS                                   | 0                                                             | 0                                                                 |  | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |       |                                                    |                                                               |                                                                   |  |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                                 | 0                                                             |                                                                   |  | 95.00  |
| 200.00                          |       | Subtotal (see instructions)                        | 0                                                             | 755                                                               |  | 200.00 |
| 201.00                          |       | Less PBP Clinic Lab. Services-Program Only Charges | 0                                                             |                                                                   |  | 201.00 |
| 202.00                          |       | Net Charges (line 200 - line 201)                  | 0                                                             | 755                                                               |  | 202.00 |

## APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet D  
Part I  
Date/Time Prepared:  
8/5/2020 1:45 pm

|                         |                                        |                                                                   | Title XIX                                                    |                                                            | 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                    | 2,534,397                                                         | 0                                                            | 2,534,397                                                  | 50,004                | 50.68                         | 30.00  |
| 31.00                   | INTENSIVE CARE UNIT                    | 352,374                                                           |                                                              | 352,374                                                    | 2,888                 | 122.01                        | 31.00  |
| 34.00                   | SURGICAL INTENSIVE CARE UNIT           | 19,742                                                            |                                                              | 19,742                                                     | 2,751                 | 7.18                          | 34.00  |
| 40.00                   | SUBPROVIDER - IPF                      | 502,776                                                           | 0                                                            | 502,776                                                    | 14,285                | 35.20                         | 40.00  |
| 41.00                   | SUBPROVIDER - IRF                      | 317,427                                                           | 0                                                            | 317,427                                                    | 5,233                 | 60.66                         | 41.00  |
| 43.00                   | NURSERY                                | 84,619                                                            |                                                              | 84,619                                                     | 4,788                 | 17.67                         | 43.00  |
| 200.00                  | Total (lines 30 through 199)           | 3,811,335                                                         |                                                              | 3,811,335                                                  | 79,949                |                               | 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                    | 12,123                                                            | 614,394                                                      |                                                            |                       |                               | 30.00  |
| 31.00                   | INTENSIVE CARE UNIT                    | 190                                                               | 23,182                                                       |                                                            |                       |                               | 31.00  |
| 34.00                   | SURGICAL INTENSIVE CARE UNIT           | 202                                                               | 1,450                                                        |                                                            |                       |                               | 34.00  |
| 40.00                   | SUBPROVIDER - IPF                      | 0                                                                 | 0                                                            |                                                            |                       |                               | 40.00  |
| 41.00                   | SUBPROVIDER - IRF                      | 0                                                                 | 0                                                            |                                                            |                       |                               | 41.00  |
| 43.00                   | NURSERY                                | 1,806                                                             | 31,912                                                       |                                                            |                       |                               | 43.00  |
| 200.00                  | Total (lines 30 through 199)           | 14,321                                                            | 670,938                                                      |                                                            |                       |                               | 200.00 |

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet D  
Part II  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description         |       | Title XIX                                             |                                              | Hospital                                   |                           | PPS                                 |        |
|---------------------------------|-------|-------------------------------------------------------|----------------------------------------------|--------------------------------------------|---------------------------|-------------------------------------|--------|
|                                 |       | Capital Related Cost (from Wkst. B, Part II, col. 26) | Total Charges (from Wkst. C, Part I, col. 8) | Ratio of Cost to Charges (col. 1 ÷ col. 2) | Inpatient Program Charges | Capital Costs (column 3 x column 4) |        |
|                                 |       | 1.00                                                  | 2.00                                         | 3.00                                       | 4.00                      | 5.00                                |        |
| ANCILLARY SERVICE COST CENTERS  |       |                                                       |                                              |                                            |                           |                                     |        |
| 50.00                           | 05000 | OPERATING ROOM                                        | 3,284,681                                    | 0                                          | 0.000000                  | 0                                   | 50.00  |
| 51.00                           | 05100 | RECOVERY ROOM                                         | 374,307                                      | 0                                          | 0.000000                  | 0                                   | 51.00  |
| 52.00                           | 05200 | DELIVERY ROOM & LABOR ROOM                            | 216,608                                      | 0                                          | 0.000000                  | 0                                   | 52.00  |
| 53.00                           | 05300 | ANESTHESIOLOGY                                        | 167,590                                      | 0                                          | 0.000000                  | 0                                   | 53.00  |
| 53.01                           | 03950 | PAIN CLINIC                                           | 44,242                                       | 0                                          | 0.000000                  | 0                                   | 53.01  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                                  | 1,837,106                                    | 0                                          | 0.000000                  | 0                                   | 54.00  |
| 54.01                           | 05401 | NORTHSIDE IMAGING                                     | 45,632                                       | 0                                          | 0.000000                  | 0                                   | 54.01  |
| 54.02                           | 05402 | NORTHSIDE MAMMOGRAPHY                                 | 36,746                                       | 0                                          | 0.000000                  | 0                                   | 54.02  |
| 54.03                           | 05403 | NORTHSIDE ULTRASOUND                                  | 16,659                                       | 0                                          | 0.000000                  | 0                                   | 54.03  |
| 54.04                           | 05404 | NORTHSIDE CARDIO                                      | 0                                            | 0                                          | 0.000000                  | 0                                   | 54.04  |
| 54.05                           | 05405 | NORTHSIDE ADMIN                                       | 51,193                                       | 0                                          | 0.000000                  | 0                                   | 54.05  |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC                                 | 717,522                                      | 0                                          | 0.000000                  | 0                                   | 55.00  |
| 56.00                           | 05600 | RADIOISOTOPE                                          | 0                                            | 0                                          | 0.000000                  | 0                                   | 56.00  |
| 56.01                           | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC                         | 360,339                                      | 0                                          | 0.000000                  | 0                                   | 56.01  |
| 57.00                           | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN                         | 52,064                                       | 0                                          | 0.000000                  | 0                                   | 57.00  |
| 57.01                           | 05701 | NORTHSIDE CT                                          | 5,905                                        | 0                                          | 0.000000                  | 0                                   | 57.01  |
| 58.00                           | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                      | 97,881                                       | 0                                          | 0.000000                  | 0                                   | 58.00  |
| 58.01                           | 05801 | NORTHSIDE MRI                                         | 1,734                                        | 0                                          | 0.000000                  | 0                                   | 58.01  |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION                               | 86,507                                       | 0                                          | 0.000000                  | 0                                   | 59.00  |
| 60.00                           | 06000 | LABORATORY                                            | 1,212,169                                    | 0                                          | 0.000000                  | 0                                   | 60.00  |
| 60.01                           | 06001 | NORTHSIDE LAB                                         | 0                                            | 0                                          | 0.000000                  | 0                                   | 60.01  |
| 62.30                           | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.                    | 0                                            | 0                                          | 0.000000                  | 0                                   | 62.30  |
| 63.00                           | 06300 | BLOOD STORING, PROCESSING, & TRANS.                   | 2,702                                        | 0                                          | 0.000000                  | 0                                   | 63.00  |
| 64.00                           | 06400 | INTRAVENOUS THERAPY                                   | 337,424                                      | 0                                          | 0.000000                  | 0                                   | 64.00  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                                   | 107,667                                      | 0                                          | 0.000000                  | 0                                   | 65.00  |
| 66.00                           | 06600 | PHYSICAL THERAPY                                      | 199,290                                      | 0                                          | 0.000000                  | 0                                   | 66.00  |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                                  | 23,552                                       | 0                                          | 0.000000                  | 0                                   | 67.00  |
| 68.00                           | 06800 | SPEECH PATHOLOGY                                      | 80,171                                       | 0                                          | 0.000000                  | 0                                   | 68.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                                     | 17,845                                       | 0                                          | 0.000000                  | 0                                   | 69.00  |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY                                | 127,943                                      | 0                                          | 0.000000                  | 0                                   | 70.00  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS                    | 3,521                                        | 0                                          | 0.000000                  | 0                                   | 71.00  |
| 72.00                           | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS               | 42,414                                       | 0                                          | 0.000000                  | 0                                   | 72.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS                             | 241,322                                      | 0                                          | 0.000000                  | 0                                   | 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                                        | 137,123                                      | 0                                          | 0.000000                  | 0                                   | 74.00  |
| 76.00                           | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES                    | 78,972                                       | 0                                          | 0.000000                  | 0                                   | 76.00  |
| 76.01                           | 03340 | GASTRO INTESTINAL SERVICES                            | 345,907                                      | 0                                          | 0.000000                  | 0                                   | 76.01  |
| 76.02                           | 03140 | CARDIOLOGY                                            | 150,376                                      | 0                                          | 0.000000                  | 0                                   | 76.02  |
| 76.03                           | 03560 | PULMONARY FUNCTION TESTING                            | 18,804                                       | 0                                          | 0.000000                  | 0                                   | 76.03  |
| 76.97                           | 07697 | CARDIAC REHABILITATION                                | 721                                          | 0                                          | 0.000000                  | 0                                   | 76.97  |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY                             | 107,679                                      | 0                                          | 0.000000                  | 0                                   | 76.98  |
| 76.99                           | 07699 | LITHOTRIPSY                                           | 0                                            | 0                                          | 0.000000                  | 0                                   | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |       |                                                       |                                              |                                            |                           |                                     |        |
| 90.00                           | 09000 | CLINIC                                                | 872,097                                      | 0                                          | 0.000000                  | 0                                   | 90.00  |
| 90.01                           | 09001 | CHILLI FAMILY PHYSICIANS                              | 3                                            | 0                                          | 0.000000                  | 0                                   | 90.01  |
| 90.02                           | 09005 | CLINIC                                                | 0                                            | 0                                          | 0.000000                  | 0                                   | 90.02  |
| 90.03                           | 09002 | PHYSICIAN OFFICES                                     | 1,587,210                                    | 0                                          | 0.000000                  | 0                                   | 90.03  |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM                  | 49,619                                       | 0                                          | 0.000000                  | 0                                   | 90.06  |
| 90.07                           | 09004 | WOUND CARE CENTER                                     | 141,255                                      | 0                                          | 0.000000                  | 0                                   | 90.07  |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                                   | 182,227                                      | 0                                          | 0.000000                  | 0                                   | 90.08  |
| 90.09                           | 09009 | NEUROLOGY CLINIC                                      | 167,184                                      | 0                                          | 0.000000                  | 0                                   | 90.09  |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                               | 130,466                                      | 0                                          | 0.000000                  | 0                                   | 90.10  |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC                       | 104,450                                      | 0                                          | 0.000000                  | 0                                   | 90.11  |
| 90.12                           | 09012 | VASCULAR CLINIC                                       | 94,212                                       | 0                                          | 0.000000                  | 0                                   | 90.12  |
| 90.13                           | 09013 | ONCOLOGY CLINIC                                       | 122,478                                      | 0                                          | 0.000000                  | 0                                   | 90.13  |
| 91.00                           | 09100 | EMERGENCY                                             | 399,927                                      | 0                                          | 0.000000                  | 0                                   | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS                                      | 280,386                                      | 0                                          | 0.000000                  | 0                                   | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |       |                                                       |                                              |                                            |                           |                                     |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                                    |                                              |                                            |                           |                                     | 95.00  |
| 200.00                          |       | Total (lines 50 through 199)                          | 14,763,832                                   | 0                                          |                           | 0                                   | 200.00 |

| APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS |                                        |                              |                                                                   |                                                               | Provider CCN: 14-0209                         |                               | Period:<br>From 01/01/2019<br>To 12/31/2019 |        | Worksheet D<br>Part III<br>Date/Time Prepared:<br>8/5/2020 1:45 pm |  |
|---------------------------------------------------------------------|----------------------------------------|------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------|-------------------------------|---------------------------------------------|--------|--------------------------------------------------------------------|--|
|                                                                     |                                        |                              |                                                                   |                                                               | Title XIX                                     |                               | 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                                                                 | 5,952,889                                                     | 0                                             | 0                             | 0                                           | 0      | 30.00                                                              |  |
| 31.00                                                               | 03100                                  | INTENSIVE CARE UNIT          | 0                                                                 | 114,015                                                       | 0                                             | 0                             | 0                                           | 0      | 31.00                                                              |  |
| 34.00                                                               | 03400                                  | SURGICAL INTENSIVE CARE UNIT | 0                                                                 | 13,614                                                        | 0                                             | 0                             | 0                                           | 0      | 34.00                                                              |  |
| 40.00                                                               | 04000                                  | SUBPROVIDER - IPF            | 0                                                                 | 242,778                                                       | 0                                             | 0                             | 0                                           | 0      | 40.00                                                              |  |
| 41.00                                                               | 04100                                  | SUBPROVIDER - IRF            | 0                                                                 | 17,017                                                        | 0                                             | 0                             | 0                                           | 0      | 41.00                                                              |  |
| 43.00                                                               | 04300                                  | NURSERY                      | 0                                                                 | 78,279                                                        | 0                                             | 0                             | 0                                           | 0      | 43.00                                                              |  |
| 200.00                                                              |                                        | Total (lines 30 through 199) | 0                                                                 | 6,418,592                                                     | 0                                             | 0                             | 0                                           | 0      | 200.00                                                             |  |
| Cost Center Description                                             |                                        |                              | Swing-Bed<br>Adjustment<br>Amount (see<br>instructions)           | Total Costs<br>(sum of cols.<br>1 through 3,<br>minus col. 4) | Total Patient<br>Days                         | Per Diem (col.<br>5 ÷ col. 6) | Inpatient<br>Program Days                   |        |                                                                    |  |
|                                                                     |                                        |                              | 4.00                                                              | 5.00                                                          | 6.00                                          | 7.00                          | 8.00                                        |        |                                                                    |  |
|                                                                     | INPATIENT ROUTINE SERVICE COST CENTERS |                              |                                                                   |                                                               |                                               |                               |                                             |        |                                                                    |  |
| 30.00                                                               | 03000                                  | ADULTS & PEDIATRICS          | 0                                                                 | 5,952,889                                                     | 50,004                                        | 119.05                        | 12,123                                      | 30.00  |                                                                    |  |
| 31.00                                                               | 03100                                  | INTENSIVE CARE UNIT          |                                                                   | 114,015                                                       | 2,888                                         | 39.48                         | 190                                         | 31.00  |                                                                    |  |
| 34.00                                                               | 03400                                  | SURGICAL INTENSIVE CARE UNIT |                                                                   | 13,614                                                        | 2,751                                         | 4.95                          | 202                                         | 34.00  |                                                                    |  |
| 40.00                                                               | 04000                                  | SUBPROVIDER - IPF            | 0                                                                 | 242,778                                                       | 14,285                                        | 17.00                         | 0                                           | 40.00  |                                                                    |  |
| 41.00                                                               | 04100                                  | SUBPROVIDER - IRF            | 0                                                                 | 17,017                                                        | 5,233                                         | 3.25                          | 0                                           | 41.00  |                                                                    |  |
| 43.00                                                               | 04300                                  | NURSERY                      |                                                                   | 78,279                                                        | 4,788                                         | 16.35                         | 1,806                                       | 43.00  |                                                                    |  |
| 200.00                                                              |                                        | Total (lines 30 through 199) |                                                                   | 6,418,592                                                     | 79,949                                        |                               | 14,321                                      | 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          | 1,443,243                                                         |                                                               |                                               |                               |                                             |        | 30.00                                                              |  |
| 31.00                                                               | 03100                                  | INTENSIVE CARE UNIT          | 7,501                                                             |                                                               |                                               |                               |                                             |        | 31.00                                                              |  |
| 34.00                                                               | 03400                                  | SURGICAL INTENSIVE CARE UNIT | 1,000                                                             |                                                               |                                               |                               |                                             |        | 34.00                                                              |  |
| 40.00                                                               | 04000                                  | SUBPROVIDER - IPF            | 0                                                                 |                                                               |                                               |                               |                                             |        | 40.00                                                              |  |
| 41.00                                                               | 04100                                  | SUBPROVIDER - IRF            | 0                                                                 |                                                               |                                               |                               |                                             |        | 41.00                                                              |  |
| 43.00                                                               | 04300                                  | NURSERY                      | 29,528                                                            |                                                               |                                               |                               |                                             |        | 43.00                                                              |  |
| 200.00                                                              |                                        | Total (lines 30 through 199) | 1,481,272                                                         |                                                               |                                               |                               |                                             |        | 200.00                                                             |  |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet D  
Part IV  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description         |       | Title XIX                               |                                                |                | Hospital                                      |               | PPS |        |
|---------------------------------|-------|-----------------------------------------|------------------------------------------------|----------------|-----------------------------------------------|---------------|-----|--------|
|                                 |       | Non Physician<br>Anesthetist<br>Cost    | Nursing School<br>Post-Stepdown<br>Adjustments | Nursing School | Allied Health<br>Post-Stepdown<br>Adjustments | Allied Health |     |        |
|                                 |       | 1.00                                    | 2A                                             | 2.00           | 3A                                            | 3.00          |     |        |
| ANCILLARY SERVICE COST CENTERS  |       |                                         |                                                |                |                                               |               |     |        |
| 50.00                           | 05000 | OPERATING ROOM                          | 0                                              | 0              | 66,367                                        | 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              | 455,493                                       | 0             | 0   | 52.00  |
| 53.00                           | 05300 | ANESTHESIOLOGY                          | 0                                              | 0              | 0                                             | 0             | 0   | 53.00  |
| 53.01                           | 03950 | PAIN CLINIC                             | 0                                              | 0              | 0                                             | 0             | 0   | 53.01  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                    | 0                                              | 0              | 0                                             | 0             | 0   | 54.00  |
| 54.01                           | 05401 | NORTHSIDE IMAGING                       | 0                                              | 0              | 0                                             | 0             | 0   | 54.01  |
| 54.02                           | 05402 | NORTHSIDE MAMMOGRAPHY                   | 0                                              | 0              | 0                                             | 0             | 0   | 54.02  |
| 54.03                           | 05403 | NORTHSIDE ULTRASOUND                    | 0                                              | 0              | 0                                             | 0             | 0   | 54.03  |
| 54.04                           | 05404 | NORTHSIDE CARDIO                        | 0                                              | 0              | 0                                             | 0             | 0   | 54.04  |
| 54.05                           | 05405 | NORTHSIDE ADMIN                         | 0                                              | 0              | 0                                             | 0             | 0   | 54.05  |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC                   | 0                                              | 0              | 0                                             | 0             | 0   | 55.00  |
| 56.00                           | 05600 | RADIOISOTOPE                            | 0                                              | 0              | 0                                             | 0             | 0   | 56.00  |
| 56.01                           | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 0                                              | 0              | 0                                             | 0             | 0   | 56.01  |
| 57.00                           | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 0                                              | 0              | 0                                             | 0             | 0   | 57.00  |
| 57.01                           | 05701 | NORTHSIDE CT                            | 0                                              | 0              | 0                                             | 0             | 0   | 57.01  |
| 58.00                           | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 0                                              | 0              | 0                                             | 0             | 0   | 58.00  |
| 58.01                           | 05801 | NORTHSIDE MRI                           | 0                                              | 0              | 0                                             | 0             | 0   | 58.01  |
| 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 | NORTHSIDE LAB                           | 0                                              | 0              | 0                                             | 0             | 0   | 60.01  |
| 62.30                           | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0                                              | 0              | 0                                             | 0             | 0   | 62.30  |
| 63.00                           | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 0                                              | 0              | 0                                             | 0             | 0   | 63.00  |
| 64.00                           | 06400 | INTRAVENOUS THERAPY                     | 0                                              | 0              | 0                                             | 0             | 0   | 64.00  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                     | 0                                              | 0              | 0                                             | 0             | 0   | 65.00  |
| 66.00                           | 06600 | PHYSICAL THERAPY                        | 0                                              | 0              | 0                                             | 0             | 0   | 66.00  |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                    | 0                                              | 0              | 0                                             | 0             | 0   | 67.00  |
| 68.00                           | 06800 | SPEECH PATHOLOGY                        | 0                                              | 0              | 0                                             | 0             | 0   | 68.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                       | 0                                              | 0              | 0                                             | 0             | 0   | 69.00  |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY                  | 0                                              | 0              | 0                                             | 0             | 0   | 70.00  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 0                                              | 0              | 0                                             | 0             | 0   | 71.00  |
| 72.00                           | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 0                                              | 0              | 0                                             | 0             | 0   | 72.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS               | 0                                              | 0              | 0                                             | 0             | 0   | 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                          | 0                                              | 0              | 0                                             | 0             | 0   | 74.00  |
| 76.00                           | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 0                                              | 0              | 40,841                                        | 0             | 0   | 76.00  |
| 76.01                           | 03340 | GASTRO INTESTINAL SERVICES              | 0                                              | 0              | 0                                             | 0             | 0   | 76.01  |
| 76.02                           | 03140 | CARDIOLOGY                              | 0                                              | 0              | 0                                             | 0             | 0   | 76.02  |
| 76.03                           | 03560 | PULMONARY FUNCTION TESTING              | 0                                              | 0              | 0                                             | 0             | 0   | 76.03  |
| 76.97                           | 07697 | CARDIAC REHABILITATION                  | 0                                              | 0              | 0                                             | 0             | 0   | 76.97  |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY               | 0                                              | 0              | 0                                             | 0             | 0   | 76.98  |
| 76.99                           | 07699 | LITHOTRIPSY                             | 0                                              | 0              | 0                                             | 0             | 0   | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |       |                                         |                                                |                |                                               |               |     |        |
| 90.00                           | 09000 | CLINIC                                  | 0                                              | 0              | 0                                             | 0             | 0   | 90.00  |
| 90.01                           | 09001 | CHILLI FAMILY PHYSICIANS                | 0                                              | 0              | 0                                             | 0             | 0   | 90.01  |
| 90.02                           | 09005 | CLINIC                                  | 0                                              | 0              | 0                                             | 0             | 0   | 90.02  |
| 90.03                           | 09002 | PHYSICIAN OFFICES                       | 0                                              | 0              | 218,954                                       | 0             | 0   | 90.03  |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM    | 0                                              | 0              | 0                                             | 0             | 0   | 90.06  |
| 90.07                           | 09004 | WOUND CARE CENTER                       | 0                                              | 0              | 45,663                                        | 0             | 0   | 90.07  |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                     | 0                                              | 0              | 0                                             | 0             | 0   | 90.08  |
| 90.09                           | 09009 | NEUROLOGY CLINIC                        | 0                                              | 0              | 0                                             | 0             | 0   | 90.09  |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                 | 0                                              | 0              | 0                                             | 0             | 0   | 90.10  |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC         | 0                                              | 0              | 0                                             | 0             | 0   | 90.11  |
| 90.12                           | 09012 | VASCULAR CLINIC                         | 0                                              | 0              | 0                                             | 0             | 0   | 90.12  |
| 90.13                           | 09013 | ONCOLOGY CLINIC                         | 0                                              | 0              | 0                                             | 0             | 0   | 90.13  |
| 91.00                           | 09100 | EMERGENCY                               | 0                                              | 0              | 86,788                                        | 0             | 0   | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS                        | 0                                              | 0              | 0                                             | 0             | 0   | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |       |                                         |                                                |                |                                               |               |     |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                      | 0                                              | 0              | 914,106                                       | 0             | 0   | 95.00  |
| 200.00                          |       | Total (lines 50 through 199)            | 0                                              | 0              | 914,106                                       | 0             | 0   | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet D  
Part IV  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description         |       |                                         | Title XIX                        |                                          | Hospital                                         | PPS                                          |                                                               |
|---------------------------------|-------|-----------------------------------------|----------------------------------|------------------------------------------|--------------------------------------------------|----------------------------------------------|---------------------------------------------------------------|
|                                 |       |                                         | All Other Medical Education Cost | Total Cost (sum of cols. 1, 2, 3, and 4) | Total Outpatient Cost (sum of cols. 2, 3, and 4) | Total Charges (from Wkst. C, Part I, col. 8) | Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions) |
|                                 |       |                                         | 4.00                             | 5.00                                     | 6.00                                             | 7.00                                         | 8.00                                                          |
| ANCILLARY SERVICE COST CENTERS  |       |                                         |                                  |                                          |                                                  |                                              |                                                               |
| 50.00                           | 05000 | OPERATING ROOM                          | 0                                | 66,367                                   | 66,367                                           | 0                                            | 0.000000                                                      |
| 51.00                           | 05100 | RECOVERY ROOM                           | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 52.00                           | 05200 | DELIVERY ROOM & LABOR ROOM              | 0                                | 455,493                                  | 455,493                                          | 0                                            | 0.000000                                                      |
| 53.00                           | 05300 | ANESTHESIOLOGY                          | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 53.01                           | 03950 | PAIN CLINIC                             | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                    | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 54.01                           | 05401 | NORTHSIDE IMAGING                       | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 54.02                           | 05402 | NORTHSIDE MAMMOGRAPHY                   | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 54.03                           | 05403 | NORTHSIDE ULTRASOUND                    | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 54.04                           | 05404 | NORTHSIDE CARDIO                        | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 54.05                           | 05405 | NORTHSIDE ADMIN                         | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC                   | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 56.00                           | 05600 | RADIOISOTOPE                            | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 56.01                           | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 57.00                           | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 57.01                           | 05701 | NORTHSIDE CT                            | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 58.00                           | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 58.01                           | 05801 | NORTHSIDE MRI                           | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION                 | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 60.00                           | 06000 | LABORATORY                              | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 60.01                           | 06001 | NORTHSIDE LAB                           | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 62.30                           | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 63.00                           | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 64.00                           | 06400 | INTRAVENOUS THERAPY                     | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 65.00                           | 06500 | RESPIRATORY THERAPY                     | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 66.00                           | 06600 | PHYSICAL THERAPY                        | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                    | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 68.00                           | 06800 | SPEECH PATHOLOGY                        | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                       | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY                  | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 72.00                           | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS               | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 74.00                           | 07400 | RENAL DIALYSIS                          | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 76.00                           | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 0                                | 40,841                                   | 40,841                                           | 0                                            | 0.000000                                                      |
| 76.01                           | 03340 | GASTRO INTESTINAL SERVICES              | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 76.02                           | 03140 | CARDIOLOGY                              | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 76.03                           | 03560 | PULMONARY FUNCTION TESTING              | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 76.97                           | 07697 | CARDIAC REHABILITATION                  | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY               | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 76.99                           | 07699 | LITHOTRIPSY                             | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| OUTPATIENT SERVICE COST CENTERS |       |                                         |                                  |                                          |                                                  |                                              |                                                               |
| 90.00                           | 09000 | CLINIC                                  | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 90.01                           | 09001 | CHILLI FAMILY PHYSICIANS                | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 90.02                           | 09005 | CLINIC                                  | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 90.03                           | 09002 | PHYSICIAN OFFICES                       | 0                                | 218,954                                  | 218,954                                          | 0                                            | 0.000000                                                      |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM    | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 90.07                           | 09004 | WOUND CARE CENTER                       | 0                                | 45,663                                   | 45,663                                           | 0                                            | 0.000000                                                      |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                     | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 90.09                           | 09009 | NEUROLOGY CLINIC                        | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                 | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC         | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 90.12                           | 09012 | VASCULAR CLINIC                         | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 90.13                           | 09013 | ONCOLOGY CLINIC                         | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 91.00                           | 09100 | EMERGENCY                               | 0                                | 86,788                                   | 86,788                                           | 0                                            | 0.000000                                                      |
| 92.00                           | 09200 | OBSERVATION BEDS                        | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| OTHER REIMBURSABLE COST CENTERS |       |                                         |                                  |                                          |                                                  |                                              |                                                               |
| 95.00                           | 09500 | AMBULANCE SERVICES                      | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      |
| 200.00                          |       | Total (lines 50 through 199)            | 0                                | 914,106                                  | 914,106                                          | 0                                            | 0.000000                                                      |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet D  
Part IV  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description         |       | Title XIX                                             |                           | 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 before Geo Reclassification | Outpatient Program Charges on/after Geo Reclassification |        |
|                                 |       | 9.00                                                  | 10.00                     | 11.00                                                   | 12.00                                                  | 12.01                                                    |        |
| ANCILLARY SERVICE COST CENTERS  |       |                                                       |                           |                                                         |                                                        |                                                          |        |
| 50.00                           | 05000 | OPERATING ROOM                                        | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 50.00  |
| 51.00                           | 05100 | RECOVERY ROOM                                         | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 51.00  |
| 52.00                           | 05200 | DELIVERY ROOM & LABOR ROOM                            | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 52.00  |
| 53.00                           | 05300 | ANESTHESIOLOGY                                        | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 53.00  |
| 53.01                           | 03950 | PAIN CLINIC                                           | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 53.01  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                                  | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 54.00  |
| 54.01                           | 05401 | NORTHSIDE IMAGING                                     | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 54.01  |
| 54.02                           | 05402 | NORTHSIDE MAMMOGRAPHY                                 | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 54.02  |
| 54.03                           | 05403 | NORTHSIDE ULTRASOUND                                  | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 54.03  |
| 54.04                           | 05404 | NORTHSIDE CARDIO                                      | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 54.04  |
| 54.05                           | 05405 | NORTHSIDE ADMIN                                       | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 54.05  |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC                                 | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 55.00  |
| 56.00                           | 05600 | RADIOISOTOPE                                          | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 56.00  |
| 56.01                           | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC                         | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 56.01  |
| 57.00                           | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN                         | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 57.00  |
| 57.01                           | 05701 | NORTHSIDE CT                                          | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 57.01  |
| 58.00                           | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                      | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 58.00  |
| 58.01                           | 05801 | NORTHSIDE MRI                                         | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 58.01  |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION                               | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 59.00  |
| 60.00                           | 06000 | LABORATORY                                            | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 60.00  |
| 60.01                           | 06001 | NORTHSIDE LAB                                         | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 60.01  |
| 62.30                           | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.                    | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 62.30  |
| 63.00                           | 06300 | BLOOD STORING, PROCESSING, & TRANS.                   | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 63.00  |
| 64.00                           | 06400 | INTRAVENOUS THERAPY                                   | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 64.00  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                                   | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 65.00  |
| 66.00                           | 06600 | PHYSICAL THERAPY                                      | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 66.00  |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                                  | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 67.00  |
| 68.00                           | 06800 | SPEECH PATHOLOGY                                      | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 68.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                                     | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 69.00  |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY                                | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 70.00  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS                    | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 71.00  |
| 72.00                           | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS               | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 72.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS                             | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                                        | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 74.00  |
| 76.00                           | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES                    | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 76.00  |
| 76.01                           | 03340 | GASTRO INTESTINAL SERVICES                            | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 76.01  |
| 76.02                           | 03140 | CARDIOLOGY                                            | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 76.02  |
| 76.03                           | 03560 | PULMONARY FUNCTION TESTING                            | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 76.03  |
| 76.97                           | 07697 | CARDIAC REHABILITATION                                | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 76.97  |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY                             | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 76.98  |
| 76.99                           | 07699 | LITHOTRIPSY                                           | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |       |                                                       |                           |                                                         |                                                        |                                                          |        |
| 90.00                           | 09000 | CLINIC                                                | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 90.00  |
| 90.01                           | 09001 | CHILLI FAMILY PHYSICIANS                              | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 90.01  |
| 90.02                           | 09005 | CLINIC                                                | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 90.02  |
| 90.03                           | 09002 | PHYSICIAN OFFICES                                     | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 90.03  |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM                  | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 90.06  |
| 90.07                           | 09004 | WOUND CARE CENTER                                     | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 90.07  |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                                   | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 90.08  |
| 90.09                           | 09009 | NEUROLOGY CLINIC                                      | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 90.09  |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                               | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 90.10  |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC                       | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 90.11  |
| 90.12                           | 09012 | VASCULAR CLINIC                                       | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 90.12  |
| 90.13                           | 09013 | ONCOLOGY CLINIC                                       | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 90.13  |
| 91.00                           | 09100 | EMERGENCY                                             | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS                                      | 0.000000                  | 0                                                       | 0                                                      | 0                                                        | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |       |                                                       |                           |                                                         |                                                        |                                                          |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                                    |                           | 0                                                       | 0                                                      | 0                                                        | 95.00  |
| 200.00                          |       | Total (lines 50 through 199)                          |                           | 0                                                       | 0                                                      | 0                                                        | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet D  
Part IV  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description         |       |                                         | Title XIX                                                                                                    |                                                                                                                | Hospital | PPS    |
|---------------------------------|-------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------|--------|
|                                 |       |                                         | Outpatient<br>Program<br>Pass-Through<br>Costs (col. 9<br>x col. 12)<br>before Geo<br>Reclassification<br>on | Outpatient<br>Program<br>Pass-Through<br>Costs (col. 9<br>x col. 12)<br>on/after Geo<br>Reclassification<br>on |          |        |
|                                 |       |                                         | 13.00                                                                                                        | 13.01                                                                                                          |          |        |
| 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  |
| 53.01                           | 03950 | PAIN CLINIC                             | 0                                                                                                            | 0                                                                                                              |          | 53.01  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                    | 0                                                                                                            | 0                                                                                                              |          | 54.00  |
| 54.01                           | 05401 | NORTHSIDE IMAGING                       | 0                                                                                                            | 0                                                                                                              |          | 54.01  |
| 54.02                           | 05402 | NORTHSIDE MAMMOGRAPHY                   | 0                                                                                                            | 0                                                                                                              |          | 54.02  |
| 54.03                           | 05403 | NORTHSIDE ULTRASOUND                    | 0                                                                                                            | 0                                                                                                              |          | 54.03  |
| 54.04                           | 05404 | NORTHSIDE CARDIO                        | 0                                                                                                            | 0                                                                                                              |          | 54.04  |
| 54.05                           | 05405 | NORTHSIDE ADMIN                         | 0                                                                                                            | 0                                                                                                              |          | 54.05  |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC                   | 0                                                                                                            | 0                                                                                                              |          | 55.00  |
| 56.00                           | 05600 | RADIOISOTOPE                            | 0                                                                                                            | 0                                                                                                              |          | 56.00  |
| 56.01                           | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 0                                                                                                            | 0                                                                                                              |          | 56.01  |
| 57.00                           | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 0                                                                                                            | 0                                                                                                              |          | 57.00  |
| 57.01                           | 05701 | NORTHSIDE CT                            | 0                                                                                                            | 0                                                                                                              |          | 57.01  |
| 58.00                           | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 0                                                                                                            | 0                                                                                                              |          | 58.00  |
| 58.01                           | 05801 | NORTHSIDE MRI                           | 0                                                                                                            | 0                                                                                                              |          | 58.01  |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION                 | 0                                                                                                            | 0                                                                                                              |          | 59.00  |
| 60.00                           | 06000 | LABORATORY                              | 0                                                                                                            | 0                                                                                                              |          | 60.00  |
| 60.01                           | 06001 | NORTHSIDE LAB                           | 0                                                                                                            | 0                                                                                                              |          | 60.01  |
| 62.30                           | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0                                                                                                            | 0                                                                                                              |          | 62.30  |
| 63.00                           | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 0                                                                                                            | 0                                                                                                              |          | 63.00  |
| 64.00                           | 06400 | INTRAVENOUS THERAPY                     | 0                                                                                                            | 0                                                                                                              |          | 64.00  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                     | 0                                                                                                            | 0                                                                                                              |          | 65.00  |
| 66.00                           | 06600 | PHYSICAL THERAPY                        | 0                                                                                                            | 0                                                                                                              |          | 66.00  |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                    | 0                                                                                                            | 0                                                                                                              |          | 67.00  |
| 68.00                           | 06800 | SPEECH PATHOLOGY                        | 0                                                                                                            | 0                                                                                                              |          | 68.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                       | 0                                                                                                            | 0                                                                                                              |          | 69.00  |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY                  | 0                                                                                                            | 0                                                                                                              |          | 70.00  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 0                                                                                                            | 0                                                                                                              |          | 71.00  |
| 72.00                           | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 0                                                                                                            | 0                                                                                                              |          | 72.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS               | 0                                                                                                            | 0                                                                                                              |          | 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                          | 0                                                                                                            | 0                                                                                                              |          | 74.00  |
| 76.00                           | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 0                                                                                                            | 0                                                                                                              |          | 76.00  |
| 76.01                           | 03340 | GASTRO INTESTINAL SERVICES              | 0                                                                                                            | 0                                                                                                              |          | 76.01  |
| 76.02                           | 03140 | CARDIOLOGY                              | 0                                                                                                            | 0                                                                                                              |          | 76.02  |
| 76.03                           | 03560 | PULMONARY FUNCTION TESTING              | 0                                                                                                            | 0                                                                                                              |          | 76.03  |
| 76.97                           | 07697 | CARDIAC REHABILITATION                  | 0                                                                                                            | 0                                                                                                              |          | 76.97  |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY               | 0                                                                                                            | 0                                                                                                              |          | 76.98  |
| 76.99                           | 07699 | LITHOTRIPSY                             | 0                                                                                                            | 0                                                                                                              |          | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |       |                                         |                                                                                                              |                                                                                                                |          |        |
| 90.00                           | 09000 | CLINIC                                  | 0                                                                                                            | 0                                                                                                              |          | 90.00  |
| 90.01                           | 09001 | CHILLI FAMILY PHYSICIANS                | 0                                                                                                            | 0                                                                                                              |          | 90.01  |
| 90.02                           | 09005 | CLINIC                                  | 0                                                                                                            | 0                                                                                                              |          | 90.02  |
| 90.03                           | 09002 | PHYSICIAN OFFICES                       | 0                                                                                                            | 0                                                                                                              |          | 90.03  |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM    | 0                                                                                                            | 0                                                                                                              |          | 90.06  |
| 90.07                           | 09004 | WOUND CARE CENTER                       | 0                                                                                                            | 0                                                                                                              |          | 90.07  |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                     | 0                                                                                                            | 0                                                                                                              |          | 90.08  |
| 90.09                           | 09009 | NEUROLOGY CLINIC                        | 0                                                                                                            | 0                                                                                                              |          | 90.09  |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                 | 0                                                                                                            | 0                                                                                                              |          | 90.10  |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC         | 0                                                                                                            | 0                                                                                                              |          | 90.11  |
| 90.12                           | 09012 | VASCULAR CLINIC                         | 0                                                                                                            | 0                                                                                                              |          | 90.12  |
| 90.13                           | 09013 | ONCOLOGY CLINIC                         | 0                                                                                                            | 0                                                                                                              |          | 90.13  |
| 91.00                           | 09100 | EMERGENCY                               | 0                                                                                                            | 0                                                                                                              |          | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS                        | 0                                                                                                            | 0                                                                                                              |          | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |       |                                         |                                                                                                              |                                                                                                                |          |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                      |                                                                                                              |                                                                                                                |          | 95.00  |
| 200.00                          |       | Total (lines 50 through 199)            | 0                                                                                                            | 0                                                                                                              |          | 200.00 |

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0209

Period:

Worksheet D

Component CCN: 14-S209

From 01/01/2019  
To 12/31/2019Part II  
Date/Time Prepared:

8/5/2020 1:45 pm

| 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                          | 3,284,681                                                         | 0                                                     | 0.000000                                            | 0                               | 0                                         | 50.00  |
| 51.00                           | 05100 RECOVERY ROOM                           | 374,307                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 51.00  |
| 52.00                           | 05200 DELIVERY ROOM & LABOR ROOM              | 216,608                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 52.00  |
| 53.00                           | 05300 ANESTHESIOLOGY                          | 167,590                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 53.00  |
| 53.01                           | 03950 PAIN CLINIC                             | 44,242                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 53.01  |
| 54.00                           | 05400 RADIOLOGY-DIAGNOSTIC                    | 1,837,106                                                         | 0                                                     | 0.000000                                            | 0                               | 0                                         | 54.00  |
| 54.01                           | 05401 NORTHSIDE IMAGING                       | 45,632                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 54.01  |
| 54.02                           | 05402 NORTHSIDE MAMMOGRAPHY                   | 36,746                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 54.02  |
| 54.03                           | 05403 NORTHSIDE ULTRASOUND                    | 16,659                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 54.03  |
| 54.04                           | 05404 NORTHSIDE CARDIO                        | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 54.04  |
| 54.05                           | 05405 NORTHSIDE ADMIN                         | 51,193                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 54.05  |
| 55.00                           | 05500 RADIOLOGY-THERAPEUTIC                   | 717,522                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 55.00  |
| 56.00                           | 05600 RADIOISOTOPE                            | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 56.00  |
| 56.01                           | 03450 NUCLEAR MEDICINE - DIAGNOSTIC           | 360,339                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 56.01  |
| 57.00                           | 05700 COMPUTED TOMOGRAPHY (CT) SCAN           | 52,064                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 57.00  |
| 57.01                           | 05701 NORTHSIDE CT                            | 5,905                                                             | 0                                                     | 0.000000                                            | 0                               | 0                                         | 57.01  |
| 58.00                           | 05800 MAGNETIC RESONANCE IMAGING (MRI)        | 97,881                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 58.00  |
| 58.01                           | 05801 NORTHSIDE MRI                           | 1,734                                                             | 0                                                     | 0.000000                                            | 0                               | 0                                         | 58.01  |
| 59.00                           | 05900 CARDIAC CATHETERIZATION                 | 86,507                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 59.00  |
| 60.00                           | 06000 LABORATORY                              | 1,212,169                                                         | 0                                                     | 0.000000                                            | 0                               | 0                                         | 60.00  |
| 60.01                           | 06001 NORTHSIDE LAB                           | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 60.01  |
| 62.30                           | 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 62.30  |
| 63.00                           | 06300 BLOOD STORING, PROCESSING, & TRANS.     | 2,702                                                             | 0                                                     | 0.000000                                            | 0                               | 0                                         | 63.00  |
| 64.00                           | 06400 INTRAVENOUS THERAPY                     | 337,424                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 64.00  |
| 65.00                           | 06500 RESPIRATORY THERAPY                     | 107,667                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 65.00  |
| 66.00                           | 06600 PHYSICAL THERAPY                        | 199,290                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 66.00  |
| 67.00                           | 06700 OCCUPATIONAL THERAPY                    | 23,552                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 67.00  |
| 68.00                           | 06800 SPEECH PATHOLOGY                        | 80,171                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 68.00  |
| 69.00                           | 06900 ELECTROCARDIOLOGY                       | 17,845                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 69.00  |
| 70.00                           | 07000 ELECTROENCEPHALOGRAPHY                  | 127,943                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 70.00  |
| 71.00                           | 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS      | 3,521                                                             | 0                                                     | 0.000000                                            | 0                               | 0                                         | 71.00  |
| 72.00                           | 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS | 42,414                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 72.00  |
| 73.00                           | 07300 DRUGS CHARGED TO PATIENTS               | 241,322                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 73.00  |
| 74.00                           | 07400 RENAL DIALYSIS                          | 137,123                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 74.00  |
| 76.00                           | 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 78,972                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 76.00  |
| 76.01                           | 03340 GASTRO INTESTINAL SERVICES              | 345,907                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 76.01  |
| 76.02                           | 03140 CARDIOLOGY                              | 150,376                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 76.02  |
| 76.03                           | 03560 PULMONARY FUNCTION TESTING              | 18,804                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 76.03  |
| 76.97                           | 07697 CARDIAC REHABILITATION                  | 721                                                               | 0                                                     | 0.000000                                            | 0                               | 0                                         | 76.97  |
| 76.98                           | 07698 HYPERBARIC OXYGEN THERAPY               | 107,679                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 76.98  |
| 76.99                           | 07699 LITHOTRIPSY                             | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |                                               |                                                                   |                                                       |                                                     |                                 |                                           |        |
| 90.00                           | 09000 CLINIC                                  | 872,097                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.00  |
| 90.01                           | 09001 CHILLI FAMILY PHYSICIANS                | 3                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.01  |
| 90.02                           | 09005 CLINIC                                  | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.02  |
| 90.03                           | 09002 PHYSICIAN OFFICES                       | 1,587,210                                                         | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.03  |
| 90.06                           | 09003 ENDOCRINOLOGY, DIABETES & METABOLISM    | 49,619                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.06  |
| 90.07                           | 09004 WOUND CARE CENTER                       | 141,255                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.07  |
| 90.08                           | 09008 INTENSIVISTS CLINIC                     | 182,227                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.08  |
| 90.09                           | 09009 NEUROLOGY CLINIC                        | 167,184                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.09  |
| 90.10                           | 09010 MULTI-SPECIALITY CLINIC                 | 130,466                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.10  |
| 90.11                           | 09011 PEDIATRICS-GASTROENTEROL CLINIC         | 104,450                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.11  |
| 90.12                           | 09012 VASCULAR CLINIC                         | 94,212                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.12  |
| 90.13                           | 09013 ONCOLOGY CLINIC                         | 122,478                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.13  |
| 91.00                           | 09100 EMERGENCY                               | 399,927                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 91.00  |
| 92.00                           | 09200 OBSERVATION BEDS                        | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |                                               |                                                                   |                                                       |                                                     |                                 |                                           |        |
| 95.00                           | 09500 AMBULANCE SERVICES                      |                                                                   |                                                       |                                                     |                                 |                                           | 95.00  |
| 200.00                          | Total (lines 50 through 199)                  | 14,483,446                                                        | 0                                                     |                                                     | 0                               | 0                                         | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 14-0209

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

Worksheet D  
Part IV  
Date/Time Prepared:  
8/5/2020 1:45 pm

Component CCN: 14-S209

Title XIX

Subprovider -  
IPF

PPS

| Cost Center Description         |       |                                            | Non Physician<br>Anesthetist<br>Cost | Nursing School<br>Post-Stepdown<br>Adjustments | Nursing School | Allied Health<br>Post-Stepdown<br>Adjustments | Allied Health |        |
|---------------------------------|-------|--------------------------------------------|--------------------------------------|------------------------------------------------|----------------|-----------------------------------------------|---------------|--------|
|                                 |       |                                            | 1.00                                 | 2A                                             | 2.00           | 3A                                            | 3.00          |        |
| ANCILLARY SERVICE COST CENTERS  |       |                                            |                                      |                                                |                |                                               |               |        |
| 50.00                           | 05000 | OPERATING ROOM                             | 0                                    | 0                                              | 66,367         | 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                                              | 455,493        | 0                                             | 0             | 52.00  |
| 53.00                           | 05300 | ANESTHESIOLOGY                             | 0                                    | 0                                              | 0              | 0                                             | 0             | 53.00  |
| 53.01                           | 03950 | PAIN CLINIC                                | 0                                    | 0                                              | 0              | 0                                             | 0             | 53.01  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                       | 0                                    | 0                                              | 0              | 0                                             | 0             | 54.00  |
| 54.01                           | 05401 | NORTHSIDE IMAGING                          | 0                                    | 0                                              | 0              | 0                                             | 0             | 54.01  |
| 54.02                           | 05402 | NORTHSIDE MAMMOGRAPHY                      | 0                                    | 0                                              | 0              | 0                                             | 0             | 54.02  |
| 54.03                           | 05403 | NORTHSIDE ULTRASOUND                       | 0                                    | 0                                              | 0              | 0                                             | 0             | 54.03  |
| 54.04                           | 05404 | NORTHSIDE CARDIO                           | 0                                    | 0                                              | 0              | 0                                             | 0             | 54.04  |
| 54.05                           | 05405 | NORTHSIDE ADMIN                            | 0                                    | 0                                              | 0              | 0                                             | 0             | 54.05  |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC                      | 0                                    | 0                                              | 0              | 0                                             | 0             | 55.00  |
| 56.00                           | 05600 | RADIOISOTOPE                               | 0                                    | 0                                              | 0              | 0                                             | 0             | 56.00  |
| 56.01                           | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC              | 0                                    | 0                                              | 0              | 0                                             | 0             | 56.01  |
| 57.00                           | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN              | 0                                    | 0                                              | 0              | 0                                             | 0             | 57.00  |
| 57.01                           | 05701 | NORTHSIDE CT                               | 0                                    | 0                                              | 0              | 0                                             | 0             | 57.01  |
| 58.00                           | 05800 | MAGNETIC RESONANCE IMAGING (MRI)           | 0                                    | 0                                              | 0              | 0                                             | 0             | 58.00  |
| 58.01                           | 05801 | NORTHSIDE MRI                              | 0                                    | 0                                              | 0              | 0                                             | 0             | 58.01  |
| 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 | NORTHSIDE LAB                              | 0                                    | 0                                              | 0              | 0                                             | 0             | 60.01  |
| 62.30                           | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.         | 0                                    | 0                                              | 0              | 0                                             | 0             | 62.30  |
| 63.00                           | 06300 | BLOOD STORING, PROCESSING, & TRANS.        | 0                                    | 0                                              | 0              | 0                                             | 0             | 63.00  |
| 64.00                           | 06400 | INTRAVENOUS THERAPY                        | 0                                    | 0                                              | 0              | 0                                             | 0             | 64.00  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                        | 0                                    | 0                                              | 0              | 0                                             | 0             | 65.00  |
| 66.00                           | 06600 | PHYSICAL THERAPY                           | 0                                    | 0                                              | 0              | 0                                             | 0             | 66.00  |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                       | 0                                    | 0                                              | 0              | 0                                             | 0             | 67.00  |
| 68.00                           | 06800 | SPEECH PATHOLOGY                           | 0                                    | 0                                              | 0              | 0                                             | 0             | 68.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                          | 0                                    | 0                                              | 0              | 0                                             | 0             | 69.00  |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY                     | 0                                    | 0                                              | 0              | 0                                             | 0             | 70.00  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS         | 0                                    | 0                                              | 0              | 0                                             | 0             | 71.00  |
| 72.00                           | 07200 | IMPLANTABLE DEVICES CHARGED TO<br>PATIENTS | 0                                    | 0                                              | 0              | 0                                             | 0             | 72.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS                  | 0                                    | 0                                              | 0              | 0                                             | 0             | 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                             | 0                                    | 0                                              | 0              | 0                                             | 0             | 74.00  |
| 76.00                           | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES         | 0                                    | 0                                              | 40,841         | 0                                             | 0             | 76.00  |
| 76.01                           | 03340 | GASTRO INTESTINAL SERVICES                 | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.01  |
| 76.02                           | 03140 | CARDIOLOGY                                 | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.02  |
| 76.03                           | 03560 | PULMONARY FUNCTION TESTING                 | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.03  |
| 76.97                           | 07697 | CARDIAC REHABILITATION                     | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.97  |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY                  | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.98  |
| 76.99                           | 07699 | LITHOTRIPSY                                | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |       |                                            |                                      |                                                |                |                                               |               |        |
| 90.00                           | 09000 | CLINIC                                     | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.00  |
| 90.01                           | 09001 | CHILLI FAMILY PHYSICIANS                   | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.01  |
| 90.02                           | 09005 | CLINIC                                     | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.02  |
| 90.03                           | 09002 | PHYSICIAN OFFICES                          | 0                                    | 0                                              | 218,954        | 0                                             | 0             | 90.03  |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM       | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.06  |
| 90.07                           | 09004 | WOUND CARE CENTER                          | 0                                    | 0                                              | 45,663         | 0                                             | 0             | 90.07  |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                        | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.08  |
| 90.09                           | 09009 | NEUROLOGY CLINIC                           | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.09  |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                    | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.10  |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC            | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.11  |
| 90.12                           | 09012 | VASCULAR CLINIC                            | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.12  |
| 90.13                           | 09013 | ONCOLOGY CLINIC                            | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.13  |
| 91.00                           | 09100 | EMERGENCY                                  | 0                                    | 0                                              | 86,788         | 0                                             | 0             | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS                           | 0                                    | 0                                              | 0              | 0                                             | 0             | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |       |                                            |                                      |                                                |                |                                               |               |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                         | 0                                    | 0                                              | 914,106        | 0                                             | 0             | 95.00  |
| 200.00                          |       | Total (lines 50 through 199)               | 0                                    | 0                                              | 914,106        | 0                                             | 0             | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                         |   | Provider CCN: 14-0209<br>Component CCN: 14-S209 |                                                   | Period:<br>From 01/01/2019<br>To 12/31/2019                  |                                                       | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>8/5/2020 1:45 pm            |        |
|----------------------------------------------------------------------------------|-------|-----------------------------------------|---|-------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|--------|
|                                                                                  |       |                                         |   | Title XIX                                       |                                                   | Subprovider -<br>IPF                                         |                                                       | PPS                                                                          |        |
| 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 |                                                 | 66,367                                            | 66,367                                                       | 0                                                     | 0.000000                                                                     | 50.00  |
| 51.00                                                                            | 05100 | RECOVERY ROOM                           | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 51.00  |
| 52.00                                                                            | 05200 | DELIVERY ROOM & LABOR ROOM              | 0 |                                                 | 455,493                                           | 455,493                                                      | 0                                                     | 0.000000                                                                     | 52.00  |
| 53.00                                                                            | 05300 | ANESTHESIOLOGY                          | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 53.00  |
| 53.01                                                                            | 03950 | PAIN CLINIC                             | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 53.01  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                    | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 54.00  |
| 54.01                                                                            | 05401 | NORTHSIDE IMAGING                       | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 54.01  |
| 54.02                                                                            | 05402 | NORTHSIDE MAMMOGRAPHY                   | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 54.02  |
| 54.03                                                                            | 05403 | NORTHSIDE ULTRASOUND                    | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 54.03  |
| 54.04                                                                            | 05404 | NORTHSIDE CARDIO                        | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 54.04  |
| 54.05                                                                            | 05405 | NORTHSIDE ADMIN                         | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 54.05  |
| 55.00                                                                            | 05500 | RADIOLOGY-THERAPEUTIC                   | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 55.00  |
| 56.00                                                                            | 05600 | RADIOISOTOPE                            | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 56.00  |
| 56.01                                                                            | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 56.01  |
| 57.00                                                                            | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 57.00  |
| 57.01                                                                            | 05701 | NORTHSIDE CT                            | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 57.01  |
| 58.00                                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 58.00  |
| 58.01                                                                            | 05801 | NORTHSIDE MRI                           | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 58.01  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION                 | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 59.00  |
| 60.00                                                                            | 06000 | LABORATORY                              | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 60.00  |
| 60.01                                                                            | 06001 | NORTHSIDE LAB                           | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 60.01  |
| 62.30                                                                            | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 62.30  |
| 63.00                                                                            | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 63.00  |
| 64.00                                                                            | 06400 | INTRAVENOUS THERAPY                     | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 64.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                     | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                        | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 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                                                            | 0                                                     | 0.000000                                                                     | 69.00  |
| 70.00                                                                            | 07000 | ELECTROENCEPHALOGRAPHY                  | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 70.00  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 71.00  |
| 72.00                                                                            | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS               | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                          | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 74.00  |
| 76.00                                                                            | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 0 |                                                 | 40,841                                            | 40,841                                                       | 0                                                     | 0.000000                                                                     | 76.00  |
| 76.01                                                                            | 03340 | GASTRO INTESTINAL SERVICES              | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 76.01  |
| 76.02                                                                            | 03140 | CARDIOLOGY                              | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 76.02  |
| 76.03                                                                            | 03560 | PULMONARY FUNCTION TESTING              | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 76.03  |
| 76.97                                                                            | 07697 | CARDIAC REHABILITATION                  | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 76.97  |
| 76.98                                                                            | 07698 | HYPERBARIC OXYGEN THERAPY               | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 76.98  |
| 76.99                                                                            | 07699 | LITHOTRIPSY                             | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 76.99  |
| OUTPATIENT SERVICE COST CENTERS                                                  |       |                                         |   |                                                 |                                                   |                                                              |                                                       |                                                                              |        |
| 90.00                                                                            | 09000 | CLINIC                                  | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 90.00  |
| 90.01                                                                            | 09001 | CHILLI FAMILY PHYSICIANS                | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 90.01  |
| 90.02                                                                            | 09005 | CLINIC                                  | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 90.02  |
| 90.03                                                                            | 09002 | PHYSICIAN OFFICES                       | 0 |                                                 | 218,954                                           | 218,954                                                      | 0                                                     | 0.000000                                                                     | 90.03  |
| 90.06                                                                            | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM    | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 90.06  |
| 90.07                                                                            | 09004 | WOUND CARE CENTER                       | 0 |                                                 | 45,663                                            | 45,663                                                       | 0                                                     | 0.000000                                                                     | 90.07  |
| 90.08                                                                            | 09008 | INTENSIVISTS CLINIC                     | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 90.08  |
| 90.09                                                                            | 09009 | NEUROLOGY CLINIC                        | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 90.09  |
| 90.10                                                                            | 09010 | MULTI-SPECIALITY CLINIC                 | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 90.10  |
| 90.11                                                                            | 09011 | PEDIATRICS-GASTROENTEROL CLINIC         | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 90.11  |
| 90.12                                                                            | 09012 | VASCULAR CLINIC                         | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 90.12  |
| 90.13                                                                            | 09013 | ONCOLOGY CLINIC                         | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 90.13  |
| 91.00                                                                            | 09100 | EMERGENCY                               | 0 |                                                 | 86,788                                            | 86,788                                                       | 0                                                     | 0.000000                                                                     | 91.00  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS                        | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 92.00  |
| OTHER REIMBURSABLE COST CENTERS                                                  |       |                                         |   |                                                 |                                                   |                                                              |                                                       |                                                                              |        |
| 95.00                                                                            | 09500 | AMBULANCE SERVICES                      | 0 |                                                 | 914,106                                           | 914,106                                                      | 0                                                     |                                                                              | 95.00  |
| 200.00                                                                           |       | Total (lines 50 through 199)            | 0 |                                                 | 914,106                                           | 914,106                                                      | 0                                                     |                                                                              | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 14-0209

Period:

Worksheet D

Component CCN: 14-S209

From 01/01/2019  
To 12/31/2019Part IV  
Date/Time Prepared:  
8/5/2020 1:45 pm

|                                 |       |                                                                   |                                 | Title XIX                                                           |                                                                          | Subprovider -<br>IPF                                                       | PPS    |
|---------------------------------|-------|-------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------|--------|
| Cost Center Description         |       | Outpatient<br>Ratio of Cost<br>to Charges<br>(col. 6 ÷ col.<br>7) | Inpatient<br>Program<br>Charges | Inpatient<br>Program<br>Pass-Through<br>Costs (col. 8<br>x col. 10) | Outpatient<br>Program<br>Charges before<br>Geo<br>Reclassification<br>on | Outpatient<br>Program<br>Charges<br>on/after Geo<br>Reclassification<br>on |        |
|                                 |       | 9.00                                                              | 10.00                           | 11.00                                                               | 12.00                                                                    | 12.01                                                                      |        |
| ANCILLARY SERVICE COST CENTERS  |       |                                                                   |                                 |                                                                     |                                                                          |                                                                            |        |
| 50.00                           | 05000 | OPERATING ROOM                                                    | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 50.00  |
| 51.00                           | 05100 | RECOVERY ROOM                                                     | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 51.00  |
| 52.00                           | 05200 | DELIVERY ROOM & LABOR ROOM                                        | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 52.00  |
| 53.00                           | 05300 | ANESTHESIOLOGY                                                    | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 53.00  |
| 53.01                           | 03950 | PAIN CLINIC                                                       | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 53.01  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                                              | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 54.00  |
| 54.01                           | 05401 | NORTHSIDE IMAGING                                                 | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 54.01  |
| 54.02                           | 05402 | NORTHSIDE MAMMOGRAPHY                                             | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 54.02  |
| 54.03                           | 05403 | NORTHSIDE ULTRASOUND                                              | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 54.03  |
| 54.04                           | 05404 | NORTHSIDE CARDIO                                                  | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 54.04  |
| 54.05                           | 05405 | NORTHSIDE ADMIN                                                   | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 54.05  |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC                                             | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 55.00  |
| 56.00                           | 05600 | RADIOISOTOPE                                                      | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 56.00  |
| 56.01                           | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC                                     | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 56.01  |
| 57.00                           | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN                                     | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 57.00  |
| 57.01                           | 05701 | NORTHSIDE CT                                                      | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 57.01  |
| 58.00                           | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                                  | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 58.00  |
| 58.01                           | 05801 | NORTHSIDE MRI                                                     | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 58.01  |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION                                           | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 59.00  |
| 60.00                           | 06000 | LABORATORY                                                        | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 60.00  |
| 60.01                           | 06001 | NORTHSIDE LAB                                                     | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 60.01  |
| 62.30                           | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.                                | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 62.30  |
| 63.00                           | 06300 | BLOOD STORING, PROCESSING, & TRANS.                               | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 63.00  |
| 64.00                           | 06400 | INTRAVENOUS THERAPY                                               | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 64.00  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                                               | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 65.00  |
| 66.00                           | 06600 | PHYSICAL THERAPY                                                  | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 66.00  |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                                              | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 67.00  |
| 68.00                           | 06800 | SPEECH PATHOLOGY                                                  | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 68.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                                                 | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 69.00  |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY                                            | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 70.00  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS                                | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 71.00  |
| 72.00                           | 07200 | IMPLANTABLE DEVICES CHARGED TO<br>PATIENTS                        | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 72.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS                                         | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                                                    | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 74.00  |
| 76.00                           | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES                                | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 76.00  |
| 76.01                           | 03340 | GASTRO INTESTINAL SERVICES                                        | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 76.01  |
| 76.02                           | 03140 | CARDIOLOGY                                                        | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 76.02  |
| 76.03                           | 03560 | PULMONARY FUNCTION TESTING                                        | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 76.03  |
| 76.97                           | 07697 | CARDIAC REHABILITATION                                            | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 76.97  |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY                                         | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 76.98  |
| 76.99                           | 07699 | LITHOTRIPSY                                                       | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |       |                                                                   |                                 |                                                                     |                                                                          |                                                                            |        |
| 90.00                           | 09000 | CLINIC                                                            | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 90.00  |
| 90.01                           | 09001 | CHILLI FAMILY PHYSICIANS                                          | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 90.01  |
| 90.02                           | 09005 | CLINIC                                                            | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 90.02  |
| 90.03                           | 09002 | PHYSICIAN OFFICES                                                 | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 90.03  |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM                              | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 90.06  |
| 90.07                           | 09004 | WOUND CARE CENTER                                                 | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 90.07  |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                                               | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 90.08  |
| 90.09                           | 09009 | NEUROLOGY CLINIC                                                  | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 90.09  |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                                           | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 90.10  |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC                                   | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 90.11  |
| 90.12                           | 09012 | VASCULAR CLINIC                                                   | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 90.12  |
| 90.13                           | 09013 | ONCOLOGY CLINIC                                                   | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 90.13  |
| 91.00                           | 09100 | EMERGENCY                                                         | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS                                                  | 0.000000                        | 0                                                                   | 0                                                                        | 0                                                                          | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |       |                                                                   |                                 |                                                                     |                                                                          |                                                                            |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                                                |                                 | 0                                                                   | 0                                                                        | 0                                                                          | 95.00  |
| 200.00                          |       | Total (lines 50 through 199)                                      |                                 | 0                                                                   | 0                                                                        | 0                                                                          | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 14-0209

Component CCN: 14-S209

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

Worksheet D  
Part IV  
Date/Time Prepared:  
8/5/2020 1:45 pm

Title XIX

Subprovider -  
IPF

PPS

| Cost Center Description         |                                                  | Outpatient<br>Program<br>Pass-Through<br>Costs (col. 9<br>x col. 12)<br>before Geo<br>Reclassification<br>on | Outpatient<br>Program<br>Pass-Through<br>Costs (col. 9<br>x col. 12)<br>on/after Geo<br>Reclassification<br>on |        |
|---------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------|
|                                 |                                                  | 13.00                                                                                                        | 13.01                                                                                                          |        |
| 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  |
| 53.01                           | 03950 PAIN CLINIC                                | 0                                                                                                            | 0                                                                                                              | 53.01  |
| 54.00                           | 05400 RADIOLOGY-DIAGNOSTIC                       | 0                                                                                                            | 0                                                                                                              | 54.00  |
| 54.01                           | 05401 NORTHSIDE IMAGING                          | 0                                                                                                            | 0                                                                                                              | 54.01  |
| 54.02                           | 05402 NORTHSIDE MAMMOGRAPHY                      | 0                                                                                                            | 0                                                                                                              | 54.02  |
| 54.03                           | 05403 NORTHSIDE ULTRASOUND                       | 0                                                                                                            | 0                                                                                                              | 54.03  |
| 54.04                           | 05404 NORTHSIDE CARDIO                           | 0                                                                                                            | 0                                                                                                              | 54.04  |
| 54.05                           | 05405 NORTHSIDE ADMIN                            | 0                                                                                                            | 0                                                                                                              | 54.05  |
| 55.00                           | 05500 RADIOLOGY-THERAPEUTIC                      | 0                                                                                                            | 0                                                                                                              | 55.00  |
| 56.00                           | 05600 RADIOISOTOPE                               | 0                                                                                                            | 0                                                                                                              | 56.00  |
| 56.01                           | 03450 NUCLEAR MEDICINE - DIAGNOSTIC              | 0                                                                                                            | 0                                                                                                              | 56.01  |
| 57.00                           | 05700 COMPUTED TOMOGRAPHY (CT) SCAN              | 0                                                                                                            | 0                                                                                                              | 57.00  |
| 57.01                           | 05701 NORTHSIDE CT                               | 0                                                                                                            | 0                                                                                                              | 57.01  |
| 58.00                           | 05800 MAGNETIC RESONANCE IMAGING (MRI)           | 0                                                                                                            | 0                                                                                                              | 58.00  |
| 58.01                           | 05801 NORTHSIDE MRI                              | 0                                                                                                            | 0                                                                                                              | 58.01  |
| 59.00                           | 05900 CARDIAC CATHETERIZATION                    | 0                                                                                                            | 0                                                                                                              | 59.00  |
| 60.00                           | 06000 LABORATORY                                 | 0                                                                                                            | 0                                                                                                              | 60.00  |
| 60.01                           | 06001 NORTHSIDE LAB                              | 0                                                                                                            | 0                                                                                                              | 60.01  |
| 62.30                           | 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.         | 0                                                                                                            | 0                                                                                                              | 62.30  |
| 63.00                           | 06300 BLOOD STORING, PROCESSING, & TRANS.        | 0                                                                                                            | 0                                                                                                              | 63.00  |
| 64.00                           | 06400 INTRAVENOUS THERAPY                        | 0                                                                                                            | 0                                                                                                              | 64.00  |
| 65.00                           | 06500 RESPIRATORY THERAPY                        | 0                                                                                                            | 0                                                                                                              | 65.00  |
| 66.00                           | 06600 PHYSICAL THERAPY                           | 0                                                                                                            | 0                                                                                                              | 66.00  |
| 67.00                           | 06700 OCCUPATIONAL THERAPY                       | 0                                                                                                            | 0                                                                                                              | 67.00  |
| 68.00                           | 06800 SPEECH PATHOLOGY                           | 0                                                                                                            | 0                                                                                                              | 68.00  |
| 69.00                           | 06900 ELECTROCARDIOLOGY                          | 0                                                                                                            | 0                                                                                                              | 69.00  |
| 70.00                           | 07000 ELECTROENCEPHALOGRAPHY                     | 0                                                                                                            | 0                                                                                                              | 70.00  |
| 71.00                           | 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS         | 0                                                                                                            | 0                                                                                                              | 71.00  |
| 72.00                           | 07200 IMPLANTABLE DEVICES CHARGED TO<br>PATIENTS | 0                                                                                                            | 0                                                                                                              | 72.00  |
| 73.00                           | 07300 DRUGS CHARGED TO PATIENTS                  | 0                                                                                                            | 0                                                                                                              | 73.00  |
| 74.00                           | 07400 RENAL DIALYSIS                             | 0                                                                                                            | 0                                                                                                              | 74.00  |
| 76.00                           | 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES         | 0                                                                                                            | 0                                                                                                              | 76.00  |
| 76.01                           | 03340 GASTRO INTESTINAL SERVICES                 | 0                                                                                                            | 0                                                                                                              | 76.01  |
| 76.02                           | 03140 CARDIOLOGY                                 | 0                                                                                                            | 0                                                                                                              | 76.02  |
| 76.03                           | 03560 PULMONARY FUNCTION TESTING                 | 0                                                                                                            | 0                                                                                                              | 76.03  |
| 76.97                           | 07697 CARDIAC REHABILITATION                     | 0                                                                                                            | 0                                                                                                              | 76.97  |
| 76.98                           | 07698 HYPERBARIC OXYGEN THERAPY                  | 0                                                                                                            | 0                                                                                                              | 76.98  |
| 76.99                           | 07699 LITHOTRIPSY                                | 0                                                                                                            | 0                                                                                                              | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |                                                  |                                                                                                              |                                                                                                                |        |
| 90.00                           | 09000 CLINIC                                     | 0                                                                                                            | 0                                                                                                              | 90.00  |
| 90.01                           | 09001 CHILLI FAMILY PHYSICIANS                   | 0                                                                                                            | 0                                                                                                              | 90.01  |
| 90.02                           | 09005 CLINIC                                     | 0                                                                                                            | 0                                                                                                              | 90.02  |
| 90.03                           | 09002 PHYSICIAN OFFICES                          | 0                                                                                                            | 0                                                                                                              | 90.03  |
| 90.06                           | 09003 ENDOCRINOLOGY, DIABETES & METABOLISM       | 0                                                                                                            | 0                                                                                                              | 90.06  |
| 90.07                           | 09004 WOUND CARE CENTER                          | 0                                                                                                            | 0                                                                                                              | 90.07  |
| 90.08                           | 09008 INTENSIVISTS CLINIC                        | 0                                                                                                            | 0                                                                                                              | 90.08  |
| 90.09                           | 09009 NEUROLOGY CLINIC                           | 0                                                                                                            | 0                                                                                                              | 90.09  |
| 90.10                           | 09010 MULTI-SPECIALITY CLINIC                    | 0                                                                                                            | 0                                                                                                              | 90.10  |
| 90.11                           | 09011 PEDIATRICS-GASTROENTEROL CLINIC            | 0                                                                                                            | 0                                                                                                              | 90.11  |
| 90.12                           | 09012 VASCULAR CLINIC                            | 0                                                                                                            | 0                                                                                                              | 90.12  |
| 90.13                           | 09013 ONCOLOGY CLINIC                            | 0                                                                                                            | 0                                                                                                              | 90.13  |
| 91.00                           | 09100 EMERGENCY                                  | 0                                                                                                            | 0                                                                                                              | 91.00  |
| 92.00                           | 09200 OBSERVATION BEDS                           | 0                                                                                                            | 0                                                                                                              | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |                                                  |                                                                                                              |                                                                                                                |        |
| 95.00                           | 09500 AMBULANCE SERVICES                         |                                                                                                              |                                                                                                                | 95.00  |
| 200.00                          | Total (lines 50 through 199)                     | 0                                                                                                            | 0                                                                                                              | 200.00 |

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0209

Period:

Worksheet D

Component CCN: 14-T209

From 01/01/2019  
To 12/31/2019Part II  
Date/Time Prepared:  
8/5/2020 1:45 pm

| 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                          | 3,284,681                                                         | 0                                                     | 0.000000                                            | 0                               | 0                                         | 50.00  |
| 51.00                           | 05100 RECOVERY ROOM                           | 374,307                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 51.00  |
| 52.00                           | 05200 DELIVERY ROOM & LABOR ROOM              | 216,608                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 52.00  |
| 53.00                           | 05300 ANESTHESIOLOGY                          | 167,590                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 53.00  |
| 53.01                           | 03950 PAIN CLINIC                             | 44,242                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 53.01  |
| 54.00                           | 05400 RADIOLOGY-DIAGNOSTIC                    | 1,837,106                                                         | 0                                                     | 0.000000                                            | 0                               | 0                                         | 54.00  |
| 54.01                           | 05401 NORTHSIDE IMAGING                       | 45,632                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 54.01  |
| 54.02                           | 05402 NORTHSIDE MAMMOGRAPHY                   | 36,746                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 54.02  |
| 54.03                           | 05403 NORTHSIDE ULTRASOUND                    | 16,659                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 54.03  |
| 54.04                           | 05404 NORTHSIDE CARDIO                        | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 54.04  |
| 54.05                           | 05405 NORTHSIDE ADMIN                         | 51,193                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 54.05  |
| 55.00                           | 05500 RADIOLOGY-THERAPEUTIC                   | 717,522                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 55.00  |
| 56.00                           | 05600 RADIOISOTOPE                            | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 56.00  |
| 56.01                           | 03450 NUCLEAR MEDICINE - DIAGNOSTIC           | 360,339                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 56.01  |
| 57.00                           | 05700 COMPUTED TOMOGRAPHY (CT) SCAN           | 52,064                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 57.00  |
| 57.01                           | 05701 NORTHSIDE CT                            | 5,905                                                             | 0                                                     | 0.000000                                            | 0                               | 0                                         | 57.01  |
| 58.00                           | 05800 MAGNETIC RESONANCE IMAGING (MRI)        | 97,881                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 58.00  |
| 58.01                           | 05801 NORTHSIDE MRI                           | 1,734                                                             | 0                                                     | 0.000000                                            | 0                               | 0                                         | 58.01  |
| 59.00                           | 05900 CARDIAC CATHETERIZATION                 | 86,507                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 59.00  |
| 60.00                           | 06000 LABORATORY                              | 1,212,169                                                         | 0                                                     | 0.000000                                            | 0                               | 0                                         | 60.00  |
| 60.01                           | 06001 NORTHSIDE LAB                           | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 60.01  |
| 62.30                           | 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 62.30  |
| 63.00                           | 06300 BLOOD STORING, PROCESSING, & TRANS.     | 2,702                                                             | 0                                                     | 0.000000                                            | 0                               | 0                                         | 63.00  |
| 64.00                           | 06400 INTRAVENOUS THERAPY                     | 337,424                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 64.00  |
| 65.00                           | 06500 RESPIRATORY THERAPY                     | 107,667                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 65.00  |
| 66.00                           | 06600 PHYSICAL THERAPY                        | 199,290                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 66.00  |
| 67.00                           | 06700 OCCUPATIONAL THERAPY                    | 23,552                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 67.00  |
| 68.00                           | 06800 SPEECH PATHOLOGY                        | 80,171                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 68.00  |
| 69.00                           | 06900 ELECTROCARDIOLOGY                       | 17,845                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 69.00  |
| 70.00                           | 07000 ELECTROENCEPHALOGRAPHY                  | 127,943                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 70.00  |
| 71.00                           | 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS      | 3,521                                                             | 0                                                     | 0.000000                                            | 0                               | 0                                         | 71.00  |
| 72.00                           | 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS | 42,414                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 72.00  |
| 73.00                           | 07300 DRUGS CHARGED TO PATIENTS               | 241,322                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 73.00  |
| 74.00                           | 07400 RENAL DIALYSIS                          | 137,123                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 74.00  |
| 76.00                           | 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 78,972                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 76.00  |
| 76.01                           | 03340 GASTRO INTESTINAL SERVICES              | 345,907                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 76.01  |
| 76.02                           | 03140 CARDIOLOGY                              | 150,376                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 76.02  |
| 76.03                           | 03560 PULMONARY FUNCTION TESTING              | 18,804                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 76.03  |
| 76.97                           | 07697 CARDIAC REHABILITATION                  | 721                                                               | 0                                                     | 0.000000                                            | 0                               | 0                                         | 76.97  |
| 76.98                           | 07698 HYPERBARIC OXYGEN THERAPY               | 107,679                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 76.98  |
| 76.99                           | 07699 LITHOTRIPSY                             | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |                                               |                                                                   |                                                       |                                                     |                                 |                                           |        |
| 90.00                           | 09000 CLINIC                                  | 872,097                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.00  |
| 90.01                           | 09001 CHILLI FAMILY PHYSICIANS                | 3                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.01  |
| 90.02                           | 09005 CLINIC                                  | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.02  |
| 90.03                           | 09002 PHYSICIAN OFFICES                       | 1,587,210                                                         | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.03  |
| 90.06                           | 09003 ENDOCRINOLOGY, DIABETES & METABOLISM    | 49,619                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.06  |
| 90.07                           | 09004 WOUND CARE CENTER                       | 141,255                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.07  |
| 90.08                           | 09008 INTENSIVISTS CLINIC                     | 182,227                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.08  |
| 90.09                           | 09009 NEUROLOGY CLINIC                        | 167,184                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.09  |
| 90.10                           | 09010 MULTI-SPECIALITY CLINIC                 | 130,466                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.10  |
| 90.11                           | 09011 PEDIATRICS-GASTROENTEROL CLINIC         | 104,450                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.11  |
| 90.12                           | 09012 VASCULAR CLINIC                         | 94,212                                                            | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.12  |
| 90.13                           | 09013 ONCOLOGY CLINIC                         | 122,478                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.13  |
| 91.00                           | 09100 EMERGENCY                               | 399,927                                                           | 0                                                     | 0.000000                                            | 0                               | 0                                         | 91.00  |
| 92.00                           | 09200 OBSERVATION BEDS                        | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |                                               |                                                                   |                                                       |                                                     |                                 |                                           |        |
| 95.00                           | 09500 AMBULANCE SERVICES                      |                                                                   |                                                       |                                                     |                                 |                                           | 95.00  |
| 200.00                          | Total (lines 50 through 199)                  | 14,483,446                                                        | 0                                                     |                                                     | 0                               | 0                                         | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                         |  | Provider CCN: 14-0209<br>Component CCN: 14-T209 |                                                | Period:<br>From 01/01/2019<br>To 12/31/2019 |                                               | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>8/5/2020 1:45 pm |        |
|----------------------------------------------------------------------------------|-------|-----------------------------------------|--|-------------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------|--------|
|                                                                                  |       |                                         |  | Title XIX                                       |                                                | Subprovider -<br>IRF                        |                                               | PPS                                                               |        |
| Cost Center Description                                                          |       |                                         |  | Non Physician<br>Anesthetist<br>Cost            | Nursing School<br>Post-Stepdown<br>Adjustments | Nursing School                              | Allied Health<br>Post-Stepdown<br>Adjustments | Allied Health                                                     |        |
|                                                                                  |       |                                         |  | 1.00                                            | 2A                                             | 2.00                                        | 3A                                            | 3.00                                                              |        |
| ANCILLARY SERVICE COST CENTERS                                                   |       |                                         |  |                                                 |                                                |                                             |                                               |                                                                   |        |
| 50.00                                                                            | 05000 | OPERATING ROOM                          |  | 0                                               | 0                                              | 66,367                                      | 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                                              | 455,493                                     | 0                                             | 0                                                                 | 52.00  |
| 53.00                                                                            | 05300 | ANESTHESIOLOGY                          |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 53.00  |
| 53.01                                                                            | 03950 | PAIN CLINIC                             |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 53.01  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                    |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 54.00  |
| 54.01                                                                            | 05401 | NORTHSIDE IMAGING                       |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 54.01  |
| 54.02                                                                            | 05402 | NORTHSIDE MAMMOGRAPHY                   |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 54.02  |
| 54.03                                                                            | 05403 | NORTHSIDE ULTRASOUND                    |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 54.03  |
| 54.04                                                                            | 05404 | NORTHSIDE CARDIO                        |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 54.04  |
| 54.05                                                                            | 05405 | NORTHSIDE ADMIN                         |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 54.05  |
| 55.00                                                                            | 05500 | RADIOLOGY-THERAPEUTIC                   |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 55.00  |
| 56.00                                                                            | 05600 | RADIOISOTOPE                            |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 56.00  |
| 56.01                                                                            | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 56.01  |
| 57.00                                                                            | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 57.00  |
| 57.01                                                                            | 05701 | NORTHSIDE CT                            |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 57.01  |
| 58.00                                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 58.00  |
| 58.01                                                                            | 05801 | NORTHSIDE MRI                           |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 58.01  |
| 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 | NORTHSIDE LAB                           |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 60.01  |
| 62.30                                                                            | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 62.30  |
| 63.00                                                                            | 06300 | BLOOD STORING, PROCESSING, & TRANS.     |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 63.00  |
| 64.00                                                                            | 06400 | INTRAVENOUS THERAPY                     |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 64.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                     |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                        |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 66.00  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                    |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                        |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                       |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 69.00  |
| 70.00                                                                            | 07000 | ELECTROENCEPHALOGRAPHY                  |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 70.00  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 71.00  |
| 72.00                                                                            | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS               |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                          |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 74.00  |
| 76.00                                                                            | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      |  | 0                                               | 0                                              | 40,841                                      | 0                                             | 0                                                                 | 76.00  |
| 76.01                                                                            | 03340 | GASTRO INTESTINAL SERVICES              |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 76.01  |
| 76.02                                                                            | 03140 | CARDIOLOGY                              |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 76.02  |
| 76.03                                                                            | 03560 | PULMONARY FUNCTION TESTING              |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 76.03  |
| 76.97                                                                            | 07697 | CARDIAC REHABILITATION                  |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 76.97  |
| 76.98                                                                            | 07698 | HYPERBARIC OXYGEN THERAPY               |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 76.98  |
| 76.99                                                                            | 07699 | LITHOTRIPSY                             |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 76.99  |
| OUTPATIENT SERVICE COST CENTERS                                                  |       |                                         |  |                                                 |                                                |                                             |                                               |                                                                   |        |
| 90.00                                                                            | 09000 | CLINIC                                  |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 90.00  |
| 90.01                                                                            | 09001 | CHILLI FAMILY PHYSICIANS                |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 90.01  |
| 90.02                                                                            | 09005 | CLINIC                                  |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 90.02  |
| 90.03                                                                            | 09002 | PHYSICIAN OFFICES                       |  | 0                                               | 0                                              | 218,954                                     | 0                                             | 0                                                                 | 90.03  |
| 90.06                                                                            | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM    |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 90.06  |
| 90.07                                                                            | 09004 | WOUND CARE CENTER                       |  | 0                                               | 0                                              | 45,663                                      | 0                                             | 0                                                                 | 90.07  |
| 90.08                                                                            | 09008 | INTENSIVISTS CLINIC                     |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 90.08  |
| 90.09                                                                            | 09009 | NEUROLOGY CLINIC                        |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 90.09  |
| 90.10                                                                            | 09010 | MULTI-SPECIALITY CLINIC                 |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 90.10  |
| 90.11                                                                            | 09011 | PEDIATRICS-GASTROENTEROL CLINIC         |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 90.11  |
| 90.12                                                                            | 09012 | VASCULAR CLINIC                         |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 90.12  |
| 90.13                                                                            | 09013 | ONCOLOGY CLINIC                         |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 90.13  |
| 91.00                                                                            | 09100 | EMERGENCY                               |  | 0                                               | 0                                              | 86,788                                      | 0                                             | 0                                                                 | 91.00  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS                        |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                 | 92.00  |
| OTHER REIMBURSABLE COST CENTERS                                                  |       |                                         |  |                                                 |                                                |                                             |                                               |                                                                   |        |
| 95.00                                                                            | 09500 | AMBULANCE SERVICES                      |  | 0                                               | 0                                              | 914,106                                     | 0                                             | 0                                                                 | 95.00  |
| 200.00                                                                           |       | Total (lines 50 through 199)            |  | 0                                               | 0                                              | 914,106                                     | 0                                             | 0                                                                 | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                         |   | Provider CCN: 14-0209<br>Component CCN: 14-T209 |                                                   | Period:<br>From 01/01/2019<br>To 12/31/2019                  |                                                       | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>8/5/2020 1:45 pm            |        |
|----------------------------------------------------------------------------------|-------|-----------------------------------------|---|-------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|--------|
|                                                                                  |       |                                         |   | Title XIX                                       |                                                   | Subprovider -<br>IRF                                         |                                                       | PPS                                                                          |        |
| 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 |                                                 | 66,367                                            | 66,367                                                       | 0                                                     | 0.000000                                                                     | 50.00  |
| 51.00                                                                            | 05100 | RECOVERY ROOM                           | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 51.00  |
| 52.00                                                                            | 05200 | DELIVERY ROOM & LABOR ROOM              | 0 |                                                 | 455,493                                           | 455,493                                                      | 0                                                     | 0.000000                                                                     | 52.00  |
| 53.00                                                                            | 05300 | ANESTHESIOLOGY                          | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 53.00  |
| 53.01                                                                            | 03950 | PAIN CLINIC                             | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 53.01  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                    | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 54.00  |
| 54.01                                                                            | 05401 | NORTHSIDE IMAGING                       | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 54.01  |
| 54.02                                                                            | 05402 | NORTHSIDE MAMMOGRAPHY                   | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 54.02  |
| 54.03                                                                            | 05403 | NORTHSIDE ULTRASOUND                    | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 54.03  |
| 54.04                                                                            | 05404 | NORTHSIDE CARDIO                        | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 54.04  |
| 54.05                                                                            | 05405 | NORTHSIDE ADMIN                         | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 54.05  |
| 55.00                                                                            | 05500 | RADIOLOGY-THERAPEUTIC                   | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 55.00  |
| 56.00                                                                            | 05600 | RADIOISOTOPE                            | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 56.00  |
| 56.01                                                                            | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 56.01  |
| 57.00                                                                            | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 57.00  |
| 57.01                                                                            | 05701 | NORTHSIDE CT                            | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 57.01  |
| 58.00                                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 58.00  |
| 58.01                                                                            | 05801 | NORTHSIDE MRI                           | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 58.01  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION                 | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 59.00  |
| 60.00                                                                            | 06000 | LABORATORY                              | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 60.00  |
| 60.01                                                                            | 06001 | NORTHSIDE LAB                           | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 60.01  |
| 62.30                                                                            | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 62.30  |
| 63.00                                                                            | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 63.00  |
| 64.00                                                                            | 06400 | INTRAVENOUS THERAPY                     | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 64.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                     | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                        | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 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                                                            | 0                                                     | 0.000000                                                                     | 69.00  |
| 70.00                                                                            | 07000 | ELECTROENCEPHALOGRAPHY                  | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 70.00  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 71.00  |
| 72.00                                                                            | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS               | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                          | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 74.00  |
| 76.00                                                                            | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 0 |                                                 | 40,841                                            | 40,841                                                       | 0                                                     | 0.000000                                                                     | 76.00  |
| 76.01                                                                            | 03340 | GASTRO INTESTINAL SERVICES              | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 76.01  |
| 76.02                                                                            | 03140 | CARDIOLOGY                              | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 76.02  |
| 76.03                                                                            | 03560 | PULMONARY FUNCTION TESTING              | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 76.03  |
| 76.97                                                                            | 07697 | CARDIAC REHABILITATION                  | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 76.97  |
| 76.98                                                                            | 07698 | HYPERBARIC OXYGEN THERAPY               | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 76.98  |
| 76.99                                                                            | 07699 | LITHOTRIPSY                             | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 76.99  |
| OUTPATIENT SERVICE COST CENTERS                                                  |       |                                         |   |                                                 |                                                   |                                                              |                                                       |                                                                              |        |
| 90.00                                                                            | 09000 | CLINIC                                  | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 90.00  |
| 90.01                                                                            | 09001 | CHILLI FAMILY PHYSICIANS                | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 90.01  |
| 90.02                                                                            | 09005 | CLINIC                                  | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 90.02  |
| 90.03                                                                            | 09002 | PHYSICIAN OFFICES                       | 0 |                                                 | 218,954                                           | 218,954                                                      | 0                                                     | 0.000000                                                                     | 90.03  |
| 90.06                                                                            | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM    | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 90.06  |
| 90.07                                                                            | 09004 | WOUND CARE CENTER                       | 0 |                                                 | 45,663                                            | 45,663                                                       | 0                                                     | 0.000000                                                                     | 90.07  |
| 90.08                                                                            | 09008 | INTENSIVISTS CLINIC                     | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 90.08  |
| 90.09                                                                            | 09009 | NEUROLOGY CLINIC                        | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 90.09  |
| 90.10                                                                            | 09010 | MULTI-SPECIALITY CLINIC                 | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 90.10  |
| 90.11                                                                            | 09011 | PEDIATRICS-GASTROENTEROL CLINIC         | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 90.11  |
| 90.12                                                                            | 09012 | VASCULAR CLINIC                         | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 90.12  |
| 90.13                                                                            | 09013 | ONCOLOGY CLINIC                         | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 90.13  |
| 91.00                                                                            | 09100 | EMERGENCY                               | 0 |                                                 | 86,788                                            | 86,788                                                       | 0                                                     | 0.000000                                                                     | 91.00  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS                        | 0 |                                                 | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 92.00  |
| OTHER REIMBURSABLE COST CENTERS                                                  |       |                                         |   |                                                 |                                                   |                                                              |                                                       |                                                                              |        |
| 95.00                                                                            | 09500 | AMBULANCE SERVICES                      | 0 |                                                 | 914,106                                           | 914,106                                                      | 0                                                     |                                                                              | 95.00  |
| 200.00                                                                           |       | Total (lines 50 through 199)            | 0 |                                                 | 914,106                                           | 914,106                                                      | 0                                                     |                                                                              | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 14-0209

Period:

Worksheet D

Component CCN: 14-T209

From 01/01/2019  
To 12/31/2019Part IV  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Title XIX                       |                                               |                                                       |                           | Subprovider - IRF                                       |                                                        | PPS                                                      |        |
|---------------------------------|-----------------------------------------------|-------------------------------------------------------|---------------------------|---------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------|--------|
| Cost Center Description         |                                               | Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7) | Inpatient Program Charges | Inpatient Program Pass-Through Costs (col. 8 x col. 10) | Outpatient Program Charges before Geo Reclassification | Outpatient Program Charges on/after Geo Reclassification |        |
|                                 |                                               | 9.00                                                  | 10.00                     | 11.00                                                   | 12.00                                                  | 12.01                                                    |        |
| ANCILLARY SERVICE COST CENTERS  |                                               |                                                       |                           |                                                         |                                                        |                                                          |        |
| 50.00                           | 05000 OPERATING ROOM                          | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 50.00  |
| 51.00                           | 05100 RECOVERY ROOM                           | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 51.00  |
| 52.00                           | 05200 DELIVERY ROOM & LABOR ROOM              | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 52.00  |
| 53.00                           | 05300 ANESTHESIOLOGY                          | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 53.00  |
| 53.01                           | 03950 PAIN CLINIC                             | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 53.01  |
| 54.00                           | 05400 RADIOLOGY-DIAGNOSTIC                    | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 54.00  |
| 54.01                           | 05401 NORTHSIDE IMAGING                       | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 54.01  |
| 54.02                           | 05402 NORTHSIDE MAMMOGRAPHY                   | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 54.02  |
| 54.03                           | 05403 NORTHSIDE ULTRASOUND                    | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 54.03  |
| 54.04                           | 05404 NORTHSIDE CARDIO                        | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 54.04  |
| 54.05                           | 05405 NORTHSIDE ADMIN                         | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 54.05  |
| 55.00                           | 05500 RADIOLOGY-THERAPEUTIC                   | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 55.00  |
| 56.00                           | 05600 RADIOISOTOPE                            | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 56.00  |
| 56.01                           | 03450 NUCLEAR MEDICINE - DIAGNOSTIC           | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 56.01  |
| 57.00                           | 05700 COMPUTED TOMOGRAPHY (CT) SCAN           | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 57.00  |
| 57.01                           | 05701 NORTHSIDE CT                            | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 57.01  |
| 58.00                           | 05800 MAGNETIC RESONANCE IMAGING (MRI)        | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 58.00  |
| 58.01                           | 05801 NORTHSIDE MRI                           | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 58.01  |
| 59.00                           | 05900 CARDIAC CATHETERIZATION                 | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 59.00  |
| 60.00                           | 06000 LABORATORY                              | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 60.00  |
| 60.01                           | 06001 NORTHSIDE LAB                           | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 60.01  |
| 62.30                           | 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 62.30  |
| 63.00                           | 06300 BLOOD STORING, PROCESSING, & TRANS.     | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 63.00  |
| 64.00                           | 06400 INTRAVENOUS THERAPY                     | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 64.00  |
| 65.00                           | 06500 RESPIRATORY THERAPY                     | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 65.00  |
| 66.00                           | 06600 PHYSICAL THERAPY                        | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 66.00  |
| 67.00                           | 06700 OCCUPATIONAL THERAPY                    | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 67.00  |
| 68.00                           | 06800 SPEECH PATHOLOGY                        | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 68.00  |
| 69.00                           | 06900 ELECTROCARDIOLOGY                       | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 69.00  |
| 70.00                           | 07000 ELECTROENCEPHALOGRAPHY                  | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 70.00  |
| 71.00                           | 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS      | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 71.00  |
| 72.00                           | 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 72.00  |
| 73.00                           | 07300 DRUGS CHARGED TO PATIENTS               | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 73.00  |
| 74.00                           | 07400 RENAL DIALYSIS                          | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 74.00  |
| 76.00                           | 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 76.00  |
| 76.01                           | 03340 GASTRO INTESTINAL SERVICES              | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 76.01  |
| 76.02                           | 03140 CARDIOLOGY                              | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 76.02  |
| 76.03                           | 03560 PULMONARY FUNCTION TESTING              | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 76.03  |
| 76.97                           | 07697 CARDIAC REHABILITATION                  | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 76.97  |
| 76.98                           | 07698 HYPERBARIC OXYGEN THERAPY               | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 76.98  |
| 76.99                           | 07699 LITHOTRIPSY                             | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |                                               |                                                       |                           |                                                         |                                                        |                                                          |        |
| 90.00                           | 09000 CLINIC                                  | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 90.00  |
| 90.01                           | 09001 CHILLI FAMILY PHYSICIANS                | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 90.01  |
| 90.02                           | 09005 CLINIC                                  | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 90.02  |
| 90.03                           | 09002 PHYSICIAN OFFICES                       | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 90.03  |
| 90.06                           | 09003 ENDOCRINOLOGY, DIABETES & METABOLISM    | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 90.06  |
| 90.07                           | 09004 WOUND CARE CENTER                       | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 90.07  |
| 90.08                           | 09008 INTENSIVISTS CLINIC                     | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 90.08  |
| 90.09                           | 09009 NEUROLOGY CLINIC                        | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 90.09  |
| 90.10                           | 09010 MULTI-SPECIALITY CLINIC                 | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 90.10  |
| 90.11                           | 09011 PEDIATRICS-GASTROENTEROL CLINIC         | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 90.11  |
| 90.12                           | 09012 VASCULAR CLINIC                         | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 90.12  |
| 90.13                           | 09013 ONCOLOGY CLINIC                         | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 90.13  |
| 91.00                           | 09100 EMERGENCY                               | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 91.00  |
| 92.00                           | 09200 OBSERVATION BEDS                        | 0.000000                                              | 0                         | 0                                                       | 0                                                      | 0                                                        | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |                                               |                                                       |                           |                                                         |                                                        |                                                          |        |
| 95.00                           | 09500 AMBULANCE SERVICES                      |                                                       |                           |                                                         |                                                        |                                                          | 95.00  |
| 200.00                          | Total (lines 50 through 199)                  |                                                       | 0                         | 0                                                       | 0                                                      | 0                                                        | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTSProvider CCN: 14-0209  
Component CCN: 14-T209Period:  
From 01/01/2019  
To 12/31/2019Worksheet D  
Part IV  
Date/Time Prepared:  
8/5/2020 1:45 pm

|                                 |       |                                         | Title XIX                                                                                     |                                                                                                 | Subprovider - IRF | PPS |
|---------------------------------|-------|-----------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------|-----|
| Cost Center Description         |       |                                         | Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification on 13.00 | Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification on 13.01 |                   |     |
| 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             |     |
| 53.01                           | 03950 | PAIN CLINIC                             | 0                                                                                             | 0                                                                                               | 53.01             |     |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                    | 0                                                                                             | 0                                                                                               | 54.00             |     |
| 54.01                           | 05401 | NORTHSIDE IMAGING                       | 0                                                                                             | 0                                                                                               | 54.01             |     |
| 54.02                           | 05402 | NORTHSIDE MAMMOGRAPHY                   | 0                                                                                             | 0                                                                                               | 54.02             |     |
| 54.03                           | 05403 | NORTHSIDE ULTRASOUND                    | 0                                                                                             | 0                                                                                               | 54.03             |     |
| 54.04                           | 05404 | NORTHSIDE CARDIO                        | 0                                                                                             | 0                                                                                               | 54.04             |     |
| 54.05                           | 05405 | NORTHSIDE ADMIN                         | 0                                                                                             | 0                                                                                               | 54.05             |     |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC                   | 0                                                                                             | 0                                                                                               | 55.00             |     |
| 56.00                           | 05600 | RADIOISOTOPE                            | 0                                                                                             | 0                                                                                               | 56.00             |     |
| 56.01                           | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC           | 0                                                                                             | 0                                                                                               | 56.01             |     |
| 57.00                           | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN           | 0                                                                                             | 0                                                                                               | 57.00             |     |
| 57.01                           | 05701 | NORTHSIDE CT                            | 0                                                                                             | 0                                                                                               | 57.01             |     |
| 58.00                           | 05800 | MAGNETIC RESONANCE IMAGING (MRI)        | 0                                                                                             | 0                                                                                               | 58.00             |     |
| 58.01                           | 05801 | NORTHSIDE MRI                           | 0                                                                                             | 0                                                                                               | 58.01             |     |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION                 | 0                                                                                             | 0                                                                                               | 59.00             |     |
| 60.00                           | 06000 | LABORATORY                              | 0                                                                                             | 0                                                                                               | 60.00             |     |
| 60.01                           | 06001 | NORTHSIDE LAB                           | 0                                                                                             | 0                                                                                               | 60.01             |     |
| 62.30                           | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.      | 0                                                                                             | 0                                                                                               | 62.30             |     |
| 63.00                           | 06300 | BLOOD STORING, PROCESSING, & TRANS.     | 0                                                                                             | 0                                                                                               | 63.00             |     |
| 64.00                           | 06400 | INTRAVENOUS THERAPY                     | 0                                                                                             | 0                                                                                               | 64.00             |     |
| 65.00                           | 06500 | RESPIRATORY THERAPY                     | 0                                                                                             | 0                                                                                               | 65.00             |     |
| 66.00                           | 06600 | PHYSICAL THERAPY                        | 0                                                                                             | 0                                                                                               | 66.00             |     |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                    | 0                                                                                             | 0                                                                                               | 67.00             |     |
| 68.00                           | 06800 | SPEECH PATHOLOGY                        | 0                                                                                             | 0                                                                                               | 68.00             |     |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                       | 0                                                                                             | 0                                                                                               | 69.00             |     |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY                  | 0                                                                                             | 0                                                                                               | 70.00             |     |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS      | 0                                                                                             | 0                                                                                               | 71.00             |     |
| 72.00                           | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS | 0                                                                                             | 0                                                                                               | 72.00             |     |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS               | 0                                                                                             | 0                                                                                               | 73.00             |     |
| 74.00                           | 07400 | RENAL DIALYSIS                          | 0                                                                                             | 0                                                                                               | 74.00             |     |
| 76.00                           | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 0                                                                                             | 0                                                                                               | 76.00             |     |
| 76.01                           | 03340 | GASTRO INTESTINAL SERVICES              | 0                                                                                             | 0                                                                                               | 76.01             |     |
| 76.02                           | 03140 | CARDIOLOGY                              | 0                                                                                             | 0                                                                                               | 76.02             |     |
| 76.03                           | 03560 | PULMONARY FUNCTION TESTING              | 0                                                                                             | 0                                                                                               | 76.03             |     |
| 76.97                           | 07697 | CARDIAC REHABILITATION                  | 0                                                                                             | 0                                                                                               | 76.97             |     |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY               | 0                                                                                             | 0                                                                                               | 76.98             |     |
| 76.99                           | 07699 | LITHOTRIPSY                             | 0                                                                                             | 0                                                                                               | 76.99             |     |
| OUTPATIENT SERVICE COST CENTERS |       |                                         |                                                                                               |                                                                                                 |                   |     |
| 90.00                           | 09000 | CLINIC                                  | 0                                                                                             | 0                                                                                               | 90.00             |     |
| 90.01                           | 09001 | CHILLI FAMILY PHYSICIANS                | 0                                                                                             | 0                                                                                               | 90.01             |     |
| 90.02                           | 09005 | CLINIC                                  | 0                                                                                             | 0                                                                                               | 90.02             |     |
| 90.03                           | 09002 | PHYSICIAN OFFICES                       | 0                                                                                             | 0                                                                                               | 90.03             |     |
| 90.06                           | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM    | 0                                                                                             | 0                                                                                               | 90.06             |     |
| 90.07                           | 09004 | WOUND CARE CENTER                       | 0                                                                                             | 0                                                                                               | 90.07             |     |
| 90.08                           | 09008 | INTENSIVISTS CLINIC                     | 0                                                                                             | 0                                                                                               | 90.08             |     |
| 90.09                           | 09009 | NEUROLOGY CLINIC                        | 0                                                                                             | 0                                                                                               | 90.09             |     |
| 90.10                           | 09010 | MULTI-SPECIALITY CLINIC                 | 0                                                                                             | 0                                                                                               | 90.10             |     |
| 90.11                           | 09011 | PEDIATRICS-GASTROENTEROL CLINIC         | 0                                                                                             | 0                                                                                               | 90.11             |     |
| 90.12                           | 09012 | VASCULAR CLINIC                         | 0                                                                                             | 0                                                                                               | 90.12             |     |
| 90.13                           | 09013 | ONCOLOGY CLINIC                         | 0                                                                                             | 0                                                                                               | 90.13             |     |
| 91.00                           | 09100 | EMERGENCY                               | 0                                                                                             | 0                                                                                               | 91.00             |     |
| 92.00                           | 09200 | OBSERVATION BEDS                        | 0                                                                                             | 0                                                                                               | 92.00             |     |
| OTHER REIMBURSABLE COST CENTERS |       |                                         |                                                                                               |                                                                                                 |                   |     |
| 95.00                           | 09500 | AMBULANCE SERVICES                      |                                                                                               |                                                                                                 | 95.00             |     |
| 200.00                          |       | Total (lines 50 through 199)            | 0                                                                                             | 0                                                                                               | 200.00            |     |

| COMPUTATION OF INPATIENT OPERATING COST |                                                                                                                                                                                           | Provider CCN: 14-0209 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet D-1<br>Date/Time Prepared:<br>8/5/2020 1:45 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)                                                                                                        |                       | 50,004                                      | 1.00                                                     |  |
| 2.00                                    | Inpatient days (including private room days, excluding swing-bed and newborn days)                                                                                                        |                       | 50,004                                      | 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)                                                                                                                     |                       | 44,472                                      | 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)                                                      |                       | 16,592                                      | 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)                                                                                                                           |                       | 45,657,251                                  | 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)                                                                                                      |                       | 45,657,251                                  | 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)                                                                   |                       | 45,657,251                                  | 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)                                                                                                               |                       | 913.07                                      | 38.00                                                    |  |
| 39.00                                   | Program general inpatient routine service cost (line 9 x line 38)                                                                                                                         |                       | 15,149,657                                  | 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)                                                                                                                  |                       | 15,149,657                                  | 41.00                                                    |  |

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0209

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

Worksheet D-1

Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description                                                       |                                                                                                                                                                                                                                                                 | Title XVIII          |                      | Hospital                           |              | PPS                            |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|------------------------------------|--------------|--------------------------------|
|                                                                               |                                                                                                                                                                                                                                                                 | Total Inpatient Cost | Total Inpatient Days | Average Per Diem (col. 1 ÷ col. 2) | Program Days | Program Cost (col. 3 x col. 4) |
|                                                                               |                                                                                                                                                                                                                                                                 | 1.00                 | 2.00                 | 3.00                               | 4.00         | 5.00                           |
| 42.00                                                                         | NURSERY (title V & XIX only)                                                                                                                                                                                                                                    | 0                    | 0                    | 0.00                               | 0            | 0                              |
| Intensive Care Type Inpatient Hospital Units                                  |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |
| 43.00                                                                         | INTENSIVE CARE UNIT                                                                                                                                                                                                                                             | 7,366,042            | 2,888                | 2,550.57                           | 2,339        | 5,965,783                      |
| 44.00                                                                         | CORONARY CARE UNIT                                                                                                                                                                                                                                              |                      |                      |                                    |              |                                |
| 45.00                                                                         | BURN INTENSIVE CARE UNIT                                                                                                                                                                                                                                        |                      |                      |                                    |              |                                |
| 46.00                                                                         | SURGICAL INTENSIVE CARE UNIT                                                                                                                                                                                                                                    | 750,785              | 2,751                | 272.91                             | 0            | 0                              |
| 47.00                                                                         | OTHER SPECIAL CARE (SPECIFY)                                                                                                                                                                                                                                    |                      |                      |                                    |              |                                |
| Cost Center Description                                                       |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |
|                                                                               |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              | 1.00                           |
| 48.00                                                                         | Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)                                                                                                                                                                                          |                      |                      |                                    |              | 29,607,299                     |
| 49.00                                                                         | Total Program inpatient costs (sum of lines 41 through 48)(see instructions)                                                                                                                                                                                    |                      |                      |                                    |              | 50,722,739                     |
| PASS THROUGH COST ADJUSTMENTS                                                 |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |
| 50.00                                                                         | Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)                                                                                                                                                      |                      |                      |                                    |              | 3,193,886                      |
| 51.00                                                                         | Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)                                                                                                                                                    |                      |                      |                                    |              | 1,630,698                      |
| 52.00                                                                         | Total Program excludable cost (sum of lines 50 and 51)                                                                                                                                                                                                          |                      |                      |                                    |              | 4,824,584                      |
| 53.00                                                                         | Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)                                                                                                                |                      |                      |                                    |              | 45,898,155                     |
| 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)                                                                                                                                                                                                                   |                      |                      |                                    |              | 5,532                          |
| 88.00                                                                         | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)                                                                                                                                                                                             |                      |                      |                                    |              | 913.07                         |
| 89.00                                                                         | Observation bed cost (line 87 x line 88) (see instructions)                                                                                                                                                                                                     |                      |                      |                                    |              | 5,051,103                      |

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0209

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

Worksheet D-1

Date/Time Prepared:  
8/5/2020 1:45 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        | 2,534,397                      | 45,657,251             | 0.055509                                           | 5,051,103                                                                             | 280,382 |
| 91.00                                            | Nursing School cost         | 5,952,889                      | 45,657,251             | 0.130382                                           | 5,051,103                                                                             | 658,573 |
| 92.00                                            | Allied health cost          | 0                              | 45,657,251             | 0.000000                                           | 5,051,103                                                                             | 0       |
| 93.00                                            | All other Medical Education | 0                              | 45,657,251             | 0.000000                                           | 5,051,103                                                                             | 0       |

| COMPUTATION OF INPATIENT OPERATING COST                               |                                                                                                                                                                                           | Provider CCN: 14-0209<br>Component CCN: 14-S209 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet D-1<br>Date/Time Prepared:<br>8/5/2020 1:45 pm |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|----------------------------------------------------------|
|                                                                       |                                                                                                                                                                                           | Title XVIII                                     | Subprovider -<br>IPF                        | PPS                                                      |
| Cost Center Description                                               |                                                                                                                                                                                           |                                                 | 1.00                                        |                                                          |
| PART I - ALL PROVIDER COMPONENTS                                      |                                                                                                                                                                                           |                                                 |                                             |                                                          |
| INPATIENT DAYS                                                        |                                                                                                                                                                                           |                                                 |                                             |                                                          |
| 1.00                                                                  | Inpatient days (including private room days and swing-bed days, excluding newborn)                                                                                                        |                                                 | 14,285                                      | 1.00                                                     |
| 2.00                                                                  | Inpatient days (including private room days, excluding swing-bed and newborn days)                                                                                                        |                                                 | 14,285                                      | 2.00                                                     |
| 3.00                                                                  | Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.                                                          |                                                 | 0                                           | 3.00                                                     |
| 4.00                                                                  | Semi-private room days (excluding swing-bed and observation bed days)                                                                                                                     |                                                 | 14,285                                      | 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)                                                      |                                                 | 2,315                                       | 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)                                                                                                                           |                                                 | 12,382,922                                  | 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)                                                                                                      |                                                 | 12,382,922                                  | 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)                                                                   |                                                 | 12,382,922                                  | 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)                                                                                                               |                                                 | 866.85                                      | 38.00                                                    |
| 39.00                                                                 | Program general inpatient routine service cost (line 9 x line 38)                                                                                                                         |                                                 | 2,006,758                                   | 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)                                                                                                                  |                                                 | 2,006,758                                   | 41.00                                                    |

| COMPUTATION OF INPATIENT OPERATING COST                                       |                                                                                                                                                                                                                                                                 |  |                         | Provider CCN: 14-0209   | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet D-1                           |                                      |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|-------------------------|---------------------------------------------|-----------------------------------------|--------------------------------------|
|                                                                               |                                                                                                                                                                                                                                                                 |  |                         | Component CCN: 14-S209  |                                             | Date/Time Prepared:<br>8/5/2020 1:45 pm |                                      |
|                                                                               |                                                                                                                                                                                                                                                                 |  |                         | Title XVIII             |                                             | Subprovider -<br>IPF                    | PPS                                  |
| Cost Center Description                                                       |                                                                                                                                                                                                                                                                 |  | Total<br>Inpatient Cost | Total<br>Inpatient Days | Average Per<br>Diem (col. 1 ÷<br>col. 2)    | Program Days                            | Program Cost<br>(col. 3 x col.<br>4) |
|                                                                               |                                                                                                                                                                                                                                                                 |  | 1.00                    | 2.00                    | 3.00                                        | 4.00                                    | 5.00                                 |
| 42.00                                                                         | NURSERY (title V & XIX only)                                                                                                                                                                                                                                    |  | 0                       | 0                       | 0.00                                        | 0                                       |                                      |
| Intensive Care Type Inpatient Hospital Units                                  |                                                                                                                                                                                                                                                                 |  |                         |                         |                                             |                                         |                                      |
| 43.00                                                                         | INTENSIVE CARE UNIT                                                                                                                                                                                                                                             |  | 0                       | 0                       | 0.00                                        | 0                                       | 0                                    |
| 44.00                                                                         | CORONARY CARE UNIT                                                                                                                                                                                                                                              |  |                         |                         |                                             |                                         |                                      |
| 45.00                                                                         | BURN INTENSIVE CARE UNIT                                                                                                                                                                                                                                        |  |                         |                         |                                             |                                         |                                      |
| 46.00                                                                         | SURGICAL INTENSIVE CARE UNIT                                                                                                                                                                                                                                    |  | 0                       | 0                       | 0.00                                        | 0                                       | 0                                    |
| 47.00                                                                         | OTHER SPECIAL CARE (SPECIFY)                                                                                                                                                                                                                                    |  |                         |                         |                                             |                                         |                                      |
| Cost Center Description                                                       |                                                                                                                                                                                                                                                                 |  |                         |                         |                                             |                                         |                                      |
|                                                                               |                                                                                                                                                                                                                                                                 |  |                         |                         |                                             |                                         | 1.00                                 |
| 48.00                                                                         | Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)                                                                                                                                                                                          |  |                         |                         |                                             |                                         | 234,534                              |
| 49.00                                                                         | Total Program inpatient costs (sum of lines 41 through 48)(see instructions)                                                                                                                                                                                    |  |                         |                         |                                             |                                         | 2,241,292                            |
| PASS THROUGH COST ADJUSTMENTS                                                 |                                                                                                                                                                                                                                                                 |  |                         |                         |                                             |                                         |                                      |
| 50.00                                                                         | Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)                                                                                                                                                      |  |                         |                         |                                             |                                         | 120,843                              |
| 51.00                                                                         | Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)                                                                                                                                                    |  |                         |                         |                                             |                                         | 10,653                               |
| 52.00                                                                         | Total Program excludable cost (sum of lines 50 and 51)                                                                                                                                                                                                          |  |                         |                         |                                             |                                         | 131,496                              |
| 53.00                                                                         | Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)                                                                                                                |  |                         |                         |                                             |                                         | 2,109,796                            |
| TARGET AMOUNT AND LIMIT COMPUTATION                                           |                                                                                                                                                                                                                                                                 |  |                         |                         |                                             |                                         |                                      |
| 54.00                                                                         | Program discharges                                                                                                                                                                                                                                              |  |                         |                         |                                             |                                         | 0                                    |
| 55.00                                                                         | Target amount per discharge                                                                                                                                                                                                                                     |  |                         |                         |                                             |                                         | 0.00                                 |
| 56.00                                                                         | Target amount (line 54 x line 55)                                                                                                                                                                                                                               |  |                         |                         |                                             |                                         | 0                                    |
| 57.00                                                                         | Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)                                                                                                                                                                  |  |                         |                         |                                             |                                         | 0                                    |
| 58.00                                                                         | Bonus payment (see instructions)                                                                                                                                                                                                                                |  |                         |                         |                                             |                                         | 0                                    |
| 59.00                                                                         | Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket                                                                                                                                             |  |                         |                         |                                             |                                         | 0.00                                 |
| 60.00                                                                         | Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket                                                                                                                                                                           |  |                         |                         |                                             |                                         | 0.00                                 |
| 61.00                                                                         | If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions) |  |                         |                         |                                             |                                         | 0                                    |
| 62.00                                                                         | Relief payment (see instructions)                                                                                                                                                                                                                               |  |                         |                         |                                             |                                         | 0                                    |
| 63.00                                                                         | Allowable Inpatient cost plus incentive payment (see instructions)                                                                                                                                                                                              |  |                         |                         |                                             |                                         | 0                                    |
| PROGRAM INPATIENT ROUTINE SWING BED COST                                      |                                                                                                                                                                                                                                                                 |  |                         |                         |                                             |                                         |                                      |
| 64.00                                                                         | Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                            |  |                         |                         |                                             |                                         | 0                                    |
| 65.00                                                                         | Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                              |  |                         |                         |                                             |                                         | 0                                    |
| 66.00                                                                         | Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)                                                                                                                                       |  |                         |                         |                                             |                                         | 0                                    |
| 67.00                                                                         | Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)                                                                                                                                        |  |                         |                         |                                             |                                         | 0                                    |
| 68.00                                                                         | Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)                                                                                                                                          |  |                         |                         |                                             |                                         | 0                                    |
| 69.00                                                                         | Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)                                                                                                                                                                                   |  |                         |                         |                                             |                                         | 0                                    |
| PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY |                                                                                                                                                                                                                                                                 |  |                         |                         |                                             |                                         |                                      |
| 70.00                                                                         | Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)                                                                                                                                                                          |  |                         |                         |                                             |                                         |                                      |
| 71.00                                                                         | Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)                                                                                                                                                                                     |  |                         |                         |                                             |                                         |                                      |
| 72.00                                                                         | Program routine service cost (line 9 x line 71)                                                                                                                                                                                                                 |  |                         |                         |                                             |                                         |                                      |
| 73.00                                                                         | Medically necessary private room cost applicable to Program (line 14 x line 35)                                                                                                                                                                                 |  |                         |                         |                                             |                                         |                                      |
| 74.00                                                                         | Total Program general inpatient routine service costs (line 72 + line 73)                                                                                                                                                                                       |  |                         |                         |                                             |                                         |                                      |
| 75.00                                                                         | Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)                                                                                                                                               |  |                         |                         |                                             |                                         |                                      |
| 76.00                                                                         | Per diem capital-related costs (line 75 ÷ line 2)                                                                                                                                                                                                               |  |                         |                         |                                             |                                         |                                      |
| 77.00                                                                         | Program capital-related costs (line 9 x line 76)                                                                                                                                                                                                                |  |                         |                         |                                             |                                         |                                      |
| 78.00                                                                         | Inpatient routine service cost (line 74 minus line 77)                                                                                                                                                                                                          |  |                         |                         |                                             |                                         |                                      |
| 79.00                                                                         | Aggregate charges to beneficiaries for excess costs (from provider records)                                                                                                                                                                                     |  |                         |                         |                                             |                                         |                                      |
| 80.00                                                                         | Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)                                                                                                                                                               |  |                         |                         |                                             |                                         |                                      |
| 81.00                                                                         | Inpatient routine service cost per diem limitation                                                                                                                                                                                                              |  |                         |                         |                                             |                                         |                                      |
| 82.00                                                                         | Inpatient routine service cost limitation (line 9 x line 81)                                                                                                                                                                                                    |  |                         |                         |                                             |                                         |                                      |
| 83.00                                                                         | Reasonable inpatient routine service costs (see instructions)                                                                                                                                                                                                   |  |                         |                         |                                             |                                         |                                      |
| 84.00                                                                         | Program inpatient ancillary services (see instructions)                                                                                                                                                                                                         |  |                         |                         |                                             |                                         |                                      |
| 85.00                                                                         | Utilization review - physician compensation (see instructions)                                                                                                                                                                                                  |  |                         |                         |                                             |                                         |                                      |
| 86.00                                                                         | Total Program inpatient operating costs (sum of lines 83 through 85)                                                                                                                                                                                            |  |                         |                         |                                             |                                         |                                      |
| PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST                    |                                                                                                                                                                                                                                                                 |  |                         |                         |                                             |                                         |                                      |
| 87.00                                                                         | Total observation bed days (see instructions)                                                                                                                                                                                                                   |  |                         |                         |                                             |                                         | 0                                    |
| 88.00                                                                         | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)                                                                                                                                                                                             |  |                         |                         |                                             |                                         | 0.00                                 |
| 89.00                                                                         | Observation bed cost (line 87 x line 88) (see instructions)                                                                                                                                                                                                     |  |                         |                         |                                             |                                         | 0                                    |

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0209

Period:

Worksheet D-1

Component CCN: 14-S209

From 01/01/2019  
To 12/31/2019Date/Time Prepared:  
8/5/2020 1:45 pm

Title XVIII

Subprovider -  
IPF

PPS

| Cost Center Description                          |                             | Cost    | Routine Cost<br>(from line 21) | column 1 ÷<br>column 2 | Total<br>Observation<br>Bed Cost (from<br>line 89) | Observation<br>Bed Pass<br>Through Cost<br>(col. 3 x col.<br>4) (see<br>instructions) |       |
|--------------------------------------------------|-----------------------------|---------|--------------------------------|------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------|-------|
|                                                  |                             | 1.00    | 2.00                           | 3.00                   | 4.00                                               | 5.00                                                                                  |       |
| COMPUTATION OF OBSERVATION BED PASS THROUGH COST |                             |         |                                |                        |                                                    |                                                                                       |       |
| 90.00                                            | Capital-related cost        | 502,776 | 12,382,922                     | 0.040602               | 0                                                  | 0                                                                                     | 90.00 |
| 91.00                                            | Nursing School cost         | 242,778 | 12,382,922                     | 0.019606               | 0                                                  | 0                                                                                     | 91.00 |
| 92.00                                            | Allied health cost          | 0       | 12,382,922                     | 0.000000               | 0                                                  | 0                                                                                     | 92.00 |
| 93.00                                            | All other Medical Education | 0       | 12,382,922                     | 0.000000               | 0                                                  | 0                                                                                     | 93.00 |

| COMPUTATION OF INPATIENT OPERATING COST                               |                                                                                                                                                                                           | Provider CCN: 14-0209<br>Component CCN: 14-T209 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet D-1<br>Date/Time Prepared:<br>8/5/2020 1:45 pm |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|----------------------------------------------------------|
|                                                                       |                                                                                                                                                                                           | Title XVIII                                     | Subprovider -<br>IRF                        | PPS                                                      |
| Cost Center Description                                               |                                                                                                                                                                                           |                                                 | 1.00                                        |                                                          |
| PART I - ALL PROVIDER COMPONENTS                                      |                                                                                                                                                                                           |                                                 |                                             |                                                          |
| INPATIENT DAYS                                                        |                                                                                                                                                                                           |                                                 |                                             |                                                          |
| 1.00                                                                  | Inpatient days (including private room days and swing-bed days, excluding newborn)                                                                                                        |                                                 | 5,233                                       | 1.00                                                     |
| 2.00                                                                  | Inpatient days (including private room days, excluding swing-bed and newborn days)                                                                                                        |                                                 | 5,233                                       | 2.00                                                     |
| 3.00                                                                  | Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.                                                          |                                                 | 0                                           | 3.00                                                     |
| 4.00                                                                  | Semi-private room days (excluding swing-bed and observation bed days)                                                                                                                     |                                                 | 5,233                                       | 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)                                                      |                                                 | 4,130                                       | 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)                                                                                                                           |                                                 | 4,387,556                                   | 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)                                                                                                      |                                                 | 4,387,556                                   | 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)                                                                   |                                                 | 4,387,556                                   | 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)                                                                                                               |                                                 | 838.44                                      | 38.00                                                    |
| 39.00                                                                 | Program general inpatient routine service cost (line 9 x line 38)                                                                                                                         |                                                 | 3,462,757                                   | 39.00                                                    |
| 40.00                                                                 | Medically necessary private room cost applicable to the Program (line 14 x line 35)                                                                                                       |                                                 | 0                                           | 40.00                                                    |
| 41.00                                                                 | Total Program general inpatient routine service cost (line 39 + line 40)                                                                                                                  |                                                 | 3,462,757                                   | 41.00                                                    |

| COMPUTATION OF INPATIENT OPERATING COST                                       |                                                                                                                                                                                                                                                                 |                         |                         | Provider CCN: 14-0209                    | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet D-1                           |           |       |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|------------------------------------------|---------------------------------------------|-----------------------------------------|-----------|-------|
|                                                                               |                                                                                                                                                                                                                                                                 |                         |                         | Component CCN: 14-T209                   |                                             | Date/Time Prepared:<br>8/5/2020 1:45 pm |           |       |
|                                                                               |                                                                                                                                                                                                                                                                 |                         |                         | Title XVIII                              |                                             | Subprovider -<br>IRF                    | PPS       |       |
|                                                                               | Cost Center Description                                                                                                                                                                                                                                         | Total<br>Inpatient Cost | Total<br>Inpatient Days | Average Per<br>Diem (col. 1 ÷<br>col. 2) | Program Days                                | Program Cost<br>(col. 3 x col.<br>4)    |           |       |
|                                                                               |                                                                                                                                                                                                                                                                 | 1.00                    | 2.00                    | 3.00                                     | 4.00                                        | 5.00                                    |           |       |
| 42.00                                                                         | NURSERY (title V & XIX only)                                                                                                                                                                                                                                    | 0                       | 0                       | 0.00                                     | 0                                           |                                         | 42.00     |       |
| Intensive Care Type Inpatient Hospital Units                                  |                                                                                                                                                                                                                                                                 |                         |                         |                                          |                                             |                                         |           |       |
| 43.00                                                                         | INTENSIVE CARE UNIT                                                                                                                                                                                                                                             | 0                       | 0                       | 0.00                                     | 0                                           | 0                                       | 43.00     |       |
| 44.00                                                                         | CORONARY CARE UNIT                                                                                                                                                                                                                                              |                         |                         |                                          |                                             |                                         | 44.00     |       |
| 45.00                                                                         | BURN INTENSIVE CARE UNIT                                                                                                                                                                                                                                        |                         |                         |                                          |                                             |                                         | 45.00     |       |
| 46.00                                                                         | SURGICAL INTENSIVE CARE UNIT                                                                                                                                                                                                                                    | 0                       | 0                       | 0.00                                     | 0                                           | 0                                       | 46.00     |       |
| 47.00                                                                         | OTHER SPECIAL CARE (SPECIFY)                                                                                                                                                                                                                                    |                         |                         |                                          |                                             |                                         | 47.00     |       |
| Cost Center Description                                                       |                                                                                                                                                                                                                                                                 |                         |                         |                                          |                                             |                                         |           |       |
|                                                                               |                                                                                                                                                                                                                                                                 |                         |                         |                                          |                                             |                                         | 1.00      |       |
| 48.00                                                                         | Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)                                                                                                                                                                                          |                         |                         |                                          |                                             |                                         | 2,270,420 | 48.00 |
| 49.00                                                                         | Total Program inpatient costs (sum of lines 41 through 48)(see instructions)                                                                                                                                                                                    |                         |                         |                                          |                                             |                                         | 5,733,177 | 49.00 |
| PASS THROUGH COST ADJUSTMENTS                                                 |                                                                                                                                                                                                                                                                 |                         |                         |                                          |                                             |                                         |           |       |
| 50.00                                                                         | Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)                                                                                                                                                      |                         |                         |                                          |                                             |                                         | 263,949   | 50.00 |
| 51.00                                                                         | Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)                                                                                                                                                    |                         |                         |                                          |                                             |                                         | 134,909   | 51.00 |
| 52.00                                                                         | Total Program excludable cost (sum of lines 50 and 51)                                                                                                                                                                                                          |                         |                         |                                          |                                             |                                         | 398,858   | 52.00 |
| 53.00                                                                         | Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)                                                                                                                |                         |                         |                                          |                                             |                                         | 5,334,319 | 53.00 |
| TARGET AMOUNT AND LIMIT COMPUTATION                                           |                                                                                                                                                                                                                                                                 |                         |                         |                                          |                                             |                                         |           |       |
| 54.00                                                                         | Program discharges                                                                                                                                                                                                                                              |                         |                         |                                          |                                             |                                         | 0         | 54.00 |
| 55.00                                                                         | Target amount per discharge                                                                                                                                                                                                                                     |                         |                         |                                          |                                             |                                         | 0.00      | 55.00 |
| 56.00                                                                         | Target amount (line 54 x line 55)                                                                                                                                                                                                                               |                         |                         |                                          |                                             |                                         | 0         | 56.00 |
| 57.00                                                                         | Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)                                                                                                                                                                  |                         |                         |                                          |                                             |                                         | 0         | 57.00 |
| 58.00                                                                         | Bonus payment (see instructions)                                                                                                                                                                                                                                |                         |                         |                                          |                                             |                                         | 0         | 58.00 |
| 59.00                                                                         | Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket                                                                                                                                             |                         |                         |                                          |                                             |                                         | 0.00      | 59.00 |
| 60.00                                                                         | Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket                                                                                                                                                                           |                         |                         |                                          |                                             |                                         | 0.00      | 60.00 |
| 61.00                                                                         | If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions) |                         |                         |                                          |                                             |                                         | 0         | 61.00 |
| 62.00                                                                         | Relief payment (see instructions)                                                                                                                                                                                                                               |                         |                         |                                          |                                             |                                         | 0         | 62.00 |
| 63.00                                                                         | Allowable Inpatient cost plus incentive payment (see instructions)                                                                                                                                                                                              |                         |                         |                                          |                                             |                                         | 0         | 63.00 |
| PROGRAM INPATIENT ROUTINE SWING BED COST                                      |                                                                                                                                                                                                                                                                 |                         |                         |                                          |                                             |                                         |           |       |
| 64.00                                                                         | Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                            |                         |                         |                                          |                                             |                                         | 0         | 64.00 |
| 65.00                                                                         | Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                              |                         |                         |                                          |                                             |                                         | 0         | 65.00 |
| 66.00                                                                         | Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)                                                                                                                                       |                         |                         |                                          |                                             |                                         | 0         | 66.00 |
| 67.00                                                                         | Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)                                                                                                                                        |                         |                         |                                          |                                             |                                         | 0         | 67.00 |
| 68.00                                                                         | Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)                                                                                                                                          |                         |                         |                                          |                                             |                                         | 0         | 68.00 |
| 69.00                                                                         | Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)                                                                                                                                                                                   |                         |                         |                                          |                                             |                                         | 0         | 69.00 |
| PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY |                                                                                                                                                                                                                                                                 |                         |                         |                                          |                                             |                                         |           |       |
| 70.00                                                                         | Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)                                                                                                                                                                          |                         |                         |                                          |                                             |                                         |           | 70.00 |
| 71.00                                                                         | Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)                                                                                                                                                                                     |                         |                         |                                          |                                             |                                         |           | 71.00 |
| 72.00                                                                         | Program routine service cost (line 9 x line 71)                                                                                                                                                                                                                 |                         |                         |                                          |                                             |                                         |           | 72.00 |
| 73.00                                                                         | Medically necessary private room cost applicable to Program (line 14 x line 35)                                                                                                                                                                                 |                         |                         |                                          |                                             |                                         |           | 73.00 |
| 74.00                                                                         | Total Program general inpatient routine service costs (line 72 + line 73)                                                                                                                                                                                       |                         |                         |                                          |                                             |                                         |           | 74.00 |
| 75.00                                                                         | Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)                                                                                                                                               |                         |                         |                                          |                                             |                                         |           | 75.00 |
| 76.00                                                                         | Per diem capital-related costs (line 75 ÷ line 2)                                                                                                                                                                                                               |                         |                         |                                          |                                             |                                         |           | 76.00 |
| 77.00                                                                         | Program capital-related costs (line 9 x line 76)                                                                                                                                                                                                                |                         |                         |                                          |                                             |                                         |           | 77.00 |
| 78.00                                                                         | Inpatient routine service cost (line 74 minus line 77)                                                                                                                                                                                                          |                         |                         |                                          |                                             |                                         |           | 78.00 |
| 79.00                                                                         | Aggregate charges to beneficiaries for excess costs (from provider records)                                                                                                                                                                                     |                         |                         |                                          |                                             |                                         |           | 79.00 |
| 80.00                                                                         | Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)                                                                                                                                                               |                         |                         |                                          |                                             |                                         |           | 80.00 |
| 81.00                                                                         | Inpatient routine service cost per diem limitation                                                                                                                                                                                                              |                         |                         |                                          |                                             |                                         |           | 81.00 |
| 82.00                                                                         | Inpatient routine service cost limitation (line 9 x line 81)                                                                                                                                                                                                    |                         |                         |                                          |                                             |                                         |           | 82.00 |
| 83.00                                                                         | Reasonable inpatient routine service costs (see instructions)                                                                                                                                                                                                   |                         |                         |                                          |                                             |                                         |           | 83.00 |
| 84.00                                                                         | Program inpatient ancillary services (see instructions)                                                                                                                                                                                                         |                         |                         |                                          |                                             |                                         |           | 84.00 |
| 85.00                                                                         | Utilization review - physician compensation (see instructions)                                                                                                                                                                                                  |                         |                         |                                          |                                             |                                         |           | 85.00 |
| 86.00                                                                         | Total Program inpatient operating costs (sum of lines 83 through 85)                                                                                                                                                                                            |                         |                         |                                          |                                             |                                         |           | 86.00 |
| PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST                    |                                                                                                                                                                                                                                                                 |                         |                         |                                          |                                             |                                         |           |       |
| 87.00                                                                         | Total observation bed days (see instructions)                                                                                                                                                                                                                   |                         |                         |                                          |                                             |                                         | 0         | 87.00 |
| 88.00                                                                         | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)                                                                                                                                                                                             |                         |                         |                                          |                                             |                                         | 0.00      | 88.00 |
| 89.00                                                                         | Observation bed cost (line 87 x line 88) (see instructions)                                                                                                                                                                                                     |                         |                         |                                          |                                             |                                         | 0         | 89.00 |

| COMPUTATION OF INPATIENT OPERATING COST          |                             | Provider CCN: 14-0209<br>Component CCN: 14-T209 |                                | Period:<br>From 01/01/2019<br>To 12/31/2019 |                                                    | Worksheet D-1<br>Date/Time Prepared:<br>8/5/2020 1:45 pm                              |       |
|--------------------------------------------------|-----------------------------|-------------------------------------------------|--------------------------------|---------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------|-------|
|                                                  |                             | Title XVIII                                     |                                | Subprovider -<br>IRF                        |                                                    | PPS                                                                                   |       |
| Cost Center Description                          |                             | Cost                                            | Routine Cost<br>(from line 21) | column 1 ÷<br>column 2                      | Total<br>Observation<br>Bed Cost (from<br>line 89) | Observation<br>Bed Pass<br>Through Cost<br>(col. 3 x col.<br>4) (see<br>instructions) |       |
|                                                  |                             | 1.00                                            | 2.00                           | 3.00                                        | 4.00                                               | 5.00                                                                                  |       |
| COMPUTATION OF OBSERVATION BED PASS THROUGH COST |                             |                                                 |                                |                                             |                                                    |                                                                                       |       |
| 90.00                                            | Capital-related cost        | 317,427                                         | 4,387,556                      | 0.072347                                    | 0                                                  | 0                                                                                     | 90.00 |
| 91.00                                            | Nursing School cost         | 17,017                                          | 4,387,556                      | 0.003878                                    | 0                                                  | 0                                                                                     | 91.00 |
| 92.00                                            | Allied health cost          | 0                                               | 4,387,556                      | 0.000000                                    | 0                                                  | 0                                                                                     | 92.00 |
| 93.00                                            | All other Medical Education | 0                                               | 4,387,556                      | 0.000000                                    | 0                                                  | 0                                                                                     | 93.00 |

| COMPUTATION OF INPATIENT OPERATING COST                                      |                                                                                                                                                                                           | Provider CCN: 14-0209 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet D-1<br>Date/Time Prepared:<br>8/5/2020 1:45 pm |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|----------------------------------------------------------|
| Cost Center Description                                                      |                                                                                                                                                                                           | Title XIX             | Hospital                                    | PPS                                                      |
|                                                                              |                                                                                                                                                                                           |                       |                                             | 1.00                                                     |
| <b>PART I - ALL PROVIDER COMPONENTS</b>                                      |                                                                                                                                                                                           |                       |                                             |                                                          |
| <b>INPATIENT DAYS</b>                                                        |                                                                                                                                                                                           |                       |                                             |                                                          |
| 1.00                                                                         | Inpatient days (including private room days and swing-bed days, excluding newborn)                                                                                                        |                       | 50,004                                      | 1.00                                                     |
| 2.00                                                                         | Inpatient days (including private room days, excluding swing-bed and newborn days)                                                                                                        |                       | 50,004                                      | 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)                                                                                                                     |                       | 44,472                                      | 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)                                                      |                       | 12,123                                      | 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)                                                                                                                                                  |                       | 4,788                                       | 15.00                                                    |
| 16.00                                                                        | Nursery days (title V or XIX only)                                                                                                                                                        |                       | 1,806                                       | 16.00                                                    |
| <b>SWING BED ADJUSTMENT</b>                                                  |                                                                                                                                                                                           |                       |                                             |                                                          |
| 17.00                                                                        | Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period                                                                          |                       | 0.00                                        | 17.00                                                    |
| 18.00                                                                        | Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period                                                                            |                       | 0.00                                        | 18.00                                                    |
| 19.00                                                                        | Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period                                                                           |                       | 0.00                                        | 19.00                                                    |
| 20.00                                                                        | Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period                                                                             |                       | 0.00                                        | 20.00                                                    |
| 21.00                                                                        | Total general inpatient routine service cost (see instructions)                                                                                                                           |                       | 46,839,002                                  | 21.00                                                    |
| 22.00                                                                        | Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)                                                                        |                       | 0                                           | 22.00                                                    |
| 23.00                                                                        | Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)                                                                          |                       | 0                                           | 23.00                                                    |
| 24.00                                                                        | Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)                                                                         |                       | 0                                           | 24.00                                                    |
| 25.00                                                                        | Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)                                                                           |                       | 0                                           | 25.00                                                    |
| 26.00                                                                        | Total swing-bed cost (see instructions)                                                                                                                                                   |                       | 0                                           | 26.00                                                    |
| 27.00                                                                        | General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)                                                                                                      |                       | 46,839,002                                  | 27.00                                                    |
| <b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>                                  |                                                                                                                                                                                           |                       |                                             |                                                          |
| 28.00                                                                        | General inpatient routine service charges (excluding swing-bed and observation bed charges)                                                                                               |                       | 0                                           | 28.00                                                    |
| 29.00                                                                        | Private room charges (excluding swing-bed charges)                                                                                                                                        |                       | 0                                           | 29.00                                                    |
| 30.00                                                                        | Semi-private room charges (excluding swing-bed charges)                                                                                                                                   |                       | 0                                           | 30.00                                                    |
| 31.00                                                                        | General inpatient routine service cost/charge ratio (line 27 ÷ line 28)                                                                                                                   |                       | 0.000000                                    | 31.00                                                    |
| 32.00                                                                        | Average private room per diem charge (line 29 ÷ line 3)                                                                                                                                   |                       | 0.00                                        | 32.00                                                    |
| 33.00                                                                        | Average semi-private room per diem charge (line 30 ÷ line 4)                                                                                                                              |                       | 0.00                                        | 33.00                                                    |
| 34.00                                                                        | Average per diem private room charge differential (line 32 minus line 33)(see instructions)                                                                                               |                       | 0.00                                        | 34.00                                                    |
| 35.00                                                                        | Average per diem private room cost differential (line 34 x line 31)                                                                                                                       |                       | 0.00                                        | 35.00                                                    |
| 36.00                                                                        | Private room cost differential adjustment (line 3 x line 35)                                                                                                                              |                       | 0                                           | 36.00                                                    |
| 37.00                                                                        | General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)                                                                   |                       | 46,839,002                                  | 37.00                                                    |
| <b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>                              |                                                                                                                                                                                           |                       |                                             |                                                          |
| <b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b> |                                                                                                                                                                                           |                       |                                             |                                                          |
| 38.00                                                                        | Adjusted general inpatient routine service cost per diem (see instructions)                                                                                                               |                       | 936.71                                      | 38.00                                                    |
| 39.00                                                                        | Program general inpatient routine service cost (line 9 x line 38)                                                                                                                         |                       | 11,355,735                                  | 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)                                                                                                                  |                       | 11,355,735                                  | 41.00                                                    |

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0209

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

Worksheet D-1

Date/Time Prepared:  
8/5/2020 1:45 pm

|                                                                               |                                                                                                                                                                                                                                                                 | Title XIX            |                      | 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)                                                                                                                                                                                                                                    | 2,433,750            | 4,788                | 508.30                             | 1,806        | 917,990                        | 42.00      |       |
| Intensive Care Type Inpatient Hospital Units                                  |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |            |       |
| 43.00                                                                         | INTENSIVE CARE UNIT                                                                                                                                                                                                                                             | 7,844,266            | 2,888                | 2,716.16                           | 190          | 516,070                        | 43.00      |       |
| 44.00                                                                         | CORONARY CARE UNIT                                                                                                                                                                                                                                              |                      |                      |                                    |              |                                | 44.00      |       |
| 45.00                                                                         | BURN INTENSIVE CARE UNIT                                                                                                                                                                                                                                        |                      |                      |                                    |              |                                | 45.00      |       |
| 46.00                                                                         | SURGICAL INTENSIVE CARE UNIT                                                                                                                                                                                                                                    | 769,195              | 2,751                | 279.61                             | 202          | 56,481                         | 46.00      |       |
| 47.00                                                                         | OTHER SPECIAL CARE (SPECIFY)                                                                                                                                                                                                                                    |                      |                      |                                    |              |                                | 47.00      |       |
| Cost Center Description                                                       |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |            |       |
|                                                                               |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                | 1.00       |       |
| 48.00                                                                         | Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)                                                                                                                                                                                          |                      |                      |                                    |              |                                | 0          | 48.00 |
| 49.00                                                                         | Total Program inpatient costs (sum of lines 41 through 48)(see instructions)                                                                                                                                                                                    |                      |                      |                                    |              |                                | 12,846,276 | 49.00 |
| PASS THROUGH COST ADJUSTMENTS                                                 |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |            |       |
| 50.00                                                                         | Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)                                                                                                                                                      |                      |                      |                                    |              |                                | 2,152,210  | 50.00 |
| 51.00                                                                         | Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)                                                                                                                                                    |                      |                      |                                    |              |                                | 0          | 51.00 |
| 52.00                                                                         | Total Program excludable cost (sum of lines 50 and 51)                                                                                                                                                                                                          |                      |                      |                                    |              |                                | 2,152,210  | 52.00 |
| 53.00                                                                         | Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)                                                                                                                |                      |                      |                                    |              |                                | 10,694,066 | 53.00 |
| TARGET AMOUNT AND LIMIT COMPUTATION                                           |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |            |       |
| 54.00                                                                         | Program discharges                                                                                                                                                                                                                                              |                      |                      |                                    |              |                                | 0          | 54.00 |
| 55.00                                                                         | Target amount per discharge                                                                                                                                                                                                                                     |                      |                      |                                    |              |                                | 0.00       | 55.00 |
| 56.00                                                                         | Target amount (line 54 x line 55)                                                                                                                                                                                                                               |                      |                      |                                    |              |                                | 0          | 56.00 |
| 57.00                                                                         | Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)                                                                                                                                                                  |                      |                      |                                    |              |                                | 0          | 57.00 |
| 58.00                                                                         | Bonus payment (see instructions)                                                                                                                                                                                                                                |                      |                      |                                    |              |                                | 0          | 58.00 |
| 59.00                                                                         | Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket                                                                                                                                             |                      |                      |                                    |              |                                | 0.00       | 59.00 |
| 60.00                                                                         | Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket                                                                                                                                                                           |                      |                      |                                    |              |                                | 0.00       | 60.00 |
| 61.00                                                                         | If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions) |                      |                      |                                    |              |                                | 0          | 61.00 |
| 62.00                                                                         | Relief payment (see instructions)                                                                                                                                                                                                                               |                      |                      |                                    |              |                                | 0          | 62.00 |
| 63.00                                                                         | Allowable Inpatient cost plus incentive payment (see instructions)                                                                                                                                                                                              |                      |                      |                                    |              |                                | 0          | 63.00 |
| PROGRAM INPATIENT ROUTINE SWING BED COST                                      |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |            |       |
| 64.00                                                                         | Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                            |                      |                      |                                    |              |                                | 0          | 64.00 |
| 65.00                                                                         | Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                              |                      |                      |                                    |              |                                | 0          | 65.00 |
| 66.00                                                                         | Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)                                                                                                                                       |                      |                      |                                    |              |                                | 0          | 66.00 |
| 67.00                                                                         | Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)                                                                                                                                        |                      |                      |                                    |              |                                | 0          | 67.00 |
| 68.00                                                                         | Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)                                                                                                                                          |                      |                      |                                    |              |                                | 0          | 68.00 |
| 69.00                                                                         | Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)                                                                                                                                                                                   |                      |                      |                                    |              |                                | 0          | 69.00 |
| PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |            |       |
| 70.00                                                                         | Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)                                                                                                                                                                          |                      |                      |                                    |              |                                |            | 70.00 |
| 71.00                                                                         | Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)                                                                                                                                                                                     |                      |                      |                                    |              |                                |            | 71.00 |
| 72.00                                                                         | Program routine service cost (line 9 x line 71)                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |            | 72.00 |
| 73.00                                                                         | Medically necessary private room cost applicable to Program (line 14 x line 35)                                                                                                                                                                                 |                      |                      |                                    |              |                                |            | 73.00 |
| 74.00                                                                         | Total Program general inpatient routine service costs (line 72 + line 73)                                                                                                                                                                                       |                      |                      |                                    |              |                                |            | 74.00 |
| 75.00                                                                         | Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)                                                                                                                                               |                      |                      |                                    |              |                                |            | 75.00 |
| 76.00                                                                         | Per diem capital-related costs (line 75 ÷ line 2)                                                                                                                                                                                                               |                      |                      |                                    |              |                                |            | 76.00 |
| 77.00                                                                         | Program capital-related costs (line 9 x line 76)                                                                                                                                                                                                                |                      |                      |                                    |              |                                |            | 77.00 |
| 78.00                                                                         | Inpatient routine service cost (line 74 minus line 77)                                                                                                                                                                                                          |                      |                      |                                    |              |                                |            | 78.00 |
| 79.00                                                                         | Aggregate charges to beneficiaries for excess costs (from provider records)                                                                                                                                                                                     |                      |                      |                                    |              |                                |            | 79.00 |
| 80.00                                                                         | Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)                                                                                                                                                               |                      |                      |                                    |              |                                |            | 80.00 |
| 81.00                                                                         | Inpatient routine service cost per diem limitation                                                                                                                                                                                                              |                      |                      |                                    |              |                                |            | 81.00 |
| 82.00                                                                         | Inpatient routine service cost limitation (line 9 x line 81)                                                                                                                                                                                                    |                      |                      |                                    |              |                                |            | 82.00 |
| 83.00                                                                         | Reasonable inpatient routine service costs (see instructions)                                                                                                                                                                                                   |                      |                      |                                    |              |                                |            | 83.00 |
| 84.00                                                                         | Program inpatient ancillary services (see instructions)                                                                                                                                                                                                         |                      |                      |                                    |              |                                |            | 84.00 |
| 85.00                                                                         | Utilization review - physician compensation (see instructions)                                                                                                                                                                                                  |                      |                      |                                    |              |                                |            | 85.00 |
| 86.00                                                                         | Total Program inpatient operating costs (sum of lines 83 through 85)                                                                                                                                                                                            |                      |                      |                                    |              |                                |            | 86.00 |
| PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST                    |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |            |       |
| 87.00                                                                         | Total observation bed days (see instructions)                                                                                                                                                                                                                   |                      |                      |                                    |              |                                | 5,532      | 87.00 |
| 88.00                                                                         | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)                                                                                                                                                                                             |                      |                      |                                    |              |                                | 936.71     | 88.00 |
| 89.00                                                                         | Observation bed cost (line 87 x line 88) (see instructions)                                                                                                                                                                                                     |                      |                      |                                    |              |                                | 5,181,880  | 89.00 |

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0209

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

Worksheet D-1

Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Description                          |                             | Title XIX                      |                        | 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        | 2,534,397                      | 46,839,002             | 0.054109                                           | 5,181,880                                                                             | 280,386 |
| 91.00                                            | Nursing School cost         | 5,952,889                      | 46,839,002             | 0.127093                                           | 5,181,880                                                                             | 658,581 |
| 92.00                                            | Allied health cost          | 0                              | 46,839,002             | 0.000000                                           | 5,181,880                                                                             | 0       |
| 93.00                                            | All other Medical Education | 0                              | 46,839,002             | 0.000000                                           | 5,181,880                                                                             | 0       |

| COMPUTATION OF INPATIENT OPERATING COST                               |                                                                                                                                                                                           | Provider CCN: 14-0209<br>Component CCN: 14-S209 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet D-1<br>Date/Time Prepared:<br>8/5/2020 1:45 pm |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|----------------------------------------------------------|
|                                                                       |                                                                                                                                                                                           | Title XIX                                       | Subprovider -<br>IPF                        | PPS                                                      |
| Cost Center Description                                               |                                                                                                                                                                                           |                                                 | 1.00                                        |                                                          |
| PART I - ALL PROVIDER COMPONENTS                                      |                                                                                                                                                                                           |                                                 |                                             |                                                          |
| INPATIENT DAYS                                                        |                                                                                                                                                                                           |                                                 |                                             |                                                          |
| 1.00                                                                  | Inpatient days (including private room days and swing-bed days, excluding newborn)                                                                                                        |                                                 | 14,285                                      | 1.00                                                     |
| 2.00                                                                  | Inpatient days (including private room days, excluding swing-bed and newborn days)                                                                                                        |                                                 | 14,285                                      | 2.00                                                     |
| 3.00                                                                  | Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.                                                          |                                                 | 0                                           | 3.00                                                     |
| 4.00                                                                  | Semi-private room days (excluding swing-bed and observation bed days)                                                                                                                     |                                                 | 14,285                                      | 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)                                                      |                                                 | 0                                           | 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)                                                                                                                                                  |                                                 | 4,788                                       | 15.00                                                    |
| 16.00                                                                 | Nursery days (title V or XIX only)                                                                                                                                                        |                                                 | 1,806                                       | 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)                                                                                                                           |                                                 | 12,765,150                                  | 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)                                                                                                      |                                                 | 12,765,150                                  | 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)                                                                   |                                                 | 12,765,150                                  | 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)                                                                                                               |                                                 | 893.61                                      | 38.00                                                    |
| 39.00                                                                 | Program general inpatient routine service cost (line 9 x line 38)                                                                                                                         |                                                 | 0                                           | 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)                                                                                                                  |                                                 | 0                                           | 41.00                                                    |

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0209

Period:

Worksheet D-1

Component CCN: 14-S209

From 01/01/2019  
To 12/31/2019Date/Time Prepared:  
8/5/2020 1:45 pm

Title XIX

Subprovider -  
IPF

PPS

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

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0209

Period:

Worksheet D-1

Component CCN: 14-S209

From 01/01/2019  
To 12/31/2019Date/Time Prepared:  
8/5/2020 1:45 pm

Title XIX

Subprovider -  
IPF

PPS

| Cost Center Description                          |                             | Cost    | Routine Cost<br>(from line 21) | column 1 ÷<br>column 2 | Total<br>Observation<br>Bed Cost (from<br>line 89) | Observation<br>Bed Pass<br>Through Cost<br>(col. 3 x col.<br>4) (see<br>instructions) |       |
|--------------------------------------------------|-----------------------------|---------|--------------------------------|------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------|-------|
|                                                  |                             | 1.00    | 2.00                           | 3.00                   | 4.00                                               | 5.00                                                                                  |       |
| COMPUTATION OF OBSERVATION BED PASS THROUGH COST |                             |         |                                |                        |                                                    |                                                                                       |       |
| 90.00                                            | Capital-related cost        | 502,776 | 12,765,150                     | 0.039387               | 0                                                  | 0                                                                                     | 90.00 |
| 91.00                                            | Nursing School cost         | 242,778 | 12,765,150                     | 0.019019               | 0                                                  | 0                                                                                     | 91.00 |
| 92.00                                            | Allied health cost          | 0       | 12,765,150                     | 0.000000               | 0                                                  | 0                                                                                     | 92.00 |
| 93.00                                            | All other Medical Education | 0       | 12,765,150                     | 0.000000               | 0                                                  | 0                                                                                     | 93.00 |

| COMPUTATION OF INPATIENT OPERATING COST                                      |                                                                                                                                                                                           | Provider CCN: 14-0209<br>Component CCN: 14-T209 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet D-1<br>Date/Time Prepared:<br>8/5/2020 1:45 pm |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|----------------------------------------------------------|
|                                                                              |                                                                                                                                                                                           | Title XIX                                       | Subprovider -<br>IRF                        | PPS                                                      |
| Cost Center Description                                                      |                                                                                                                                                                                           |                                                 | 1.00                                        |                                                          |
| <b>PART I - ALL PROVIDER COMPONENTS</b>                                      |                                                                                                                                                                                           |                                                 |                                             |                                                          |
| <b>INPATIENT DAYS</b>                                                        |                                                                                                                                                                                           |                                                 |                                             |                                                          |
| 1.00                                                                         | Inpatient days (including private room days and swing-bed days, excluding newborn)                                                                                                        |                                                 | 5,233                                       | 1.00                                                     |
| 2.00                                                                         | Inpatient days (including private room days, excluding swing-bed and newborn days)                                                                                                        |                                                 | 5,233                                       | 2.00                                                     |
| 3.00                                                                         | Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.                                                          |                                                 | 0                                           | 3.00                                                     |
| 4.00                                                                         | Semi-private room days (excluding swing-bed and observation bed days)                                                                                                                     |                                                 | 5,233                                       | 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)                                                      |                                                 | 0                                           | 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)                                                                                                                                                  |                                                 | 4,788                                       | 15.00                                                    |
| 16.00                                                                        | Nursery days (title V or XIX only)                                                                                                                                                        |                                                 | 1,806                                       | 16.00                                                    |
| <b>SWING BED ADJUSTMENT</b>                                                  |                                                                                                                                                                                           |                                                 |                                             |                                                          |
| 17.00                                                                        | Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period                                                                          |                                                 | 0.00                                        | 17.00                                                    |
| 18.00                                                                        | Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period                                                                            |                                                 | 0.00                                        | 18.00                                                    |
| 19.00                                                                        | Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period                                                                           |                                                 | 0.00                                        | 19.00                                                    |
| 20.00                                                                        | Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period                                                                             |                                                 | 0.00                                        | 20.00                                                    |
| 21.00                                                                        | Total general inpatient routine service cost (see instructions)                                                                                                                           |                                                 | 4,387,556                                   | 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)                                                                                                      |                                                 | 4,387,556                                   | 27.00                                                    |
| <b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>                                  |                                                                                                                                                                                           |                                                 |                                             |                                                          |
| 28.00                                                                        | General inpatient routine service charges (excluding swing-bed and observation bed charges)                                                                                               |                                                 | 0                                           | 28.00                                                    |
| 29.00                                                                        | Private room charges (excluding swing-bed charges)                                                                                                                                        |                                                 | 0                                           | 29.00                                                    |
| 30.00                                                                        | Semi-private room charges (excluding swing-bed charges)                                                                                                                                   |                                                 | 0                                           | 30.00                                                    |
| 31.00                                                                        | General inpatient routine service cost/charge ratio (line 27 ÷ line 28)                                                                                                                   |                                                 | 0.000000                                    | 31.00                                                    |
| 32.00                                                                        | Average private room per diem charge (line 29 ÷ line 3)                                                                                                                                   |                                                 | 0.00                                        | 32.00                                                    |
| 33.00                                                                        | Average semi-private room per diem charge (line 30 ÷ line 4)                                                                                                                              |                                                 | 0.00                                        | 33.00                                                    |
| 34.00                                                                        | Average per diem private room charge differential (line 32 minus line 33)(see instructions)                                                                                               |                                                 | 0.00                                        | 34.00                                                    |
| 35.00                                                                        | Average per diem private room cost differential (line 34 x line 31)                                                                                                                       |                                                 | 0.00                                        | 35.00                                                    |
| 36.00                                                                        | Private room cost differential adjustment (line 3 x line 35)                                                                                                                              |                                                 | 0                                           | 36.00                                                    |
| 37.00                                                                        | General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)                                                                   |                                                 | 4,387,556                                   | 37.00                                                    |
| <b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>                              |                                                                                                                                                                                           |                                                 |                                             |                                                          |
| <b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b> |                                                                                                                                                                                           |                                                 |                                             |                                                          |
| 38.00                                                                        | Adjusted general inpatient routine service cost per diem (see instructions)                                                                                                               |                                                 | 838.44                                      | 38.00                                                    |
| 39.00                                                                        | Program general inpatient routine service cost (line 9 x line 38)                                                                                                                         |                                                 | 0                                           | 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)                                                                                                                  |                                                 | 0                                           | 41.00                                                    |

| COMPUTATION OF INPATIENT OPERATING COST                                                                                                                                                                                                                               |                         |                         | Provider CCN: 14-0209                    | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet D-1                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|------------------------------------------|---------------------------------------------|-----------------------------------------|
|                                                                                                                                                                                                                                                                       |                         |                         | Component CCN: 14-T209                   |                                             | Date/Time Prepared:<br>8/5/2020 1:45 pm |
|                                                                                                                                                                                                                                                                       |                         |                         | Title XIX                                | Subprovider -<br>IRF                        | PPS                                     |
| Cost Center Description                                                                                                                                                                                                                                               | Total<br>Inpatient Cost | Total<br>Inpatient Days | Average Per<br>Diem (col. 1 ÷<br>col. 2) | Program Days                                | Program Cost<br>(col. 3 x col.<br>4)    |
|                                                                                                                                                                                                                                                                       | 1.00                    | 2.00                    | 3.00                                     | 4.00                                        | 5.00                                    |
| 42.00 NURSERY (title V & XIX only)                                                                                                                                                                                                                                    | 0                       | 0                       | 0.00                                     | 0                                           | 0                                       |
| Intensive Care Type Inpatient Hospital Units                                                                                                                                                                                                                          |                         |                         |                                          |                                             |                                         |
| 43.00 INTENSIVE CARE UNIT                                                                                                                                                                                                                                             | 0                       | 0                       | 0.00                                     | 0                                           | 0                                       |
| 44.00 CORONARY CARE UNIT                                                                                                                                                                                                                                              |                         |                         |                                          |                                             |                                         |
| 45.00 BURN INTENSIVE CARE UNIT                                                                                                                                                                                                                                        |                         |                         |                                          |                                             |                                         |
| 46.00 SURGICAL INTENSIVE CARE UNIT                                                                                                                                                                                                                                    | 0                       | 0                       | 0.00                                     | 0                                           | 0                                       |
| 47.00 OTHER SPECIAL CARE (SPECIFY)                                                                                                                                                                                                                                    |                         |                         |                                          |                                             |                                         |
| Cost Center Description                                                                                                                                                                                                                                               |                         |                         |                                          |                                             | 1.00                                    |
| 48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)                                                                                                                                                                                          |                         |                         |                                          |                                             | 0                                       |
| 49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)                                                                                                                                                                                    |                         |                         |                                          |                                             | 0                                       |
| PASS THROUGH COST ADJUSTMENTS                                                                                                                                                                                                                                         |                         |                         |                                          |                                             |                                         |
| 50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)                                                                                                                                                      |                         |                         |                                          |                                             | 0                                       |
| 51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)                                                                                                                                                    |                         |                         |                                          |                                             | 0                                       |
| 52.00 Total Program excludable cost (sum of lines 50 and 51)                                                                                                                                                                                                          |                         |                         |                                          |                                             | 0                                       |
| 53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)                                                                                                                |                         |                         |                                          |                                             | 0                                       |
| TARGET AMOUNT AND LIMIT COMPUTATION                                                                                                                                                                                                                                   |                         |                         |                                          |                                             |                                         |
| 54.00 Program discharges                                                                                                                                                                                                                                              |                         |                         |                                          |                                             | 0                                       |
| 55.00 Target amount per discharge                                                                                                                                                                                                                                     |                         |                         |                                          |                                             | 0.00                                    |
| 56.00 Target amount (line 54 x line 55)                                                                                                                                                                                                                               |                         |                         |                                          |                                             | 0                                       |
| 57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)                                                                                                                                                                  |                         |                         |                                          |                                             | 0                                       |
| 58.00 Bonus payment (see instructions)                                                                                                                                                                                                                                |                         |                         |                                          |                                             | 0                                       |
| 59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket                                                                                                                                             |                         |                         |                                          |                                             | 0.00                                    |
| 60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket                                                                                                                                                                           |                         |                         |                                          |                                             | 0.00                                    |
| 61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions) |                         |                         |                                          |                                             | 0                                       |
| 62.00 Relief payment (see instructions)                                                                                                                                                                                                                               |                         |                         |                                          |                                             | 0                                       |
| 63.00 Allowable Inpatient cost plus incentive payment (see instructions)                                                                                                                                                                                              |                         |                         |                                          |                                             | 0                                       |
| PROGRAM INPATIENT ROUTINE SWING BED COST                                                                                                                                                                                                                              |                         |                         |                                          |                                             |                                         |
| 64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                            |                         |                         |                                          |                                             | 0                                       |
| 65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                              |                         |                         |                                          |                                             | 0                                       |
| 66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)                                                                                                                                       |                         |                         |                                          |                                             | 0                                       |
| 67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)                                                                                                                                        |                         |                         |                                          |                                             | 0                                       |
| 68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)                                                                                                                                          |                         |                         |                                          |                                             | 0                                       |
| 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)                                                                                                                                                                                   |                         |                         |                                          |                                             | 0                                       |
| PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY                                                                                                                                                                                         |                         |                         |                                          |                                             |                                         |
| 70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)                                                                                                                                                                          |                         |                         |                                          |                                             | 70.00                                   |
| 71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)                                                                                                                                                                                     |                         |                         |                                          |                                             | 71.00                                   |
| 72.00 Program routine service cost (line 9 x line 71)                                                                                                                                                                                                                 |                         |                         |                                          |                                             | 72.00                                   |
| 73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)                                                                                                                                                                                 |                         |                         |                                          |                                             | 73.00                                   |
| 74.00 Total Program general inpatient routine service costs (line 72 + line 73)                                                                                                                                                                                       |                         |                         |                                          |                                             | 74.00                                   |
| 75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)                                                                                                                                               |                         |                         |                                          |                                             | 75.00                                   |
| 76.00 Per diem capital-related costs (line 75 ÷ line 2)                                                                                                                                                                                                               |                         |                         |                                          |                                             | 76.00                                   |
| 77.00 Program capital-related costs (line 9 x line 76)                                                                                                                                                                                                                |                         |                         |                                          |                                             | 77.00                                   |
| 78.00 Inpatient routine service cost (line 74 minus line 77)                                                                                                                                                                                                          |                         |                         |                                          |                                             | 78.00                                   |
| 79.00 Aggregate charges to beneficiaries for excess costs (from provider records)                                                                                                                                                                                     |                         |                         |                                          |                                             | 79.00                                   |
| 80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)                                                                                                                                                               |                         |                         |                                          |                                             | 80.00                                   |
| 81.00 Inpatient routine service cost per diem limitation                                                                                                                                                                                                              |                         |                         |                                          |                                             | 81.00                                   |
| 82.00 Inpatient routine service cost limitation (line 9 x line 81)                                                                                                                                                                                                    |                         |                         |                                          |                                             | 82.00                                   |
| 83.00 Reasonable inpatient routine service costs (see instructions)                                                                                                                                                                                                   |                         |                         |                                          |                                             | 83.00                                   |
| 84.00 Program inpatient ancillary services (see instructions)                                                                                                                                                                                                         |                         |                         |                                          |                                             | 84.00                                   |
| 85.00 Utilization review - physician compensation (see instructions)                                                                                                                                                                                                  |                         |                         |                                          |                                             | 85.00                                   |
| 86.00 Total Program inpatient operating costs (sum of lines 83 through 85)                                                                                                                                                                                            |                         |                         |                                          |                                             | 86.00                                   |
| PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST                                                                                                                                                                                                            |                         |                         |                                          |                                             |                                         |
| 87.00 Total observation bed days (see instructions)                                                                                                                                                                                                                   |                         |                         |                                          |                                             | 0                                       |
| 88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)                                                                                                                                                                                             |                         |                         |                                          |                                             | 0.00                                    |
| 89.00 Observation bed cost (line 87 x line 88) (see instructions)                                                                                                                                                                                                     |                         |                         |                                          |                                             | 0                                       |

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0209

Period:

Worksheet D-1

Component CCN: 14-T209

From 01/01/2019  
To 12/31/2019Date/Time Prepared:  
8/5/2020 1:45 pm

Title XIX

Subprovider -  
IRF

PPS

| Cost Center Description                          |                             | Cost    | Routine Cost<br>(from line 21) | column 1 ÷<br>column 2 | Total<br>Observation<br>Bed Cost (from<br>line 89) | Observation<br>Bed Pass<br>Through Cost<br>(col. 3 x col.<br>4) (see<br>instructions) |       |
|--------------------------------------------------|-----------------------------|---------|--------------------------------|------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------|-------|
|                                                  |                             | 1.00    | 2.00                           | 3.00                   | 4.00                                               | 5.00                                                                                  |       |
| COMPUTATION OF OBSERVATION BED PASS THROUGH COST |                             |         |                                |                        |                                                    |                                                                                       |       |
| 90.00                                            | Capital-related cost        | 317,427 | 4,387,556                      | 0.072347               | 0                                                  | 0                                                                                     | 90.00 |
| 91.00                                            | Nursing School cost         | 17,017  | 4,387,556                      | 0.003878               | 0                                                  | 0                                                                                     | 91.00 |
| 92.00                                            | Allied health cost          | 0       | 4,387,556                      | 0.000000               | 0                                                  | 0                                                                                     | 92.00 |
| 93.00                                            | All other Medical Education | 0       | 4,387,556                      | 0.000000               | 0                                                  | 0                                                                                     | 93.00 |

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT |       |                                                                    | Provider CCN: 14-0209       | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet D-3<br>Date/Time Prepared:<br>8/5/2020 1:45 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                                                |                             | 36,926,743                                  | 30.00                                                    |
| 31.00                                          | 03100 | INTENSIVE CARE UNIT                                                |                             | 15,069,131                                  | 31.00                                                    |
| 34.00                                          | 03400 | SURGICAL INTENSIVE CARE UNIT                                       |                             | 0                                           | 34.00                                                    |
| 40.00                                          | 04000 | SUBPROVIDER - IPF                                                  |                             | 16,646                                      | 40.00                                                    |
| 41.00                                          | 04100 | SUBPROVIDER - IRF                                                  |                             | 0                                           | 41.00                                                    |
| 43.00                                          | 04300 | NURSERY                                                            |                             | 0                                           | 43.00                                                    |
| ANCILLARY SERVICE COST CENTERS                 |       |                                                                    |                             |                                             |                                                          |
| 50.00                                          | 05000 | OPERATING ROOM                                                     | 0.189740                    | 27,569,083                                  | 50.00                                                    |
| 51.00                                          | 05100 | RECOVERY ROOM                                                      | 0.116925                    | 5,656,589                                   | 51.00                                                    |
| 52.00                                          | 05200 | DELIVERY ROOM & LABOR ROOM                                         | 0.291470                    | 29,214                                      | 52.00                                                    |
| 53.00                                          | 05300 | ANESTHESIOLOGY                                                     | 0.056992                    | 6,932,529                                   | 53.00                                                    |
| 53.01                                          | 03950 | PAIN CLINIC                                                        | 0.184723                    | 0                                           | 53.01                                                    |
| 54.00                                          | 05400 | RADIOLOGY-DIAGNOSTIC                                               | 0.260402                    | 7,169,968                                   | 54.00                                                    |
| 54.01                                          | 05401 | NORTHSIDE IMAGING                                                  | 0.224834                    | 0                                           | 54.01                                                    |
| 54.02                                          | 05402 | NORTHSIDE MAMMOGRAPHY                                              | 0.209163                    | 0                                           | 54.02                                                    |
| 54.03                                          | 05403 | NORTHSIDE ULTRASOUND                                               | 0.149651                    | 0                                           | 54.03                                                    |
| 54.04                                          | 05404 | NORTHSIDE CARDIO                                                   | 0.000000                    | 0                                           | 54.04                                                    |
| 54.05                                          | 05405 | NORTHSIDE ADMIN                                                    | 0.000000                    | 0                                           | 54.05                                                    |
| 55.00                                          | 05500 | RADIOLOGY-THERAPEUTIC                                              | 0.138979                    | 365,046                                     | 55.00                                                    |
| 56.00                                          | 05600 | RADIOISOTOPE                                                       | 0.000000                    | 0                                           | 56.00                                                    |
| 56.01                                          | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC                                      | 0.160225                    | 0                                           | 56.01                                                    |
| 57.00                                          | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN                                      | 0.016900                    | 11,367,632                                  | 57.00                                                    |
| 57.01                                          | 05701 | NORTHSIDE CT                                                       | 0.051783                    | 0                                           | 57.01                                                    |
| 58.00                                          | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                                   | 0.046617                    | 3,032,529                                   | 58.00                                                    |
| 58.01                                          | 05801 | NORTHSIDE MRI                                                      | 0.085551                    | 0                                           | 58.01                                                    |
| 59.00                                          | 05900 | CARDIAC CATHETERIZATION                                            | 0.037835                    | 5,702,021                                   | 59.00                                                    |
| 60.00                                          | 06000 | LABORATORY                                                         | 0.171790                    | 24,366,641                                  | 60.00                                                    |
| 60.01                                          | 06001 | NORTHSIDE LAB                                                      | 0.000000                    | 0                                           | 60.01                                                    |
| 62.30                                          | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.                                 | 0.000000                    | 0                                           | 62.30                                                    |
| 63.00                                          | 06300 | BLOOD STORING, PROCESSING, & TRANS.                                | 0.252720                    | 2,254,280                                   | 63.00                                                    |
| 64.00                                          | 06400 | INTRAVENOUS THERAPY                                                | 0.194442                    | 2,580,750                                   | 64.00                                                    |
| 65.00                                          | 06500 | RESPIRATORY THERAPY                                                | 0.084693                    | 13,163,047                                  | 65.00                                                    |
| 66.00                                          | 06600 | PHYSICAL THERAPY                                                   | 0.248282                    | 2,446,035                                   | 66.00                                                    |
| 67.00                                          | 06700 | OCCUPATIONAL THERAPY                                               | 0.236999                    | 712,419                                     | 67.00                                                    |
| 68.00                                          | 06800 | SPEECH PATHOLOGY                                                   | 0.297604                    | 648,947                                     | 68.00                                                    |
| 69.00                                          | 06900 | ELECTROCARDIOLOGY                                                  | 0.047074                    | 1,520,373                                   | 69.00                                                    |
| 70.00                                          | 07000 | ELECTROENCEPHALOGRAPHY                                             | 0.165497                    | 361,344                                     | 70.00                                                    |
| 71.00                                          | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS                                 | 0.024559                    | 19,454,789                                  | 71.00                                                    |
| 72.00                                          | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS                            | 0.427743                    | 14,382,677                                  | 72.00                                                    |
| 73.00                                          | 07300 | DRUGS CHARGED TO PATIENTS                                          | 0.257727                    | 16,773,413                                  | 73.00                                                    |
| 74.00                                          | 07400 | RENAL DIALYSIS                                                     | 0.282291                    | 707,050                                     | 74.00                                                    |
| 76.00                                          | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES                                 | 0.362735                    | 0                                           | 76.00                                                    |
| 76.01                                          | 03340 | GASTRO INTESTINAL SERVICES                                         | 0.067136                    | 2,565,584                                   | 76.01                                                    |
| 76.02                                          | 03140 | CARDIOLOGY                                                         | 0.105145                    | 4,338,791                                   | 76.02                                                    |
| 76.03                                          | 03560 | PULMONARY FUNCTION TESTING                                         | 0.066315                    | 703,351                                     | 76.03                                                    |
| 76.97                                          | 07697 | CARDIAC REHABILITATION                                             | 1.065509                    | 0                                           | 76.97                                                    |
| 76.98                                          | 07698 | HYPERBARIC OXYGEN THERAPY                                          | 0.737314                    | 0                                           | 76.98                                                    |
| 76.99                                          | 07699 | LITHOTRIPSY                                                        | 0.000000                    | 0                                           | 76.99                                                    |
| OUTPATIENT SERVICE COST CENTERS                |       |                                                                    |                             |                                             |                                                          |
| 90.00                                          | 09000 | CLINIC                                                             | 0.246022                    | 1,890,729                                   | 90.00                                                    |
| 90.01                                          | 09001 | CHILLI FAMILY PHYSICIANS                                           | 5.949206                    | 0                                           | 90.01                                                    |
| 90.02                                          | 09005 | CLINIC                                                             | 0.000000                    | 0                                           | 90.02                                                    |
| 90.03                                          | 09002 | PHYSICIAN OFFICES                                                  | 0.380631                    | 0                                           | 90.03                                                    |
| 90.06                                          | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM                               | 0.211066                    | 0                                           | 90.06                                                    |
| 90.07                                          | 09004 | WOUND CARE CENTER                                                  | 0.208318                    | 0                                           | 90.07                                                    |
| 90.08                                          | 09008 | INTENSIVISTS CLINIC                                                | 0.463841                    | 0                                           | 90.08                                                    |
| 90.09                                          | 09009 | NEUROLOGY CLINIC                                                   | 0.210327                    | 0                                           | 90.09                                                    |
| 90.10                                          | 09010 | MULTI-SPECIALITY CLINIC                                            | 0.241303                    | 0                                           | 90.10                                                    |
| 90.11                                          | 09011 | PEDIATRICS-GASTROENTEROL CLINIC                                    | 0.100985                    | 0                                           | 90.11                                                    |
| 90.12                                          | 09012 | VASCULAR CLINIC                                                    | 0.086741                    | 0                                           | 90.12                                                    |
| 90.13                                          | 09013 | ONCOLOGY CLINIC                                                    | 1.023492                    | 0                                           | 90.13                                                    |
| 91.00                                          | 09100 | EMERGENCY                                                          | 0.105733                    | 7,256,786                                   | 91.00                                                    |
| 92.00                                          | 09200 | OBSERVATION BEDS                                                   | 0.532073                    | 585,298                                     | 92.00                                                    |
| OTHER REIMBURSABLE COST CENTERS                |       |                                                                    |                             |                                             |                                                          |
| 95.00                                          | 09500 | AMBULANCE SERVICES                                                 |                             |                                             | 95.00                                                    |
| 200.00                                         |       | Total (sum of lines 50 through 94 and 96 through 98)               |                             | 184,536,915                                 | 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)                              |                             | 184,536,915                                 | 202.00                                                   |

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT |       |                                                                    | Provider CCN: 14-0209       | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet D-3                                      |
|------------------------------------------------|-------|--------------------------------------------------------------------|-----------------------------|---------------------------------------------|----------------------------------------------------|
|                                                |       |                                                                    | Component CCN: 14-S209      |                                             | Date/Time Prepared:<br>8/5/2020 1:45 pm            |
|                                                |       |                                                                    | Title XVIII                 | Subprovider -<br>IPF                        | PPS                                                |
| Cost Center Description                        |       |                                                                    | Ratio of Cost<br>To Charges | Inpatient<br>Program<br>Charges             | Inpatient<br>Program Costs<br>(col. 1 x col.<br>2) |
|                                                |       |                                                                    | 1.00                        | 2.00                                        | 3.00                                               |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b>  |       |                                                                    |                             |                                             |                                                    |
| 30.00                                          | 03000 | ADULTS & PEDIATRICS                                                |                             | 0                                           | 30.00                                              |
| 31.00                                          | 03100 | INTENSIVE CARE UNIT                                                |                             | 0                                           | 31.00                                              |
| 34.00                                          | 03400 | SURGICAL INTENSIVE CARE UNIT                                       |                             | 0                                           | 34.00                                              |
| 40.00                                          | 04000 | SUBPROVIDER - IPF                                                  |                             | 5,505,703                                   | 40.00                                              |
| 41.00                                          | 04100 | SUBPROVIDER - IRF                                                  |                             | 0                                           | 41.00                                              |
| 43.00                                          | 04300 | NURSERY                                                            |                             | 0                                           | 43.00                                              |
| <b>ANCILLARY SERVICE COST CENTERS</b>          |       |                                                                    |                             |                                             |                                                    |
| 50.00                                          | 05000 | OPERATING ROOM                                                     | 0.189740                    | 0                                           | 50.00                                              |
| 51.00                                          | 05100 | RECOVERY ROOM                                                      | 0.116925                    | 0                                           | 51.00                                              |
| 52.00                                          | 05200 | DELIVERY ROOM & LABOR ROOM                                         | 0.291470                    | 0                                           | 52.00                                              |
| 53.00                                          | 05300 | ANESTHESIOLOGY                                                     | 0.056992                    | 0                                           | 53.00                                              |
| 53.01                                          | 03950 | PAIN CLINIC                                                        | 0.184723                    | 0                                           | 53.01                                              |
| 54.00                                          | 05400 | RADIOLOGY-DIAGNOSTIC                                               | 0.260402                    | 26,747                                      | 54.00                                              |
| 54.01                                          | 05401 | NORTHSIDE IMAGING                                                  | 0.224834                    | 0                                           | 54.01                                              |
| 54.02                                          | 05402 | NORTHSIDE MAMMOGRAPHY                                              | 0.209163                    | 0                                           | 54.02                                              |
| 54.03                                          | 05403 | NORTHSIDE ULTRASOUND                                               | 0.149651                    | 0                                           | 54.03                                              |
| 54.04                                          | 05404 | NORTHSIDE CARDIO                                                   | 0.000000                    | 0                                           | 54.04                                              |
| 54.05                                          | 05405 | NORTHSIDE ADMIN                                                    | 0.000000                    | 0                                           | 54.05                                              |
| 55.00                                          | 05500 | RADIOLOGY-THERAPEUTIC                                              | 0.138979                    | 0                                           | 55.00                                              |
| 56.00                                          | 05600 | RADIOISOTOPE                                                       | 0.000000                    | 0                                           | 56.00                                              |
| 56.01                                          | 03450 | NUCLEAR MEDICINE - DIAGNOSTIC                                      | 0.160225                    | 0                                           | 56.01                                              |
| 57.00                                          | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN                                      | 0.016900                    | 130,341                                     | 57.00                                              |
| 57.01                                          | 05701 | NORTHSIDE CT                                                       | 0.051783                    | 0                                           | 57.01                                              |
| 58.00                                          | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                                   | 0.046617                    | 17,407                                      | 58.00                                              |
| 58.01                                          | 05801 | NORTHSIDE MRI                                                      | 0.085551                    | 0                                           | 58.01                                              |
| 59.00                                          | 05900 | CARDIAC CATHETERIZATION                                            | 0.037835                    | 0                                           | 59.00                                              |
| 60.00                                          | 06000 | LABORATORY                                                         | 0.171790                    | 529,802                                     | 60.00                                              |
| 60.01                                          | 06001 | NORTHSIDE LAB                                                      | 0.000000                    | 0                                           | 60.01                                              |
| 62.30                                          | 06250 | BLOOD CLOTTING FACTORS FOR HEMOPH.                                 | 0.000000                    | 0                                           | 62.30                                              |
| 63.00                                          | 06300 | BLOOD STORING, PROCESSING, & TRANS.                                | 0.252720                    | 0                                           | 63.00                                              |
| 64.00                                          | 06400 | INTRAVENOUS THERAPY                                                | 0.194442                    | 36,403                                      | 64.00                                              |
| 65.00                                          | 06500 | RESPIRATORY THERAPY                                                | 0.084693                    | 221,379                                     | 65.00                                              |
| 66.00                                          | 06600 | PHYSICAL THERAPY                                                   | 0.248282                    | 6,137                                       | 66.00                                              |
| 67.00                                          | 06700 | OCCUPATIONAL THERAPY                                               | 0.236999                    | 3,014                                       | 67.00                                              |
| 68.00                                          | 06800 | SPEECH PATHOLOGY                                                   | 0.297604                    | 0                                           | 68.00                                              |
| 69.00                                          | 06900 | ELECTROCARDIOLOGY                                                  | 0.047074                    | 31,400                                      | 69.00                                              |
| 70.00                                          | 07000 | ELECTROENCEPHALOGRAPHY                                             | 0.165497                    | 7,835                                       | 70.00                                              |
| 71.00                                          | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS                                 | 0.024559                    | 9,816                                       | 71.00                                              |
| 72.00                                          | 07200 | IMPLANTABLE DEVICES CHARGED TO PATIENTS                            | 0.427743                    | 0                                           | 72.00                                              |
| 73.00                                          | 07300 | DRUGS CHARGED TO PATIENTS                                          | 0.257727                    | 119,668                                     | 73.00                                              |
| 74.00                                          | 07400 | RENAL DIALYSIS                                                     | 0.282291                    | 2,756                                       | 74.00                                              |
| 76.00                                          | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES                                 | 0.362735                    | 0                                           | 76.00                                              |
| 76.01                                          | 03340 | GASTRO INTESTINAL SERVICES                                         | 0.067136                    | 0                                           | 76.01                                              |
| 76.02                                          | 03140 | CARDIOLOGY                                                         | 0.105145                    | 11,622                                      | 76.02                                              |
| 76.03                                          | 03560 | PULMONARY FUNCTION TESTING                                         | 0.066315                    | 4,130                                       | 76.03                                              |
| 76.97                                          | 07697 | CARDIAC REHABILITATION                                             | 1.065509                    | 0                                           | 76.97                                              |
| 76.98                                          | 07698 | HYPERBARIC OXYGEN THERAPY                                          | 0.737314                    | 0                                           | 76.98                                              |
| 76.99                                          | 07699 | LITHOTRIPSY                                                        | 0.000000                    | 0                                           | 76.99                                              |
| <b>OUTPATIENT SERVICE COST CENTERS</b>         |       |                                                                    |                             |                                             |                                                    |
| 90.00                                          | 09000 | CLINIC                                                             | 0.246022                    | 10,525                                      | 90.00                                              |
| 90.01                                          | 09001 | CHILLI FAMILY PHYSICIANS                                           | 5.949206                    | 0                                           | 90.01                                              |
| 90.02                                          | 09005 | CLINIC                                                             | 0.000000                    | 0                                           | 90.02                                              |
| 90.03                                          | 09002 | PHYSICIAN OFFICES                                                  | 0.380631                    | 0                                           | 90.03                                              |
| 90.06                                          | 09003 | ENDOCRINOLOGY, DIABETES & METABOLISM                               | 0.211066                    | 0                                           | 90.06                                              |
| 90.07                                          | 09004 | WOUND CARE CENTER                                                  | 0.208318                    | 0                                           | 90.07                                              |
| 90.08                                          | 09008 | INTENSIVISTS CLINIC                                                | 0.463841                    | 0                                           | 90.08                                              |
| 90.09                                          | 09009 | NEUROLOGY CLINIC                                                   | 0.210327                    | 0                                           | 90.09                                              |
| 90.10                                          | 09010 | MULTI-SPECIALITY CLINIC                                            | 0.241303                    | 0                                           | 90.10                                              |
| 90.11                                          | 09011 | PEDIATRICS-GASTROENTEROL CLINIC                                    | 0.100985                    | 0                                           | 90.11                                              |
| 90.12                                          | 09012 | VASCULAR CLINIC                                                    | 0.086741                    | 0                                           | 90.12                                              |
| 90.13                                          | 09013 | ONCOLOGY CLINIC                                                    | 1.023492                    | 0                                           | 90.13                                              |
| 91.00                                          | 09100 | EMERGENCY                                                          | 0.105733                    | 631,347                                     | 91.00                                              |
| 92.00                                          | 09200 | OBSERVATION BEDS                                                   | 0.532073                    | 0                                           | 92.00                                              |
| <b>OTHER REIMBURSABLE COST CENTERS</b>         |       |                                                                    |                             |                                             |                                                    |
| 95.00                                          | 09500 | AMBULANCE SERVICES                                                 |                             |                                             | 95.00                                              |
| 200.00                                         |       | Total (sum of lines 50 through 94 and 96 through 98)               |                             | 1,800,329                                   | 200.00                                             |
| 201.00                                         |       | Less PBP Clinic Laboratory Services-Program only charges (line 61) |                             | 0                                           | 201.00                                             |
| 202.00                                         |       | Net charges (line 200 minus line 201)                              |                             | 1,800,329                                   | 202.00                                             |

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT |                                                                    | Provider CCN: 14-0209       | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet D-3                                      |        |
|------------------------------------------------|--------------------------------------------------------------------|-----------------------------|---------------------------------------------|----------------------------------------------------|--------|
|                                                |                                                                    | Component CCN: 14-T209      |                                             | Date/Time Prepared:<br>8/5/2020 1:45 pm            |        |
|                                                |                                                                    | Title XVIII                 | Subprovider -<br>IRF                        | PPS                                                |        |
| Cost Center Description                        |                                                                    | Ratio of Cost<br>To Charges | Inpatient<br>Program<br>Charges             | Inpatient<br>Program Costs<br>(col. 1 x col.<br>2) |        |
|                                                |                                                                    | 1.00                        | 2.00                                        | 3.00                                               |        |
| INPATIENT ROUTINE SERVICE COST CENTERS         |                                                                    |                             |                                             |                                                    |        |
| 30.00                                          | 03000 ADULTS & PEDIATRICS                                          |                             | 0                                           |                                                    | 30.00  |
| 31.00                                          | 03100 INTENSIVE CARE UNIT                                          |                             | 0                                           |                                                    | 31.00  |
| 34.00                                          | 03400 SURGICAL INTENSIVE CARE UNIT                                 |                             | 0                                           |                                                    | 34.00  |
| 40.00                                          | 04000 SUBPROVIDER - IPF                                            |                             | 0                                           |                                                    | 40.00  |
| 41.00                                          | 04100 SUBPROVIDER - IRF                                            |                             | 6,725,527                                   |                                                    | 41.00  |
| 43.00                                          | 04300 NURSERY                                                      |                             |                                             |                                                    | 43.00  |
| ANCILLARY SERVICE COST CENTERS                 |                                                                    |                             |                                             |                                                    |        |
| 50.00                                          | 05000 OPERATING ROOM                                               | 0.189740                    | 103,936                                     | 19,721                                             | 50.00  |
| 51.00                                          | 05100 RECOVERY ROOM                                                | 0.116925                    | 35,180                                      | 4,113                                              | 51.00  |
| 52.00                                          | 05200 DELIVERY ROOM & LABOR ROOM                                   | 0.291470                    | 0                                           | 0                                                  | 52.00  |
| 53.00                                          | 05300 ANESTHESIOLOGY                                               | 0.056992                    | 40,190                                      | 2,291                                              | 53.00  |
| 53.01                                          | 03950 PAIN CLINIC                                                  | 0.184723                    | 0                                           | 0                                                  | 53.01  |
| 54.00                                          | 05400 RADIOLOGY-DIAGNOSTIC                                         | 0.260402                    | 240,457                                     | 62,615                                             | 54.00  |
| 54.01                                          | 05401 NORTHSIDE IMAGING                                            | 0.224834                    | 0                                           | 0                                                  | 54.01  |
| 54.02                                          | 05402 NORTHSIDE MAMMOGRAPHY                                        | 0.209163                    | 0                                           | 0                                                  | 54.02  |
| 54.03                                          | 05403 NORTHSIDE ULTRASOUND                                         | 0.149651                    | 0                                           | 0                                                  | 54.03  |
| 54.04                                          | 05404 NORTHSIDE CARDIO                                             | 0.000000                    | 0                                           | 0                                                  | 54.04  |
| 54.05                                          | 05405 NORTHSIDE ADMIN                                              | 0.000000                    | 0                                           | 0                                                  | 54.05  |
| 55.00                                          | 05500 RADIOLOGY-THERAPEUTIC                                        | 0.138979                    | 43,471                                      | 6,042                                              | 55.00  |
| 56.00                                          | 05600 RADIOISOTOPE                                                 | 0.000000                    | 0                                           | 0                                                  | 56.00  |
| 56.01                                          | 03450 NUCLEAR MEDICINE - DIAGNOSTIC                                | 0.160225                    | 0                                           | 0                                                  | 56.01  |
| 57.00                                          | 05700 COMPUTED TOMOGRAPHY (CT) SCAN                                | 0.016900                    | 248,630                                     | 4,202                                              | 57.00  |
| 57.01                                          | 05701 NORTHSIDE CT                                                 | 0.051783                    | 0                                           | 0                                                  | 57.01  |
| 58.00                                          | 05800 MAGNETIC RESONANCE IMAGING (MRI)                             | 0.046617                    | 115,165                                     | 5,369                                              | 58.00  |
| 58.01                                          | 05801 NORTHSIDE MRI                                                | 0.085551                    | 0                                           | 0                                                  | 58.01  |
| 59.00                                          | 05900 CARDIAC CATHETERIZATION                                      | 0.037835                    | 0                                           | 0                                                  | 59.00  |
| 60.00                                          | 06000 LABORATORY                                                   | 0.171790                    | 1,481,829                                   | 254,563                                            | 60.00  |
| 60.01                                          | 06001 NORTHSIDE LAB                                                | 0.000000                    | 0                                           | 0                                                  | 60.01  |
| 62.30                                          | 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.                           | 0.000000                    | 0                                           | 0                                                  | 62.30  |
| 63.00                                          | 06300 BLOOD STORING, PROCESSING, & TRANS.                          | 0.252720                    | 58,082                                      | 14,678                                             | 63.00  |
| 64.00                                          | 06400 INTRAVENOUS THERAPY                                          | 0.194442                    | 17,598                                      | 3,422                                              | 64.00  |
| 65.00                                          | 06500 RESPIRATORY THERAPY                                          | 0.084693                    | 1,221,200                                   | 103,427                                            | 65.00  |
| 66.00                                          | 06600 PHYSICAL THERAPY                                             | 0.248282                    | 2,846,481                                   | 706,730                                            | 66.00  |
| 67.00                                          | 06700 OCCUPATIONAL THERAPY                                         | 0.236999                    | 2,759,770                                   | 654,063                                            | 67.00  |
| 68.00                                          | 06800 SPEECH PATHOLOGY                                             | 0.297604                    | 332,713                                     | 99,017                                             | 68.00  |
| 69.00                                          | 06900 ELECTROCARDIOLOGY                                            | 0.047074                    | 45,471                                      | 2,141                                              | 69.00  |
| 70.00                                          | 07000 ELECTROENCEPHALOGRAPHY                                       | 0.165497                    | 21,734                                      | 3,597                                              | 70.00  |
| 71.00                                          | 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS                           | 0.024559                    | 657,548                                     | 16,149                                             | 71.00  |
| 72.00                                          | 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS                      | 0.427743                    | 36,675                                      | 15,687                                             | 72.00  |
| 73.00                                          | 07300 DRUGS CHARGED TO PATIENTS                                    | 0.257727                    | 785,566                                     | 202,462                                            | 73.00  |
| 74.00                                          | 07400 RENAL DIALYSIS                                               | 0.282291                    | 130,843                                     | 36,936                                             | 74.00  |
| 76.00                                          | 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES                           | 0.362735                    | 0                                           | 0                                                  | 76.00  |
| 76.01                                          | 03340 GASTRO INTESTINAL SERVICES                                   | 0.067136                    | 38,557                                      | 2,589                                              | 76.01  |
| 76.02                                          | 03140 CARDIOLOGY                                                   | 0.105145                    | 61,390                                      | 6,455                                              | 76.02  |
| 76.03                                          | 03560 PULMONARY FUNCTION TESTING                                   | 0.066315                    | 36,451                                      | 2,417                                              | 76.03  |
| 76.97                                          | 07697 CARDIAC REHABILITATION                                       | 1.065509                    | 0                                           | 0                                                  | 76.97  |
| 76.98                                          | 07698 HYPERBARIC OXYGEN THERAPY                                    | 0.737314                    | 0                                           | 0                                                  | 76.98  |
| 76.99                                          | 07699 LITHOTRIPSY                                                  | 0.000000                    | 0                                           | 0                                                  | 76.99  |
| OUTPATIENT SERVICE COST CENTERS                |                                                                    |                             |                                             |                                                    |        |
| 90.00                                          | 09000 CLINIC                                                       | 0.246022                    | 167,391                                     | 41,182                                             | 90.00  |
| 90.01                                          | 09001 CHILLI FAMILY PHYSICIANS                                     | 5.949206                    | 0                                           | 0                                                  | 90.01  |
| 90.02                                          | 09005 CLINIC                                                       | 0.000000                    | 0                                           | 0                                                  | 90.02  |
| 90.03                                          | 09002 PHYSICIAN OFFICES                                            | 0.380631                    | 0                                           | 0                                                  | 90.03  |
| 90.06                                          | 09003 ENDOCRINOLOGY, DIABETES & METABOLISM                         | 0.211066                    | 0                                           | 0                                                  | 90.06  |
| 90.07                                          | 09004 WOUND CARE CENTER                                            | 0.208318                    | 0                                           | 0                                                  | 90.07  |
| 90.08                                          | 09008 INTENSIVISTS CLINIC                                          | 0.463841                    | 0                                           | 0                                                  | 90.08  |
| 90.09                                          | 09009 NEUROLOGY CLINIC                                             | 0.210327                    | 0                                           | 0                                                  | 90.09  |
| 90.10                                          | 09010 MULTI-SPECIALITY CLINIC                                      | 0.241303                    | 0                                           | 0                                                  | 90.10  |
| 90.11                                          | 09011 PEDIATRICS-GASTROENTEROL CLINIC                              | 0.100985                    | 0                                           | 0                                                  | 90.11  |
| 90.12                                          | 09012 VASCULAR CLINIC                                              | 0.086741                    | 0                                           | 0                                                  | 90.12  |
| 90.13                                          | 09013 ONCOLOGY CLINIC                                              | 1.023492                    | 0                                           | 0                                                  | 90.13  |
| 91.00                                          | 09100 EMERGENCY                                                    | 0.105733                    | 5,224                                       | 552                                                | 91.00  |
| 92.00                                          | 09200 OBSERVATION BEDS                                             | 0.532073                    | 0                                           | 0                                                  | 92.00  |
| OTHER REIMBURSABLE COST CENTERS                |                                                                    |                             |                                             |                                                    |        |
| 95.00                                          | 09500 AMBULANCE SERVICES                                           |                             |                                             |                                                    | 95.00  |
| 200.00                                         | Total (sum of lines 50 through 94 and 96 through 98)               |                             | 11,531,552                                  | 2,270,420                                          | 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)                              |                             | 11,531,552                                  |                                                    | 202.00 |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                          |                                                                                                                                                                                                                                         | Provider CCN: 14-0209 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet E<br>Part A<br>Date/Time Prepared:<br>8/5/2020 1:45 pm |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|------------------------------------------------------------------|
|                                                                                  |                                                                                                                                                                                                                                         | Title XVIII           | Hospital                                    | PPS                                                              |
|                                                                                  |                                                                                                                                                                                                                                         |                       | Before GEO<br>Reclass                       | On/After GEO<br>Reclass                                          |
|                                                                                  |                                                                                                                                                                                                                                         |                       | 1.00                                        | 1.01                                                             |
| <b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>                           |                                                                                                                                                                                                                                         |                       |                                             |                                                                  |
| 1.00                                                                             | DRG Amounts Other than Outlier Payments                                                                                                                                                                                                 |                       | 0                                           | 0                                                                |
| 1.01                                                                             | DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)                                                                                                                                  | 27,295,836            | 0                                           | 0                                                                |
| 1.02                                                                             | DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)                                                                                                                               | 2,929,607             | 5,859,214                                   | 1.02                                                             |
| 1.03                                                                             | DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)                                                                                                              | 0                     | 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                     | 0                                           | 1.04                                                             |
| 2.00                                                                             | Outlier payments for discharges. (see instructions)                                                                                                                                                                                     |                       |                                             | 2.00                                                             |
| 2.01                                                                             | Outlier reconciliation amount                                                                                                                                                                                                           | 0                     | 0                                           | 2.01                                                             |
| 2.02                                                                             | Outlier payment for discharges for Model 4 BPCI (see instructions)                                                                                                                                                                      | 0                     | 0                                           | 2.02                                                             |
| 2.03                                                                             | Outlier payments for discharges occurring prior to October 1 (see instructions)                                                                                                                                                         | 940,324               | 0                                           | 2.03                                                             |
| 2.04                                                                             | Outlier payments for discharges occurring on or after October 1 (see instructions)                                                                                                                                                      | 133,180               | 266,360                                     | 2.04                                                             |
| 3.00                                                                             | Managed Care Simulated Payments                                                                                                                                                                                                         | 11,961,573            | 2,392,314                                   | 3.00                                                             |
| 4.00                                                                             | Bed days available divided by number of days in the cost reporting period (see instructions)                                                                                                                                            | 201.84                |                                             | 4.00                                                             |
| <b>Indirect Medical Education Adjustment</b>                                     |                                                                                                                                                                                                                                         |                       |                                             |                                                                  |
| 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)                                                                                           | 20.45                 |                                             | 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)                                                                                                                                   | 20.45                 |                                             | 9.00                                                             |
| 10.00                                                                            | FTE count for allopathic and osteopathic programs in the current year from your records                                                                                                                                                 | 39.12                 |                                             | 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)                                                                                                                                                                                           | 20.45                 |                                             | 12.00                                                            |
| 13.00                                                                            | Total allowable FTE count for the prior year.                                                                                                                                                                                           | 19.48                 |                                             | 13.00                                                            |
| 14.00                                                                            | Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.                                                                                                             | 19.48                 |                                             | 14.00                                                            |
| 15.00                                                                            | Sum of lines 12 through 14 divided by 3.                                                                                                                                                                                                | 19.80                 |                                             | 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                                                                                                                                                                                                      | 19.80                 |                                             | 18.00                                                            |
| 19.00                                                                            | Current year resident to bed ratio (line 18 divided by line 4).                                                                                                                                                                         | 0.098098              |                                             | 19.00                                                            |
| 20.00                                                                            | Prior year resident to bed ratio (see instructions)                                                                                                                                                                                     | 0.953030              |                                             | 20.00                                                            |
| 21.00                                                                            | Enter the lesser of lines 19 or 20 (see instructions)                                                                                                                                                                                   | 0.098098              |                                             | 21.00                                                            |
| 22.00                                                                            | IME payment adjustment (see instructions)                                                                                                                                                                                               | 1,576,136             | 305,535                                     | 22.00                                                            |
| 22.01                                                                            | IME payment adjustment - Managed Care (see instructions)                                                                                                                                                                                | 623,748               | 124,750                                     | 22.01                                                            |
| <b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b> |                                                                                                                                                                                                                                         |                       |                                             |                                                                  |
| 23.00                                                                            | Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C) .                                                                                                                         | 8.00                  |                                             | 23.00                                                            |
| 24.00                                                                            | IME FTE Resident Count Over Cap (see instructions)                                                                                                                                                                                      | 18.67                 |                                             | 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)                                                                                                                             | 8.00                  |                                             | 25.00                                                            |
| 26.00                                                                            | Resident to bed ratio (divide line 25 by line 4)                                                                                                                                                                                        | 0.039635              |                                             | 26.00                                                            |
| 27.00                                                                            | IME payments adjustment factor. (see instructions)                                                                                                                                                                                      | 0.010472              |                                             | 27.00                                                            |
| 28.00                                                                            | IME add-on adjustment amount (see instructions)                                                                                                                                                                                         | 316,521               | 61,358                                      | 28.00                                                            |
| 28.01                                                                            | IME add-on adjustment amount - Managed Care (see instructions)                                                                                                                                                                          | 125,262               | 25,052                                      | 28.01                                                            |
| 29.00                                                                            | Total IME payment ( sum of lines 22 and 28)                                                                                                                                                                                             | 1,892,657             | 366,893                                     | 29.00                                                            |
| 29.01                                                                            | Total IME payment - Managed Care (sum of lines 22.01 and 28.01)                                                                                                                                                                         | 749,010               | 149,802                                     | 29.01                                                            |
| <b>Disproportionate Share Adjustment</b>                                         |                                                                                                                                                                                                                                         |                       |                                             |                                                                  |
| 30.00                                                                            | Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)                                                                                                                                             | 3.93                  |                                             | 30.00                                                            |
| 31.00                                                                            | Percentage of Medicaid patient days (see instructions)                                                                                                                                                                                  | 26.24                 |                                             | 31.00                                                            |
| 32.00                                                                            | Sum of lines 30 and 31                                                                                                                                                                                                                  | 30.17                 |                                             | 32.00                                                            |
| 33.00                                                                            | Allowable disproportionate share percentage (see instructions)                                                                                                                                                                          | 14.11                 | 12.00                                       | 33.00                                                            |
| 34.00                                                                            | Disproportionate share adjustment (see instructions)                                                                                                                                                                                    | 1,066,203             | 175,777                                     | 34.00                                                            |

| CALCULATION OF REIMBURSEMENT SETTLEMENT |                                                                                                                                   | Provider CCN: 14-0209 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet E<br>Part A<br>Date/Time Prepared:<br>8/5/2020 1:45 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)                              | 2,749,639             | 2,280,013                                   | 35.02                                                            |
| 35.03                                   | Pro rata share of the hospital uncompensated care payment amount (see instructions)                                               | 2,056,579             | 573,118                                     | 35.03                                                            |
| 36.00                                   | Total uncompensated care (sum of columns 1 and 2 on line 35.03)                                                                   | 2,629,697             |                                             | 36.00                                                            |
| 40.00                                   | Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)                                       |                       |                                             |                                                                  |
| 40.00                                   | Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions) | 0                     |                                             | 40.00                                                            |
|                                         |                                                                                                                                   | Before GEO<br>Reclass | On/After GEO<br>Reclass                     |                                                                  |
|                                         |                                                                                                                                   | 1.00                  | 1.01                                        |                                                                  |
| 41.00                                   | Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)                                   | 0                     | 0                                           | 41.00                                                            |
| 41.01                                   | Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)                  | 0                     | 0                                           | 41.01                                                            |
| 42.00                                   | Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)                                                   | 0.00                  |                                             | 42.00                                                            |
| 43.00                                   | Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 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                  | 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)                                                                                                       | 36,314,386            | 7,241,362                                   | 47.00                                                            |
| 48.00                                   | Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)                        | 0                     | 0                                           | 48.00                                                            |
|                                         |                                                                                                                                   |                       | Amount                                      |                                                                  |
|                                         |                                                                                                                                   |                       | 1.00                                        |                                                                  |
| 49.00                                   | Total payment for inpatient operating costs (see instructions)                                                                    |                       | 44,454,560                                  | 49.00                                                            |
| 50.00                                   | Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)                                             |                       | 3,302,789                                   | 50.00                                                            |
| 51.00                                   | Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)                                              |                       | 0                                           | 51.00                                                            |
| 52.00                                   | Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).                                             |                       | 1,326,107                                   | 52.00                                                            |
| 53.00                                   | Nursing and Allied Health Managed Care payment                                                                                    |                       | 1,449,813                                   | 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).                                  |                       | 2,067,622                                   | 57.00                                                            |
| 58.00                                   | Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)                                                |                       | 58,182                                      | 58.00                                                            |
| 59.00                                   | Total (sum of amounts on lines 49 through 58)                                                                                     |                       | 52,659,073                                  | 59.00                                                            |
| 60.00                                   | Primary payer payments                                                                                                            |                       | 39,059                                      | 60.00                                                            |
| 61.00                                   | Total amount payable for program beneficiaries (line 59 minus line 60)                                                            |                       | 52,620,014                                  | 61.00                                                            |
| 62.00                                   | Deductibles billed to program beneficiaries                                                                                       |                       | 3,577,172                                   | 62.00                                                            |
| 63.00                                   | Coinurance billed to program beneficiaries                                                                                        |                       | 158,104                                     | 63.00                                                            |
| 64.00                                   | Allowable bad debts (see instructions)                                                                                            |                       | 637,998                                     | 64.00                                                            |
| 65.00                                   | Adjusted reimbursable bad debts (see instructions)                                                                                |                       | 414,699                                     | 65.00                                                            |
| 66.00                                   | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                            |                       | 531,181                                     | 66.00                                                            |
| 67.00                                   | Subtotal (line 61 plus line 65 minus lines 62 and 63)                                                                             |                       | 49,299,437                                  | 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)                                                                                 |                       | 73,504                                      | 70.93                                                            |
| 70.94                                   | HRR adjustment amount (see instructions)                                                                                          |                       | -160,210                                    | 70.94                                                            |
| 70.95                                   | Recovery of accelerated depreciation                                                                                              |                       | 0                                           | 70.95                                                            |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                                                              |                                                                                                                                                | Provider CCN: 14-0209 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet E<br>Part A<br>Date/Time Prepared:<br>8/5/2020 1:45 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)                                                                          |                       | 49,212,731                                  | 71.00                                                            |
| 71.01                                                                                                                | Sequestration adjustment (see instructions)                                                                                                    |                       | 984,255                                     | 71.01                                                            |
| 71.02                                                                                                                | Demonstration payment adjustment amount after sequestration                                                                                    |                       | 423,143                                     | 71.02                                                            |
| 71.03                                                                                                                | Sequestration adjustment-PARHM pass-throughs                                                                                                   |                       |                                             | 71.03                                                            |
| 72.00                                                                                                                | Interim payments                                                                                                                               |                       | 48,184,061                                  | 72.00                                                            |
| 72.01                                                                                                                | Interim payments-PARHM                                                                                                                         |                       |                                             | 72.01                                                            |
| 73.00                                                                                                                | Tentative settlement (for contractor use only)                                                                                                 |                       | 0                                           | 73.00                                                            |
| 73.01                                                                                                                | Tentative settlement-PARHM (for contractor use only)                                                                                           |                       |                                             | 73.01                                                            |
| 74.00                                                                                                                | Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)                                                                    |                       | -378,728                                    | 74.00                                                            |
| 74.01                                                                                                                | Balance due provider/program-PARHM (see instructions)                                                                                          |                       |                                             | 74.01                                                            |
| 75.00                                                                                                                | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2                                         |                       | 0                                           | 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                                           | 100.00                                                           |
| HVPB Adjustment for HSP Bonus Payment                                                                                |                                                                                                                                                |                       |                                             |                                                                  |
| 101.00                                                                                                               | HVPB adjustment factor (see instructions)                                                                                                      |                       | 0.0000000000                                | 101.00                                                           |
| 102.00                                                                                                               | HVPB adjustment amount for HSP bonus payment (see instructions)                                                                                |                       | 0                                           | 102.00                                                           |
| HRR Adjustment for HSP Bonus Payment                                                                                 |                                                                                                                                                |                       |                                             |                                                                  |
| 103.00                                                                                                               | HRR adjustment factor (see instructions)                                                                                                       |                       | 0.0000                                      | 103.00                                                           |
| 104.00                                                                                                               | HRR adjustment amount for HSP bonus payment (see instructions)                                                                                 |                       | 0                                           | 104.00                                                           |
| Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment                                     |                                                                                                                                                |                       |                                             |                                                                  |
| 200.00                                                                                                               | Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.           |                       |                                             | 200.00                                                           |
| Cost Reimbursement                                                                                                   |                                                                                                                                                |                       |                                             |                                                                  |
| 201.00                                                                                                               | Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)                                                                             |                       |                                             | 201.00                                                           |
| 202.00                                                                                                               | Medicare discharges (see instructions)                                                                                                         |                       |                                             | 202.00                                                           |
| 203.00                                                                                                               | Case-mix adjustment factor (see instructions)                                                                                                  |                       |                                             | 203.00                                                           |
| Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period) |                                                                                                                                                |                       |                                             |                                                                  |
| 204.00                                                                                                               | Medicare target amount                                                                                                                         |                       |                                             | 204.00                                                           |
| 205.00                                                                                                               | Case-mix adjusted target amount (line 203 times line 204)                                                                                      |                       |                                             | 205.00                                                           |
| 206.00                                                                                                               | Medicare inpatient routine cost cap (line 202 times line 205)                                                                                  |                       |                                             | 206.00                                                           |
| Adjustment to Medicare Part A Inpatient Reimbursement                                                                |                                                                                                                                                |                       |                                             |                                                                  |
| 207.00                                                                                                               | Program reimbursement under the \$410A Demonstration (see instructions)                                                                        |                       |                                             | 207.00                                                           |
| 208.00                                                                                                               | Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)                                                                         |                       |                                             | 208.00                                                           |
| 209.00                                                                                                               | Adjustment to Medicare IPPS payments (see instructions)                                                                                        |                       |                                             | 209.00                                                           |
| 210.00                                                                                                               | Reserved for future use                                                                                                                        |                       |                                             | 210.00                                                           |
| 211.00                                                                                                               | Total adjustment to Medicare IPPS payments (see instructions)                                                                                  |                       |                                             | 211.00                                                           |
| Comparison of PPS versus Cost Reimbursement                                                                          |                                                                                                                                                |                       |                                             |                                                                  |
| 212.00                                                                                                               | Total adjustment to Medicare Part A IPPS payments (from line 211)                                                                              |                       |                                             | 212.00                                                           |
| 213.00                                                                                                               | Low-volume adjustment (see instructions)                                                                                                       |                       |                                             | 213.00                                                           |
| 218.00                                                                                                               | Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)               |                       |                                             | 218.00                                                           |

## LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
8/5/2020 1:45 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 | On/After 10/01 | Urban    | Rural |
|                                                                                 |                                                                                                       | 0                     | 1.00                        | 2.00                    | 3.00                     | 4.00           | 4.01     |       |
| 1.00                                                                            | DRG amounts other than outlier payments                                                               | 1.00                  | 0                           | 0                       | 0                        | 0              | 0        | 1.00  |
| 1.01                                                                            | DRG amounts other than outlier payments for discharges occurring prior to October 1                   | 1.01                  | 27,295,836                  | 0                       | 27,295,836               |                |          | 1.01  |
| 1.02                                                                            | DRG amounts other than outlier payments for discharges occurring on or after October 1                | 1.02                  | 8,788,821                   | 0                       |                          | 8,788,821      | 0        | 1.02  |
| 1.03                                                                            | DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1              | 1.03                  | 0                           | 0                       | 0                        |                |          | 1.03  |
| 1.04                                                                            | DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1           | 1.04                  | 0                           | 0                       |                          | 0              | 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              | 0        | 2.01  |
| 2.02                                                                            | Outlier payments for discharges occurring prior to October 1 (see instructions)                       | 2.03                  | 940,324                     | 0                       | 940,324                  |                |          | 2.02  |
| 2.03                                                                            | Outlier payments for discharges occurring on or after October 1 (see instructions)                    | 2.04                  | 399,540                     | 0                       |                          | 399,541        | 0        | 2.03  |
| 3.00                                                                            | Operating outlier reconciliation                                                                      | 2.01                  | 0                           | 0                       | 0                        | 0              | 0        | 3.00  |
| 4.00                                                                            | Managed care simulated payments                                                                       | 3.00                  | 14,353,887                  | 0                       | 10,496,338               | 3,857,550      | 0        | 4.00  |
| Indirect Medical Education Adjustment                                           |                                                                                                       |                       |                             |                         |                          |                |          |       |
| 5.00                                                                            | Amount from Worksheet E, Part A, line 21 (see instructions)                                           | 21.00                 | 0.098098                    | 0.098098                | 0.098098                 | 0.098098       | 0.098098 | 5.00  |
| 6.00                                                                            | IME payment adjustment (see instructions)                                                             | 22.00                 | 1,881,671                   | 0                       | 1,423,369                | 458,302        | 0        | 6.00  |
| 6.01                                                                            | IME payment adjustment for managed care (see instructions)                                            | 22.01                 | 748,498                     | 0                       | 547,342                  | 201,156        | 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                 | 0.010472                    | 0.010472                | 0.010472                 | 0.010472       | 0.010472 | 7.00  |
| 8.00                                                                            | IME adjustment (see instructions)                                                                     | 28.00                 | 377,879                     | 0                       | 285,842                  | 92,037         | 0        | 8.00  |
| 8.01                                                                            | IME payment adjustment add on for managed care (see instructions)                                     | 28.01                 | 150,314                     | 0                       | 109,918                  | 40,396         | 0        | 8.01  |
| 9.00                                                                            | Total IME payment (sum of lines 6 and 8)                                                              | 29.00                 | 2,259,550                   | 0                       | 1,709,211                | 550,339        | 0        | 9.00  |
| 9.01                                                                            | Total IME payment for managed care (sum of lines 6.01 and 8.01)                                       | 29.01                 | 898,812                     | 0                       | 657,260                  | 241,552        | 0        | 9.01  |
| Disproportionate Share Adjustment                                               |                                                                                                       |                       |                             |                         |                          |                |          |       |
| 10.00                                                                           | Allowable disproportionate share percentage (see instructions)                                        | 33.00                 | 0.1411                      | 0.1411                  | 0.1411                   | 0.1411         | 0.1200   | 10.00 |
| 11.00                                                                           | Disproportionate share adjustment (see instructions)                                                  | 34.00                 | 1,241,980                   | 0                       | 931,954                  | 310,026        | 0        | 11.00 |
| 11.01                                                                           | Uncompensated care payments                                                                           | 36.00                 | 2,629,697                   | 0                       | 2,056,579                | 573,118        | 0        | 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              | 0        | 12.00 |
| 13.00                                                                           | Subtotal (see instructions)                                                                           | 47.00                 | 43,555,748                  | 0                       | 32,933,903               | 10,621,845     | 0        | 13.00 |
| 14.00                                                                           | Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions) | 48.00                 | 0                           | 0                       | 0                        | 0              | 0        | 14.00 |
| 15.00                                                                           | Total payment for inpatient operating costs (see instructions)                                        | 49.00                 | 44,454,560                  | 0                       | 33,591,163               | 10,863,397     | 0        | 15.00 |
| 16.00                                                                           | Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)                            | 50.00                 | 3,302,789                   | 0                       | -789,221                 | 4,092,010      | 0        | 16.00 |

## LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
8/5/2020 1:45 pm

|        |                                                                                 | Title XVIII        |                          |                      | Hospital              |                | PPS      |        |
|--------|---------------------------------------------------------------------------------|--------------------|--------------------------|----------------------|-----------------------|----------------|----------|--------|
|        |                                                                                 | W/S E, Part A line | Amounts (from E, Part A) | Pre/Post Entitlement | Period Prior to 10/01 | On/After 10/01 | Urban    | Rural  |
|        |                                                                                 | 0                  | 1.00                     | 2.00                 | 3.00                  | 4.00           | 4.01     |        |
| 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                    | 32,801,942            | 14,955,407     | 0        | 19.00  |
|        |                                                                                 | W/S L, line        | (Amounts from L)         |                      |                       | Urban          | Rural    |        |
|        |                                                                                 | 0                  | 1.00                     | 2.00                 | 3.00                  | 4.00           | 4.01     |        |
| 20.00  | Capital DRG other than outlier                                                  | 1.00               | 2,896,244                | 0                    | -692,463              | 3,588,707      | 0        | 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               | 60,444                   | 0                    | -14,009               | 74,453         | 0        | 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               | 0.0565                   | 0.0565               | 0.0565                | 0.0565         | 0.0565   | 22.00  |
| 23.00  | Indirect medical education adjustment (see instructions)                        | 6.00               | 163,638                  | 0                    | -39,124               | 202,762        | 0        | 23.00  |
| 24.00  | Allowable disproportionate share percentage (see instructions)                  | 10.00              | 0.0630                   | 0.0630               | 0.0630                | 0.0630         | 0.0000   | 24.00  |
| 25.00  | Disproportionate share adjustment (see instructions)                            | 11.00              | 182,463                  | 0                    | -43,625               | 226,088        | 0        | 25.00  |
| 26.00  | Total prospective capital payments (see instructions)                           | 12.00              | 3,302,789                | 0                    | -789,221              | 4,092,010      | 0        | 26.00  |
|        |                                                                                 | W/S E, Part A line | (Amounts to E, Part A)   |                      |                       | Urban          | Rural    |        |
|        |                                                                                 | 0                  | 1.00                     | 2.00                 | 3.00                  | 4.00           | 4.01     |        |
| 27.00  | Low volume adjustment factor                                                    |                    |                          |                      | 0.000000              | 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 |

## LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
8/5/2020 1:45 pm

|                                                                                 |                                                                                                       | Title XVIII             |  | Hospital |  | PPS |       |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------|--|----------|--|-----|-------|
|                                                                                 |                                                                                                       | Total (Col 2 through 4) |  |          |  |     |       |
|                                                                                 |                                                                                                       | 5.00                    |  |          |  |     |       |
| 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                   | 27,295,836              |  |          |  |     | 1.01  |
| 1.02                                                                            | DRG amounts other than outlier payments for discharges occurring on or after October 1                | 8,788,821               |  |          |  |     | 1.02  |
| 1.03                                                                            | DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1              | 0                       |  |          |  |     | 1.03  |
| 1.04                                                                            | DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1           | 0                       |  |          |  |     | 1.04  |
| 2.00                                                                            | Outlier payments for discharges (see instructions)                                                    |                         |  |          |  |     | 2.00  |
| 2.01                                                                            | Outlier payments for discharges for Model 4 BPCI                                                      | 0                       |  |          |  |     | 2.01  |
| 2.02                                                                            | Outlier payments for discharges occurring prior to October 1 (see instructions)                       | 940,324                 |  |          |  |     | 2.02  |
| 2.03                                                                            | Outlier payments for discharges occurring on or after October 1 (see instructions)                    | 399,541                 |  |          |  |     | 2.03  |
| 3.00                                                                            | Operating outlier reconciliation                                                                      | 0                       |  |          |  |     | 3.00  |
| 4.00                                                                            | Managed care simulated payments                                                                       | 14,353,888              |  |          |  |     | 4.00  |
| Indirect Medical Education Adjustment                                           |                                                                                                       |                         |  |          |  |     |       |
| 5.00                                                                            | Amount from Worksheet E, Part A, line 21 (see instructions)                                           |                         |  |          |  |     | 5.00  |
| 6.00                                                                            | IME payment adjustment (see instructions)                                                             | 1,881,671               |  |          |  |     | 6.00  |
| 6.01                                                                            | IME payment adjustment for managed care (see instructions)                                            | 748,498                 |  |          |  |     | 6.01  |
| Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA |                                                                                                       |                         |  |          |  |     |       |
| 7.00                                                                            | IME payment adjustment factor (see instructions)                                                      |                         |  |          |  |     | 7.00  |
| 8.00                                                                            | IME adjustment (see instructions)                                                                     | 377,879                 |  |          |  |     | 8.00  |
| 8.01                                                                            | IME payment adjustment add on for managed care (see instructions)                                     | 150,314                 |  |          |  |     | 8.01  |
| 9.00                                                                            | Total IME payment (sum of lines 6 and 8)                                                              | 2,259,550               |  |          |  |     | 9.00  |
| 9.01                                                                            | Total IME payment for managed care (sum of lines 6.01 and 8.01)                                       | 898,812                 |  |          |  |     | 9.01  |
| Disproportionate Share Adjustment                                               |                                                                                                       |                         |  |          |  |     |       |
| 10.00                                                                           | Allowable disproportionate share percentage (see instructions)                                        |                         |  |          |  |     | 10.00 |
| 11.00                                                                           | Disproportionate share adjustment (see instructions)                                                  | 1,241,980               |  |          |  |     | 11.00 |
| 11.01                                                                           | Uncompensated care payments                                                                           | 2,629,697               |  |          |  |     | 11.01 |
| Additional payment for high percentage of ESRD beneficiary discharges           |                                                                                                       |                         |  |          |  |     |       |
| 12.00                                                                           | Total ESRD additional payment (see instructions)                                                      | 0                       |  |          |  |     | 12.00 |
| 13.00                                                                           | Subtotal (see instructions)                                                                           | 43,555,748              |  |          |  |     | 13.00 |
| 14.00                                                                           | Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions) | 0                       |  |          |  |     | 14.00 |
| 15.00                                                                           | Total payment for inpatient operating costs (see instructions)                                        | 44,454,560              |  |          |  |     | 15.00 |
| 16.00                                                                           | Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)                            | 3,302,789               |  |          |  |     | 16.00 |

## LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
8/5/2020 1:45 pm

|        |                                                                                 | Title XVIII             |  | Hospital | PPS    |
|--------|---------------------------------------------------------------------------------|-------------------------|--|----------|--------|
|        |                                                                                 | Total (Col 2 through 4) |  |          |        |
|        |                                                                                 | 5.00                    |  |          |        |
| 17.00  | Special add-on payments for new technologies                                    | 0                       |  |          | 17.00  |
| 17.01  | Net organ aquisition cost                                                       |                         |  |          | 17.01  |
| 17.02  | Credits received from manufacturers for replaced devices for applicable MS-DRGs | 0                       |  |          | 17.02  |
| 18.00  | Capital outlier reconciliation adjustment amount (see instructions)             | 0                       |  |          | 18.00  |
| 19.00  | SUBTOTAL                                                                        | 47,757,349              |  |          | 19.00  |
|        |                                                                                 | 5.00                    |  |          |        |
| 20.00  | Capital DRG other than outlier                                                  | 2,896,244               |  |          | 20.00  |
| 20.01  | Model 4 BPCI Capital DRG other than outlier                                     | 0                       |  |          | 20.01  |
| 21.00  | Capital DRG outlier payments                                                    | 60,444                  |  |          | 21.00  |
| 21.01  | Model 4 BPCI Capital DRG outlier payments                                       | 0                       |  |          | 21.01  |
| 22.00  | Indirect medical education percentage (see instructions)                        |                         |  |          | 22.00  |
| 23.00  | Indirect medical education adjustment (see instructions)                        | 163,638                 |  |          | 23.00  |
| 24.00  | Allowable disproportionate share percentage (see instructions)                  |                         |  |          | 24.00  |
| 25.00  | Disproportionate share adjustment (see instructions)                            | 182,463                 |  |          | 25.00  |
| 26.00  | Total prospective capital payments (see instructions)                           | 3,302,789               |  |          | 26.00  |
|        |                                                                                 | 5.00                    |  |          |        |
| 27.00  | Low volume adjustment factor                                                    |                         |  |          | 27.00  |
| 28.00  | Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)                 | 0                       |  |          | 28.00  |
| 29.00  | Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)                 | 0                       |  |          | 29.00  |
| 100.00 | Transfer low volume adjustments to Wkst. E, Pt. A.                              |                         |  |          | 100.00 |

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

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
8/5/2020 1:45 pm

|                                                                                 |                                                                                                       | Title XVIII          |                           |                 | Hospital       |          | PPS   |  |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------|---------------------------|-----------------|----------------|----------|-------|--|
|                                                                                 |                                                                                                       | Wkst. E, Pt. A, line | Amt. from Wkst. E, Pt. A) | Period to 10/01 | On/After 10/01 |          |       |  |
|                                                                                 |                                                                                                       |                      |                           |                 | Urban          | Rural    |       |  |
|                                                                                 |                                                                                                       | 0                    | 1.00                      | 2.00            | 3.00           | 3.01     |       |  |
| 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                 | 27,295,836                | 27,295,836      |                | 0        | 1.01  |  |
| 1.02                                                                            | DRG amounts other than outlier payments for discharges occurring on or after October 1                | 1.02                 | 8,788,821                 |                 | 8,788,821      | 0        | 1.02  |  |
| 1.03                                                                            | DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1              | 1.03                 | 0                         | 0               |                | 0        | 1.03  |  |
| 1.04                                                                            | DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1           | 1.04                 | 0                         |                 | 0              | 0        | 1.04  |  |
| 2.00                                                                            | Outlier payments for discharges (see instructions)                                                    | 2.00                 |                           |                 |                |          | 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                 | 940,324                   | 940,324         |                |          | 2.02  |  |
| 2.03                                                                            | Outlier payments for discharges occurring on or after October 1 (see instructions)                    | 2.04                 | 399,540                   |                 | 399,541        | 0        | 2.03  |  |
| 3.00                                                                            | Operating outlier reconciliation                                                                      | 2.01                 | 0                         | 0               | 0              | 0        | 3.00  |  |
| 4.00                                                                            | Managed care simulated payments                                                                       | 3.00                 | 14,353,887                | 10,496,338      | 3,857,550      | 0        | 4.00  |  |
| Indirect Medical Education Adjustment                                           |                                                                                                       |                      |                           |                 |                |          |       |  |
| 5.00                                                                            | Amount from Worksheet E, Part A, line 21 (see instructions)                                           | 21.00                | 0.098098                  | 0.098098        | 0.098098       | 0.098098 | 5.00  |  |
| 6.00                                                                            | IME payment adjustment (see instructions)                                                             | 22.00                | 1,881,671                 | 1,423,369       | 458,302        | 0        | 6.00  |  |
| 6.01                                                                            | IME payment adjustment for managed care (see instructions)                                            | 22.01                | 748,498                   | 547,342         | 201,156        | 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                | 0.010472                  | 0.010472        | 0.010472       | 0.010472 | 7.00  |  |
| 8.00                                                                            | IME adjustment (see instructions)                                                                     | 28.00                | 377,879                   | 285,842         | 92,037         | 0        | 8.00  |  |
| 8.01                                                                            | IME payment adjustment add on for managed care (see instructions)                                     | 28.01                | 150,314                   | 109,918         | 40,396         | 0        | 8.01  |  |
| 9.00                                                                            | Total IME payment (sum of lines 6 and 8)                                                              | 29.00                | 2,259,550                 | 1,709,211       | 550,339        | 0        | 9.00  |  |
| 9.01                                                                            | Total IME payment for managed care (sum of lines 6.01 and 8.01)                                       | 29.01                | 898,812                   | 657,260         | 241,552        | 0        | 9.01  |  |
| Disproportionate Share Adjustment                                               |                                                                                                       |                      |                           |                 |                |          |       |  |
| 10.00                                                                           | Allowable disproportionate share percentage (see instructions)                                        | 33.00                | 0.1411                    | 0.1411          | 0.1411         | 0.1200   | 10.00 |  |
| 11.00                                                                           | Disproportionate share adjustment (see instructions)                                                  | 34.00                | 1,241,980                 | 931,954         | 310,026        | 0        | 11.00 |  |
| 11.01                                                                           | Uncompensated care payments                                                                           | 36.00                | 2,629,697                 | 2,056,579       | 573,118        | 0        | 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                | 43,555,748                | 32,933,903      | 10,621,845     | 0        | 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                | 44,454,560                | 33,591,163      | 10,863,397     | 0        | 15.00 |  |
| 16.00                                                                           | Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)                            | 50.00                | 3,302,789                 | -789,221        | 4,092,010      | 0        | 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                                                                                              |                      |                           | 32,801,942      | 14,955,407     | 0        | 19.00 |  |

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

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
8/5/2020 1:45 pm

|        |                                                                  | Title XVIII          |                            | Hospital |               | PPS           |        |
|--------|------------------------------------------------------------------|----------------------|----------------------------|----------|---------------|---------------|--------|
|        |                                                                  | Wkst. L, line        | (Amt. from Wkst. L)        |          | Urban         | Rural         |        |
|        |                                                                  | 0                    | 1.00                       | 2.00     | 3.00          | 3.01          |        |
| 20.00  | Capital DRG other than outlier                                   | 1.00                 | 2,896,244                  | -692,463 | 3,588,707     | 0             | 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                 | 60,444                     | -14,009  | 74,453        | 0             | 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                 | 0.0565                     | 0.0565   | 0.0565        | 0.0565        | 22.00  |
| 23.00  | Indirect medical education adjustment (see instructions)         | 6.00                 | 163,638                    | -39,124  | 202,762       | 0             | 23.00  |
| 24.00  | Allowable disproportionate share percentage (see instructions)   | 10.00                | 0.0630                     | 0.0630   | 0.0630        | 0.0000        | 24.00  |
| 25.00  | Disproportionate share adjustment (see instructions)             | 11.00                | 182,463                    | -43,625  | 226,088       | 0             | 25.00  |
| 26.00  | Total prospective capital payments (see instructions)            | 12.00                | 3,302,789                  | -789,221 | 4,092,010     | 0             | 26.00  |
|        |                                                                  | Wkst. E, Pt. A, line | (Amt. from Wkst. E, Pt. A) |          | Urban         | Rural         |        |
|        |                                                                  | 0                    | 1.00                       | 2.00     | 3.00          | 3.01          |        |
| 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                | 73,504                     | 63,535   | 9,969         | 0             | 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                | -160,210                   | -136,479 | -23,731       | 0             | 31.00  |
| 31.01  | HRR adjustment for HSP bonus payment (see instructions)          | 70.91                | 0                          | 0        | 0             | 0             | 31.01  |
|        |                                                                  | 0                    | 1.00                       | 2.00     | Urban<br>3.00 | Rural<br>3.01 |        |
| 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 |

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

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
8/5/2020 1:45 pm

|                                                                                        |                                                                                                       | Title XVIII           |  | Hospital | PPS   |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------|--|----------|-------|
|                                                                                        |                                                                                                       | Total (cols. 2 and 3) |  |          |       |
|                                                                                        |                                                                                                       | 4.00                  |  |          |       |
| 1.00                                                                                   | DRG amounts other than outlier payments                                                               |                       |  |          | 1.00  |
| 1.01                                                                                   | DRG amounts other than outlier payments for discharges occurring prior to October 1                   | 27,295,836            |  |          | 1.01  |
| 1.02                                                                                   | DRG amounts other than outlier payments for discharges occurring on or after October 1                | 8,788,821             |  |          | 1.02  |
| 1.03                                                                                   | DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1              | 0                     |  |          | 1.03  |
| 1.04                                                                                   | DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1           | 0                     |  |          | 1.04  |
| 2.00                                                                                   | Outlier payments for discharges (see instructions)                                                    |                       |  |          | 2.00  |
| 2.01                                                                                   | Outlier payments for discharges for Model 4 BPCI                                                      | 0                     |  |          | 2.01  |
| 2.02                                                                                   | Outlier payments for discharges occurring prior to October 1 (see instructions)                       | 940,324               |  |          | 2.02  |
| 2.03                                                                                   | Outlier payments for discharges occurring on or after October 1 (see instructions)                    | 399,541               |  |          | 2.03  |
| 3.00                                                                                   | Operating outlier reconciliation                                                                      | 0                     |  |          | 3.00  |
| 4.00                                                                                   | Managed care simulated payments                                                                       | 14,353,888            |  |          | 4.00  |
| <b>Indirect Medical Education Adjustment</b>                                           |                                                                                                       |                       |  |          |       |
| 5.00                                                                                   | Amount from Worksheet E, Part A, line 21 (see instructions)                                           |                       |  |          | 5.00  |
| 6.00                                                                                   | IME payment adjustment (see instructions)                                                             | 1,881,671             |  |          | 6.00  |
| 6.01                                                                                   | IME payment adjustment for managed care (see instructions)                                            | 748,498               |  |          | 6.01  |
| <b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b> |                                                                                                       |                       |  |          |       |
| 7.00                                                                                   | IME payment adjustment factor (see instructions)                                                      |                       |  |          | 7.00  |
| 8.00                                                                                   | IME adjustment (see instructions)                                                                     | 377,879               |  |          | 8.00  |
| 8.01                                                                                   | IME payment adjustment add on for managed care (see instructions)                                     | 150,314               |  |          | 8.01  |
| 9.00                                                                                   | Total IME payment (sum of lines 6 and 8)                                                              | 2,259,550             |  |          | 9.00  |
| 9.01                                                                                   | Total IME payment for managed care (sum of lines 6.01 and 8.01)                                       | 898,812               |  |          | 9.01  |
| <b>Disproportionate Share Adjustment</b>                                               |                                                                                                       |                       |  |          |       |
| 10.00                                                                                  | Allowable disproportionate share percentage (see instructions)                                        |                       |  |          | 10.00 |
| 11.00                                                                                  | Disproportionate share adjustment (see instructions)                                                  | 1,241,980             |  |          | 11.00 |
| 11.01                                                                                  | Uncompensated care payments                                                                           | 2,629,697             |  |          | 11.01 |
| <b>Additional payment for high percentage of ESRD beneficiary discharges</b>           |                                                                                                       |                       |  |          |       |
| 12.00                                                                                  | Total ESRD additional payment (see instructions)                                                      | 0                     |  |          | 12.00 |
| 13.00                                                                                  | Subtotal (see instructions)                                                                           | 43,555,748            |  |          | 13.00 |
| 14.00                                                                                  | Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions) | 0                     |  |          | 14.00 |
| 15.00                                                                                  | Total payment for inpatient operating costs (see instructions)                                        | 44,454,560            |  |          | 15.00 |
| 16.00                                                                                  | Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)                            | 3,302,789             |  |          | 16.00 |
| 17.00                                                                                  | Special add-on payments for new technologies                                                          | 0                     |  |          | 17.00 |
| 17.01                                                                                  | Net organ acquisition cost                                                                            | 0                     |  |          | 17.01 |
| 17.02                                                                                  | Credits received from manufacturers for replaced devices for applicable MS-DRGs                       | 0                     |  |          | 17.02 |
| 18.00                                                                                  | Capital outlier reconciliation adjustment amount (see instructions)                                   | 0                     |  |          | 18.00 |
| 19.00                                                                                  | SUBTOTAL                                                                                              | 47,757,349            |  |          | 19.00 |

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

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
8/5/2020 1:45 pm

|        |                                                                  | Title XVIII              |  | Hospital | PPS    |
|--------|------------------------------------------------------------------|--------------------------|--|----------|--------|
|        |                                                                  | 4.00                     |  |          |        |
| 20.00  | Capital DRG other than outlier                                   | 2,896,244                |  |          | 20.00  |
| 20.01  | Model 4 BPCI Capital DRG other than outlier                      | 0                        |  |          | 20.01  |
| 21.00  | Capital DRG outlier payments                                     | 60,444                   |  |          | 21.00  |
| 21.01  | Model 4 BPCI Capital DRG outlier payments                        | 0                        |  |          | 21.01  |
| 22.00  | Indirect medical education percentage (see instructions)         |                          |  |          | 22.00  |
| 23.00  | Indirect medical education adjustment (see instructions)         | 163,638                  |  |          | 23.00  |
| 24.00  | Allowable disproportionate share percentage (see instructions)   |                          |  |          | 24.00  |
| 25.00  | Disproportionate share adjustment (see instructions)             | 182,463                  |  |          | 25.00  |
| 26.00  | Total prospective capital payments (see instructions)            | 3,302,789                |  |          | 26.00  |
|        |                                                                  | 4.00                     |  |          |        |
| 27.00  |                                                                  |                          |  |          | 27.00  |
| 28.00  | Low volume adjustment prior to October 1                         | 0                        |  |          | 28.00  |
| 29.00  | Low volume adjustment on or after October 1                      | 0                        |  |          | 29.00  |
| 30.00  | HVBP payment adjustment (see instructions)                       | 73,504                   |  |          | 30.00  |
| 30.01  | HVBP payment adjustment for HSP bonus payment (see instructions) | 0                        |  |          | 30.01  |
| 31.00  | HRR adjustment (see instructions)                                | -160,210                 |  |          | 31.00  |
| 31.01  | HRR adjustment for HSP bonus payment (see instructions)          | 0                        |  |          | 31.01  |
|        |                                                                  | (Amt. to Wkst. E, Pt. A) |  |          |        |
|        |                                                                  | 4.00                     |  |          |        |
| 32.00  | HAC Reduction Program adjustment (see instructions)              | 0                        |  |          | 32.00  |
| 100.00 | Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.     |                          |  |          | 100.00 |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                           |                                                                                                                                                                      | Provider CCN: 14-0209 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet E<br>Part B<br>Date/Time Prepared:<br>8/5/2020 1:45 pm |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|------------------------------------------------------------------|
|                                                                   |                                                                                                                                                                      | Title XVIII           | Hospital                                    | PPS                                                              |
|                                                                   |                                                                                                                                                                      |                       |                                             | 1.00                                                             |
| PART B - MEDICAL AND OTHER HEALTH SERVICES                        |                                                                                                                                                                      |                       |                                             |                                                                  |
| 1.00                                                              | Medical and other services (see instructions)                                                                                                                        |                       | 16,628                                      | 1.00                                                             |
| 2.00                                                              | Medical and other services reimbursed under OPPS (see instructions)                                                                                                  |                       | 28,602,150                                  | 2.00                                                             |
| 3.00                                                              | OPPS payments                                                                                                                                                        |                       | 25,170,231                                  | 3.00                                                             |
| 4.00                                                              | Outlier payment (see instructions)                                                                                                                                   |                       | 97,134                                      | 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                                                                                   |                       | 91,016                                      | 9.00                                                             |
| 10.00                                                             | Organ acquisitions                                                                                                                                                   |                       | 0                                           | 10.00                                                            |
| 11.00                                                             | Total cost (sum of lines 1 and 10) (see instructions)                                                                                                                |                       | 16,628                                      | 11.00                                                            |
| COMPUTATION OF LESSER OF COST OR CHARGES                          |                                                                                                                                                                      |                       |                                             |                                                                  |
| Reasonable charges                                                |                                                                                                                                                                      |                       |                                             |                                                                  |
| 12.00                                                             | Ancillary service charges                                                                                                                                            |                       | 64,516                                      | 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)                                                                                                                    |                       | 64,516                                      | 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)                                                                                                                           |                       | 64,516                                      | 18.00                                                            |
| 19.00                                                             | Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)                                                       |                       | 47,888                                      | 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)                                                                                                                         |                       | 16,628                                      | 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)                                                                                                         |                       | 25,358,381                                  | 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)                                                                        |                       | 4,691,664                                   | 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)                                                     |                       | 20,683,345                                  | 27.00                                                            |
| 28.00                                                             | Direct graduate medical education payments (from Wkst. E-4, line 50)                                                                                                 |                       | 648,924                                     | 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)                                                                                                                                |                       | 21,332,269                                  | 30.00                                                            |
| 31.00                                                             | Primary payer payments                                                                                                                                               |                       | 8,192                                       | 31.00                                                            |
| 32.00                                                             | Subtotal (line 30 minus line 31)                                                                                                                                     |                       | 21,324,077                                  | 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)                                                                                                                               |                       | 385,821                                     | 34.00                                                            |
| 35.00                                                             | Adjusted reimbursable bad debts (see instructions)                                                                                                                   |                       | 250,784                                     | 35.00                                                            |
| 36.00                                                             | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                                                               |                       | 311,037                                     | 36.00                                                            |
| 37.00                                                             | Subtotal (see instructions)                                                                                                                                          |                       | 21,574,861                                  | 37.00                                                            |
| 38.00                                                             | MSP-LCC reconciliation amount from PS&R                                                                                                                              |                       | 98                                          | 38.00                                                            |
| 39.00                                                             | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)                                                                                                                       |                       | 0                                           | 39.00                                                            |
| 39.50                                                             | Pioneer ACO demonstration payment adjustment (see instructions)                                                                                                      |                       |                                             | 39.50                                                            |
| 39.97                                                             | Demonstration payment adjustment amount before sequestration                                                                                                         |                       | 0                                           | 39.97                                                            |
| 39.98                                                             | Partial or full credits received from manufacturers for replaced devices (see instructions)                                                                          |                       | 5,279                                       | 39.98                                                            |
| 39.99                                                             | RECOVERY OF ACCELERATED DEPRECIATION                                                                                                                                 |                       | 0                                           | 39.99                                                            |
| 40.00                                                             | Subtotal (see instructions)                                                                                                                                          |                       | 21,574,763                                  | 40.00                                                            |
| 40.01                                                             | Sequestration adjustment (see instructions)                                                                                                                          |                       | 431,495                                     | 40.01                                                            |
| 40.02                                                             | Demonstration payment adjustment amount after sequestration                                                                                                          |                       | 272,800                                     | 40.02                                                            |
| 40.03                                                             | Sequestration adjustment-PARHM pass-throughs                                                                                                                         |                       |                                             | 40.03                                                            |
| 41.00                                                             | Interim payments                                                                                                                                                     |                       | 20,936,417                                  | 41.00                                                            |
| 41.01                                                             | Interim payments-PARHM                                                                                                                                               |                       |                                             | 41.01                                                            |
| 42.00                                                             | Tentative settlement (for contractors use only)                                                                                                                      |                       | 0                                           | 42.00                                                            |
| 42.01                                                             | Tentative settlement-PARHM (for contractor use only)                                                                                                                 |                       |                                             | 42.01                                                            |
| 43.00                                                             | Balance due provider/program (see instructions)                                                                                                                      |                       | -65,949                                     | 43.00                                                            |
| 43.01                                                             | Balance due provider/program-PARHM (see instructions)                                                                                                                |                       |                                             | 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                                                            |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                  |                                                                                                                                                                       | Provider CCN: 14-0209<br>Component CCN: 14-S209 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet E<br>Part B<br>Date/Time Prepared:<br>8/5/2020 1:45 pm |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|------------------------------------------------------------------|
|                                                                          |                                                                                                                                                                       | Title XVIII                                     | Subprovider -<br>IPF                        | PPS                                                              |
|                                                                          |                                                                                                                                                                       |                                                 |                                             | 1.00                                                             |
| <b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>                        |                                                                                                                                                                       |                                                 |                                             |                                                                  |
| 1.00                                                                     | Medical and other services (see instructions)                                                                                                                         |                                                 | 64                                          | 1.00                                                             |
| 2.00                                                                     | Medical and other services reimbursed under OPPS (see instructions)                                                                                                   |                                                 | 33                                          | 2.00                                                             |
| 3.00                                                                     | OPPS payments                                                                                                                                                         |                                                 | 71                                          | 3.00                                                             |
| 4.00                                                                     | Outlier payment (see instructions)                                                                                                                                    |                                                 | 0                                           | 4.00                                                             |
| 4.01                                                                     | Outlier reconciliation amount (see instructions)                                                                                                                      |                                                 | 0                                           | 4.01                                                             |
| 5.00                                                                     | Enter the hospital specific payment to cost ratio (see instructions)                                                                                                  |                                                 | 0.000                                       | 5.00                                                             |
| 6.00                                                                     | Line 2 times line 5                                                                                                                                                   |                                                 | 0                                           | 6.00                                                             |
| 7.00                                                                     | Sum of lines 3, 4, and 4.01, divided by line 6                                                                                                                        |                                                 | 0.00                                        | 7.00                                                             |
| 8.00                                                                     | Transitional corridor payment (see instructions)                                                                                                                      |                                                 | 0                                           | 8.00                                                             |
| 9.00                                                                     | Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200                                                                                    |                                                 | 0                                           | 9.00                                                             |
| 10.00                                                                    | Organ acquisitions                                                                                                                                                    |                                                 | 0                                           | 10.00                                                            |
| 11.00                                                                    | Total cost (sum of lines 1 and 10) (see instructions)                                                                                                                 |                                                 | 64                                          | 11.00                                                            |
| <b>COMPUTATION OF LESSER OF COST OR CHARGES</b>                          |                                                                                                                                                                       |                                                 |                                             |                                                                  |
| <b>Reasonable charges</b>                                                |                                                                                                                                                                       |                                                 |                                             |                                                                  |
| 12.00                                                                    | Ancillary service charges                                                                                                                                             |                                                 | 247                                         | 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)                                                                                                                     |                                                 | 247                                         | 14.00                                                            |
| <b>Customary charges</b>                                                 |                                                                                                                                                                       |                                                 |                                             |                                                                  |
| 15.00                                                                    | Aggregate amount actually collected from patients liable for payment for services on a charge basis                                                                   |                                                 | 0                                           | 15.00                                                            |
| 16.00                                                                    | Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e) |                                                 | 0                                           | 16.00                                                            |
| 17.00                                                                    | Ratio of line 15 to line 16 (not to exceed 1.000000)                                                                                                                  |                                                 | 0.000000                                    | 17.00                                                            |
| 18.00                                                                    | Total customary charges (see instructions)                                                                                                                            |                                                 | 247                                         | 18.00                                                            |
| 19.00                                                                    | Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)                                                        |                                                 | 183                                         | 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)                                                                                                                          |                                                 | 64                                          | 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)                                                                                                          |                                                 | 71                                          | 24.00                                                            |
| <b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>                           |                                                                                                                                                                       |                                                 |                                             |                                                                  |
| 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)                                                                         |                                                 | 0                                           | 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)                                                      |                                                 | 135                                         | 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)                                                                                                                                 |                                                 | 135                                         | 30.00                                                            |
| 31.00                                                                    | Primary payer payments                                                                                                                                                |                                                 | 0                                           | 31.00                                                            |
| 32.00                                                                    | Subtotal (line 30 minus line 31)                                                                                                                                      |                                                 | 135                                         | 32.00                                                            |
| <b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b> |                                                                                                                                                                       |                                                 |                                             |                                                                  |
| 33.00                                                                    | Composite rate ESRD (from Wkst. I-5, line 11)                                                                                                                         |                                                 | 0                                           | 33.00                                                            |
| 34.00                                                                    | Allowable bad debts (see instructions)                                                                                                                                |                                                 | 0                                           | 34.00                                                            |
| 35.00                                                                    | Adjusted reimbursable bad debts (see instructions)                                                                                                                    |                                                 | 0                                           | 35.00                                                            |
| 36.00                                                                    | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                                                                |                                                 | 0                                           | 36.00                                                            |
| 37.00                                                                    | Subtotal (see instructions)                                                                                                                                           |                                                 | 135                                         | 37.00                                                            |
| 38.00                                                                    | MSP-LCC reconciliation amount from PS&R                                                                                                                               |                                                 | 0                                           | 38.00                                                            |
| 39.00                                                                    | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)                                                                                                                        |                                                 | 0                                           | 39.00                                                            |
| 39.50                                                                    | Pioneer ACO demonstration payment adjustment (see instructions)                                                                                                       |                                                 | 39.50                                       |                                                                  |
| 39.97                                                                    | Demonstration payment adjustment amount before sequestration                                                                                                          |                                                 | 0                                           | 39.97                                                            |
| 39.98                                                                    | Partial or full credits received from manufacturers for replaced devices (see instructions)                                                                           |                                                 | 0                                           | 39.98                                                            |
| 39.99                                                                    | RECOVERY OF ACCELERATED DEPRECIATION                                                                                                                                  |                                                 | 0                                           | 39.99                                                            |
| 40.00                                                                    | Subtotal (see instructions)                                                                                                                                           |                                                 | 135                                         | 40.00                                                            |
| 40.01                                                                    | Sequestration adjustment (see instructions)                                                                                                                           |                                                 | 3                                           | 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                                                                                                                                                      |                                                 | 147                                         | 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)                                                                                                                       |                                                 | -15                                         | 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                                                            |
| <b>TO BE COMPLETED BY CONTRACTOR</b>                                     |                                                                                                                                                                       |                                                 |                                             |                                                                  |
| 90.00                                                                    | Original outlier amount (see instructions)                                                                                                                            |                                                 | 0                                           | 90.00                                                            |
| 91.00                                                                    | Outlier reconciliation adjustment amount (see instructions)                                                                                                           |                                                 | 0                                           | 91.00                                                            |
| 92.00                                                                    | The rate used to calculate the Time Value of Money                                                                                                                    |                                                 | 0.00                                        | 92.00                                                            |
| 93.00                                                                    | Time Value of Money (see instructions)                                                                                                                                |                                                 | 0                                           | 93.00                                                            |
| 94.00                                                                    | Total (sum of lines 91 and 93)                                                                                                                                        |                                                 | 0                                           | 94.00                                                            |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                  |                                                                                                                                                                       | Provider CCN: 14-0209<br>Component CCN: 14-T209 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet E<br>Part B<br>Date/Time Prepared:<br>8/5/2020 1:45 pm |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|------------------------------------------------------------------|
|                                                                          |                                                                                                                                                                       | Title XVIII                                     | Subprovider -<br>IRF                        | PPS                                                              |
|                                                                          |                                                                                                                                                                       |                                                 |                                             | 1.00                                                             |
| <b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>                        |                                                                                                                                                                       |                                                 |                                             |                                                                  |
| 1.00                                                                     | Medical and other services (see instructions)                                                                                                                         |                                                 | 755                                         | 1.00                                                             |
| 2.00                                                                     | Medical and other services reimbursed under OPPS (see instructions)                                                                                                   |                                                 | 1,460                                       | 2.00                                                             |
| 3.00                                                                     | OPPS payments                                                                                                                                                         |                                                 | 606                                         | 3.00                                                             |
| 4.00                                                                     | Outlier payment (see instructions)                                                                                                                                    |                                                 | 0                                           | 4.00                                                             |
| 4.01                                                                     | Outlier reconciliation amount (see instructions)                                                                                                                      |                                                 | 0                                           | 4.01                                                             |
| 5.00                                                                     | Enter the hospital specific payment to cost ratio (see instructions)                                                                                                  |                                                 | 0.000                                       | 5.00                                                             |
| 6.00                                                                     | Line 2 times line 5                                                                                                                                                   |                                                 | 0                                           | 6.00                                                             |
| 7.00                                                                     | Sum of lines 3, 4, and 4.01, divided by line 6                                                                                                                        |                                                 | 0.00                                        | 7.00                                                             |
| 8.00                                                                     | Transitional corridor payment (see instructions)                                                                                                                      |                                                 | 0                                           | 8.00                                                             |
| 9.00                                                                     | Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200                                                                                    |                                                 | 0                                           | 9.00                                                             |
| 10.00                                                                    | Organ acquisitions                                                                                                                                                    |                                                 | 0                                           | 10.00                                                            |
| 11.00                                                                    | Total cost (sum of lines 1 and 10) (see instructions)                                                                                                                 |                                                 | 755                                         | 11.00                                                            |
| <b>COMPUTATION OF LESSER OF COST OR CHARGES</b>                          |                                                                                                                                                                       |                                                 |                                             |                                                                  |
| <b>Reasonable charges</b>                                                |                                                                                                                                                                       |                                                 |                                             |                                                                  |
| 12.00                                                                    | Ancillary service charges                                                                                                                                             |                                                 | 2,929                                       | 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)                                                                                                                     |                                                 | 2,929                                       | 14.00                                                            |
| <b>Customary charges</b>                                                 |                                                                                                                                                                       |                                                 |                                             |                                                                  |
| 15.00                                                                    | Aggregate amount actually collected from patients liable for payment for services on a charge basis                                                                   |                                                 | 0                                           | 15.00                                                            |
| 16.00                                                                    | Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e) |                                                 | 0                                           | 16.00                                                            |
| 17.00                                                                    | Ratio of line 15 to line 16 (not to exceed 1.000000)                                                                                                                  |                                                 | 0.000000                                    | 17.00                                                            |
| 18.00                                                                    | Total customary charges (see instructions)                                                                                                                            |                                                 | 2,929                                       | 18.00                                                            |
| 19.00                                                                    | Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)                                                        |                                                 | 2,174                                       | 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)                                                                                                                          |                                                 | 755                                         | 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)                                                                                                          |                                                 | 606                                         | 24.00                                                            |
| <b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>                           |                                                                                                                                                                       |                                                 |                                             |                                                                  |
| 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)                                                                         |                                                 | 21                                          | 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)                                                      |                                                 | 1,340                                       | 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)                                                                                                                                 |                                                 | 1,340                                       | 30.00                                                            |
| 31.00                                                                    | Primary payer payments                                                                                                                                                |                                                 | 0                                           | 31.00                                                            |
| 32.00                                                                    | Subtotal (line 30 minus line 31)                                                                                                                                      |                                                 | 1,340                                       | 32.00                                                            |
| <b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b> |                                                                                                                                                                       |                                                 |                                             |                                                                  |
| 33.00                                                                    | Composite rate ESRD (from Wkst. I-5, line 11)                                                                                                                         |                                                 | 0                                           | 33.00                                                            |
| 34.00                                                                    | Allowable bad debts (see instructions)                                                                                                                                |                                                 | 0                                           | 34.00                                                            |
| 35.00                                                                    | Adjusted reimbursable bad debts (see instructions)                                                                                                                    |                                                 | 0                                           | 35.00                                                            |
| 36.00                                                                    | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                                                                |                                                 | 0                                           | 36.00                                                            |
| 37.00                                                                    | Subtotal (see instructions)                                                                                                                                           |                                                 | 1,340                                       | 37.00                                                            |
| 38.00                                                                    | MSP-LCC reconciliation amount from PS&R                                                                                                                               |                                                 | 0                                           | 38.00                                                            |
| 39.00                                                                    | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)                                                                                                                        |                                                 | 0                                           | 39.00                                                            |
| 39.50                                                                    | Pioneer ACO demonstration payment adjustment (see instructions)                                                                                                       |                                                 | 39.50                                       |                                                                  |
| 39.97                                                                    | Demonstration payment adjustment amount before sequestration                                                                                                          |                                                 | 0                                           | 39.97                                                            |
| 39.98                                                                    | Partial or full credits received from manufacturers for replaced devices (see instructions)                                                                           |                                                 | 0                                           | 39.98                                                            |
| 39.99                                                                    | RECOVERY OF ACCELERATED DEPRECIATION                                                                                                                                  |                                                 | 0                                           | 39.99                                                            |
| 40.00                                                                    | Subtotal (see instructions)                                                                                                                                           |                                                 | 1,340                                       | 40.00                                                            |
| 40.01                                                                    | Sequestration adjustment (see instructions)                                                                                                                           |                                                 | 27                                          | 40.01                                                            |
| 40.02                                                                    | Demonstration payment adjustment amount after sequestration                                                                                                           |                                                 | 27                                          | 40.02                                                            |
| 40.03                                                                    | Sequestration adjustment-PARHM pass-throughs                                                                                                                          |                                                 | 0                                           | 40.03                                                            |
| 41.00                                                                    | Interim payments                                                                                                                                                      |                                                 | 1,490                                       | 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)                                                                                                                       |                                                 | -204                                        | 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                                                            |
| <b>TO BE COMPLETED BY CONTRACTOR</b>                                     |                                                                                                                                                                       |                                                 |                                             |                                                                  |
| 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: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet E-1  
Part I  
Date/Time Prepared:  
8/5/2020 1:45 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                                                                                                                                                                                |                  | 48,184,061 |                   | 20,936,417           | 1.00 |  |
| 2.00                          | Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero                          |                  | 0          |                   | 0                    | 2.00 |  |
| 3.00                          | List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) |                  |            |                   |                      | 3.00 |  |
| Program to Provider           |                                                                                                                                                                                                                        |                  |            |                   |                      |      |  |
| 3.01                          | ADJUSTMENTS TO PROVIDER                                                                                                                                                                                                |                  | 0          |                   | 0                    | 3.01 |  |
| 3.02                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 3.02 |  |
| 3.03                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 3.03 |  |
| 3.04                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 3.04 |  |
| 3.05                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 3.05 |  |
| Provider to Program           |                                                                                                                                                                                                                        |                  |            |                   |                      |      |  |
| 3.50                          | ADJUSTMENTS TO PROGRAM                                                                                                                                                                                                 |                  | 0          |                   | 0                    | 3.50 |  |
| 3.51                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 3.51 |  |
| 3.52                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 3.52 |  |
| 3.53                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 3.53 |  |
| 3.54                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 3.54 |  |
| 3.99                          | Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)                                                                                                                                                         |                  | 0          |                   | 0                    | 3.99 |  |
| 4.00                          | Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)                                                                                                |                  | 48,184,061 |                   | 20,936,417           | 4.00 |  |
| TO BE COMPLETED BY CONTRACTOR |                                                                                                                                                                                                                        |                  |            |                   |                      |      |  |
| 5.00                          | List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)                                                                        |                  |            |                   |                      | 5.00 |  |
| Program to Provider           |                                                                                                                                                                                                                        |                  |            |                   |                      |      |  |
| 5.01                          | TENTATIVE TO PROVIDER                                                                                                                                                                                                  |                  | 0          |                   | 0                    | 5.01 |  |
| 5.02                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 5.02 |  |
| 5.03                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 5.03 |  |
| Provider to Program           |                                                                                                                                                                                                                        |                  |            |                   |                      |      |  |
| 5.50                          | TENTATIVE TO PROGRAM                                                                                                                                                                                                   |                  | 0          |                   | 0                    | 5.50 |  |
| 5.51                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 5.51 |  |
| 5.52                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 5.52 |  |
| 5.99                          | Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)                                                                                                                                                         |                  | 0          |                   | 0                    | 5.99 |  |
| 6.00                          | Determined net settlement amount (balance due) based on the cost report. (1)                                                                                                                                           |                  |            |                   |                      | 6.00 |  |
| 6.01                          | SETTLEMENT TO PROVIDER                                                                                                                                                                                                 |                  | 0          |                   | 0                    | 6.01 |  |
| 6.02                          | SETTLEMENT TO PROGRAM                                                                                                                                                                                                  |                  | 378,728    |                   | 65,949               | 6.02 |  |
| 7.00                          | Total Medicare program liability (see instructions)                                                                                                                                                                    |                  | 47,805,333 |                   | 20,870,468           | 7.00 |  |
|                               |                                                                                                                                                                                                                        |                  |            | Contractor Number | NPR Date (Mo/Day/Yr) |      |  |
|                               |                                                                                                                                                                                                                        | 0                |            | 1.00              | 2.00                 |      |  |
| 8.00                          | Name of Contractor                                                                                                                                                                                                     |                  |            |                   |                      | 8.00 |  |

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0209

Period:

Worksheet E-1

Component CCN: 14-S209

From 01/01/2019  
To 12/31/2019Part I  
Date/Time Prepared:  
8/5/2020 1:45 pm

|                               |                                                                                                                                                                                                                        | Title XVIII      |           | Subprovider -<br>IPF |                         | PPS  |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|----------------------|-------------------------|------|
|                               |                                                                                                                                                                                                                        | Inpatient Part A |           | Part B               |                         |      |
|                               |                                                                                                                                                                                                                        | mm/dd/yyyy       | Amount    | mm/dd/yyyy           | Amount                  |      |
|                               |                                                                                                                                                                                                                        | 1.00             | 2.00      | 3.00                 | 4.00                    |      |
| 1.00                          | Total interim payments paid to provider                                                                                                                                                                                |                  |           |                      |                         | 1.00 |
| 2.00                          | Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero                          |                  | 1,742,199 |                      | 147                     | 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) |                  | 0         |                      | 0                       | 3.00 |
| Program to Provider           |                                                                                                                                                                                                                        |                  |           |                      |                         |      |
| 3.01                          | ADJUSTMENTS TO PROVIDER                                                                                                                                                                                                |                  | 0         |                      | 0                       | 3.01 |
| 3.02                          |                                                                                                                                                                                                                        |                  | 0         |                      | 0                       | 3.02 |
| 3.03                          |                                                                                                                                                                                                                        |                  | 0         |                      | 0                       | 3.03 |
| 3.04                          |                                                                                                                                                                                                                        |                  | 0         |                      | 0                       | 3.04 |
| 3.05                          |                                                                                                                                                                                                                        |                  | 0         |                      | 0                       | 3.05 |
| Provider to Program           |                                                                                                                                                                                                                        |                  |           |                      |                         |      |
| 3.50                          | ADJUSTMENTS TO PROGRAM                                                                                                                                                                                                 |                  | 0         |                      | 0                       | 3.50 |
| 3.51                          |                                                                                                                                                                                                                        |                  | 0         |                      | 0                       | 3.51 |
| 3.52                          |                                                                                                                                                                                                                        |                  | 0         |                      | 0                       | 3.52 |
| 3.53                          |                                                                                                                                                                                                                        |                  | 0         |                      | 0                       | 3.53 |
| 3.54                          |                                                                                                                                                                                                                        |                  | 0         |                      | 0                       | 3.54 |
| 3.99                          | Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)                                                                                                                                                         |                  | 0         |                      | 0                       | 3.99 |
| 4.00                          | Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)                                                                                                |                  | 1,742,199 |                      | 147                     | 4.00 |
| TO BE COMPLETED BY CONTRACTOR |                                                                                                                                                                                                                        |                  |           |                      |                         |      |
| 5.00                          | List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)                                                                        |                  |           |                      |                         | 5.00 |
| Program to Provider           |                                                                                                                                                                                                                        |                  |           |                      |                         |      |
| 5.01                          | TENTATIVE TO PROVIDER                                                                                                                                                                                                  |                  | 0         |                      | 0                       | 5.01 |
| 5.02                          |                                                                                                                                                                                                                        |                  | 0         |                      | 0                       | 5.02 |
| 5.03                          |                                                                                                                                                                                                                        |                  | 0         |                      | 0                       | 5.03 |
| Provider to Program           |                                                                                                                                                                                                                        |                  |           |                      |                         |      |
| 5.50                          | TENTATIVE TO PROGRAM                                                                                                                                                                                                   |                  | 0         |                      | 0                       | 5.50 |
| 5.51                          |                                                                                                                                                                                                                        |                  | 0         |                      | 0                       | 5.51 |
| 5.52                          |                                                                                                                                                                                                                        |                  | 0         |                      | 0                       | 5.52 |
| 5.99                          | Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)                                                                                                                                                         |                  | 0         |                      | 0                       | 5.99 |
| 6.00                          | Determined net settlement amount (balance due) based on the cost report. (1)                                                                                                                                           |                  |           |                      |                         | 6.00 |
| 6.01                          | SETTLEMENT TO PROVIDER                                                                                                                                                                                                 |                  | 0         |                      | 0                       | 6.01 |
| 6.02                          | SETTLEMENT TO PROGRAM                                                                                                                                                                                                  |                  | 8,713     |                      | 15                      | 6.02 |
| 7.00                          | Total Medicare program liability (see instructions)                                                                                                                                                                    |                  | 1,733,486 |                      | 132                     | 7.00 |
|                               |                                                                                                                                                                                                                        |                  |           | Contractor<br>Number | NPR Date<br>(Mo/Day/Yr) |      |
|                               |                                                                                                                                                                                                                        | 0                |           | 1.00                 | 2.00                    |      |
| 8.00                          | Name of Contractor                                                                                                                                                                                                     |                  |           |                      |                         | 8.00 |

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0209

Period:

Worksheet E-1

Component CCN: 14-T209

From 01/01/2019  
To 12/31/2019Part I  
Date/Time Prepared:  
8/5/2020 1:45 pm

Title XVIII

Subprovider -  
IRF

PPS

|                               |                                                                                                                                                                                                                        | Inpatient Part A |           | Part B            |                      |      |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|-------------------|----------------------|------|
|                               |                                                                                                                                                                                                                        | mm/dd/yyyy       | Amount    | mm/dd/yyyy        | Amount               |      |
|                               |                                                                                                                                                                                                                        | 1.00             | 2.00      | 3.00              | 4.00                 |      |
| 1.00                          | Total interim payments paid to provider                                                                                                                                                                                |                  |           |                   |                      | 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                          |                  | 6,134,059 |                   | 1,490                | 2.00 |
| 3.00                          | List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) |                  |           |                   |                      | 3.00 |
| Program to Provider           |                                                                                                                                                                                                                        |                  |           |                   |                      |      |
| 3.01                          | ADJUSTMENTS TO PROVIDER                                                                                                                                                                                                |                  | 0         |                   | 0                    | 3.01 |
| 3.02                          |                                                                                                                                                                                                                        |                  | 0         |                   | 0                    | 3.02 |
| 3.03                          |                                                                                                                                                                                                                        |                  | 0         |                   | 0                    | 3.03 |
| 3.04                          |                                                                                                                                                                                                                        |                  | 0         |                   | 0                    | 3.04 |
| 3.05                          |                                                                                                                                                                                                                        |                  | 0         |                   | 0                    | 3.05 |
| Provider to Program           |                                                                                                                                                                                                                        |                  |           |                   |                      |      |
| 3.50                          | ADJUSTMENTS TO PROGRAM                                                                                                                                                                                                 |                  | 0         |                   | 0                    | 3.50 |
| 3.51                          |                                                                                                                                                                                                                        |                  | 0         |                   | 0                    | 3.51 |
| 3.52                          |                                                                                                                                                                                                                        |                  | 0         |                   | 0                    | 3.52 |
| 3.53                          |                                                                                                                                                                                                                        |                  | 0         |                   | 0                    | 3.53 |
| 3.54                          |                                                                                                                                                                                                                        |                  | 0         |                   | 0                    | 3.54 |
| 3.99                          | Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)                                                                                                                                                         |                  | 0         |                   | 0                    | 3.99 |
| 4.00                          | Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)                                                                                                |                  | 6,134,059 |                   | 1,490                | 4.00 |
| TO BE COMPLETED BY CONTRACTOR |                                                                                                                                                                                                                        |                  |           |                   |                      |      |
| 5.00                          | List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)                                                                        |                  |           |                   |                      | 5.00 |
| Program to Provider           |                                                                                                                                                                                                                        |                  |           |                   |                      |      |
| 5.01                          | TENTATIVE TO PROVIDER                                                                                                                                                                                                  |                  | 0         |                   | 0                    | 5.01 |
| 5.02                          |                                                                                                                                                                                                                        |                  | 0         |                   | 0                    | 5.02 |
| 5.03                          |                                                                                                                                                                                                                        |                  | 0         |                   | 0                    | 5.03 |
| Provider to Program           |                                                                                                                                                                                                                        |                  |           |                   |                      |      |
| 5.50                          | TENTATIVE TO PROGRAM                                                                                                                                                                                                   |                  | 0         |                   | 0                    | 5.50 |
| 5.51                          |                                                                                                                                                                                                                        |                  | 0         |                   | 0                    | 5.51 |
| 5.52                          |                                                                                                                                                                                                                        |                  | 0         |                   | 0                    | 5.52 |
| 5.99                          | Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)                                                                                                                                                         |                  | 0         |                   | 0                    | 5.99 |
| 6.00                          | Determined net settlement amount (balance due) based on the cost report. (1)                                                                                                                                           |                  |           |                   |                      | 6.00 |
| 6.01                          | SETTLEMENT TO PROVIDER                                                                                                                                                                                                 |                  | 0         |                   | 0                    | 6.01 |
| 6.02                          | SETTLEMENT TO PROGRAM                                                                                                                                                                                                  |                  | 237,375   |                   | 204                  | 6.02 |
| 7.00                          | Total Medicare program liability (see instructions)                                                                                                                                                                    |                  | 5,896,684 |                   | 1,286                | 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: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet E-1  
Part II  
Date/Time Prepared:  
8/5/2020 1:45 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 |

| CALCULATION OF REIMBURSEMENT SETTLEMENT      |                                                                                                                                                                                                                                                                | Provider CCN: 14-0209<br>Component CCN: 14-S209 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet E-3<br>Part II<br>Date/Time Prepared:<br>8/5/2020 1:45 pm |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------|
|                                              |                                                                                                                                                                                                                                                                | Title XVIII                                     | Subprovider -<br>IPF                        | PPS                                                                 |
|                                              |                                                                                                                                                                                                                                                                |                                                 |                                             | 1.00                                                                |
| PART II - MEDICARE PART A SERVICES - IPF PPS |                                                                                                                                                                                                                                                                |                                                 |                                             |                                                                     |
| 1.00                                         | Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)                                                                                                                                                                          |                                                 |                                             | 1,873,245 1.00                                                      |
| 2.00                                         | Net IPF PPS Outlier Payments                                                                                                                                                                                                                                   |                                                 |                                             | 0 2.00                                                              |
| 3.00                                         | Net IPF PPS ECT Payments                                                                                                                                                                                                                                       |                                                 |                                             | 0 3.00                                                              |
| 4.00                                         | Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)                                                                                                                               |                                                 |                                             | 0.75 4.00                                                           |
| 4.01                                         | Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions) |                                                 |                                             | 0.00 4.01                                                           |
| 5.00                                         | New Teaching program adjustment. (see instructions)                                                                                                                                                                                                            |                                                 |                                             | 0.00 5.00                                                           |
| 6.00                                         | Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)                                                                                                                      |                                                 |                                             | 10.02 6.00                                                          |
| 7.00                                         | Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)                                                                                                                      |                                                 |                                             | 0.00 7.00                                                           |
| 8.00                                         | Intern and resident count for IPF PPS medical education adjustment (see instructions)                                                                                                                                                                          |                                                 |                                             | 0.75 8.00                                                           |
| 9.00                                         | Average Daily Census (see instructions)                                                                                                                                                                                                                        |                                                 |                                             | 39.136986 9.00                                                      |
| 10.00                                        | Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$ .                                                                                                                                                    |                                                 |                                             | 0.009824 10.00                                                      |
| 11.00                                        | Teaching Adjustment (line 1 multiplied by line 10).                                                                                                                                                                                                            |                                                 |                                             | 18,403 11.00                                                        |
| 12.00                                        | Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)                                                                                                                                                                                                    |                                                 |                                             | 1,891,648 12.00                                                     |
| 13.00                                        | Nursing and Allied Health Managed Care payment (see instruction)                                                                                                                                                                                               |                                                 |                                             | 0 13.00                                                             |
| 14.00                                        | Organ acquisition (DO NOT USE THIS LINE)                                                                                                                                                                                                                       |                                                 |                                             | 0 14.00                                                             |
| 15.00                                        | Cost of physicians' services in a teaching hospital (see instructions)                                                                                                                                                                                         |                                                 |                                             | 0 15.00                                                             |
| 16.00                                        | Subtotal (see instructions)                                                                                                                                                                                                                                    |                                                 |                                             | 1,891,648 16.00                                                     |
| 17.00                                        | Primary payer payments                                                                                                                                                                                                                                         |                                                 |                                             | 362 17.00                                                           |
| 18.00                                        | Subtotal (line 16 less line 17).                                                                                                                                                                                                                               |                                                 |                                             | 1,891,286 18.00                                                     |
| 19.00                                        | Deductibles                                                                                                                                                                                                                                                    |                                                 |                                             | 283,568 19.00                                                       |
| 20.00                                        | Subtotal (line 18 minus line 19)                                                                                                                                                                                                                               |                                                 |                                             | 1,607,718 20.00                                                     |
| 21.00                                        | Coinurance                                                                                                                                                                                                                                                     |                                                 |                                             | 42,284 21.00                                                        |
| 22.00                                        | Subtotal (line 20 minus line 21)                                                                                                                                                                                                                               |                                                 |                                             | 1,565,434 22.00                                                     |
| 23.00                                        | Allowable bad debts (exclude bad debts for professional services) (see instructions)                                                                                                                                                                           |                                                 |                                             | 261,599 23.00                                                       |
| 24.00                                        | Adjusted reimbursable bad debts (see instructions)                                                                                                                                                                                                             |                                                 |                                             | 170,039 24.00                                                       |
| 25.00                                        | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                                                                                                                                                         |                                                 |                                             | 234,928 25.00                                                       |
| 26.00                                        | Subtotal (sum of lines 22 and 24)                                                                                                                                                                                                                              |                                                 |                                             | 1,735,473 26.00                                                     |
| 27.00                                        | Direct graduate medical education payments (see instructions)                                                                                                                                                                                                  |                                                 |                                             | 0 27.00                                                             |
| 28.00                                        | Other pass through costs (see instructions)                                                                                                                                                                                                                    |                                                 |                                             | 39,847 28.00                                                        |
| 29.00                                        | Outlier payments reconciliation                                                                                                                                                                                                                                |                                                 |                                             | 0 29.00                                                             |
| 30.00                                        | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)                                                                                                                                                                                                                 |                                                 |                                             | 0 30.00                                                             |
| 30.50                                        | Pioneer ACO demonstration payment adjustment (see instructions)                                                                                                                                                                                                |                                                 |                                             | 0 30.50                                                             |
| 30.99                                        | Demonstration payment adjustment amount before sequestration                                                                                                                                                                                                   |                                                 |                                             | 0 30.99                                                             |
| 31.00                                        | Total amount payable to the provider (see instructions)                                                                                                                                                                                                        |                                                 |                                             | 1,775,320 31.00                                                     |
| 31.01                                        | Sequestration adjustment (see instructions)                                                                                                                                                                                                                    |                                                 |                                             | 35,506 31.01                                                        |
| 31.02                                        | Demonstration payment adjustment amount after sequestration                                                                                                                                                                                                    |                                                 |                                             | 6,328 31.02                                                         |
| 32.00                                        | Interim payments                                                                                                                                                                                                                                               |                                                 |                                             | 1,742,199 32.00                                                     |
| 33.00                                        | Tentative settlement (for contractor use only)                                                                                                                                                                                                                 |                                                 |                                             | 0 33.00                                                             |
| 34.00                                        | Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)                                                                                                                                                                                     |                                                 |                                             | -8,713 34.00                                                        |
| 35.00                                        | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2                                                                                                                                                         |                                                 |                                             | 0 35.00                                                             |
| TO BE COMPLETED BY CONTRACTOR                |                                                                                                                                                                                                                                                                |                                                 |                                             |                                                                     |
| 50.00                                        | Original outlier amount from Worksheet E-3, Part II, line 2                                                                                                                                                                                                    |                                                 |                                             | 0 50.00                                                             |
| 51.00                                        | Outlier reconciliation adjustment amount (see instructions)                                                                                                                                                                                                    |                                                 |                                             | 0 51.00                                                             |
| 52.00                                        | The rate used to calculate the Time Value of Money                                                                                                                                                                                                             |                                                 |                                             | 0.00 52.00                                                          |
| 53.00                                        | Time Value of Money (see instructions)                                                                                                                                                                                                                         |                                                 |                                             | 0 53.00                                                             |

| CALCULATION OF REIMBURSEMENT SETTLEMENT |                                                                                                                                                                                                                                                                | Provider CCN: 14-0209<br>Component CCN: 14-T209 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet E-3<br>Part III<br>Date/Time Prepared:<br>8/5/2020 1:45 pm |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------|
|                                         |                                                                                                                                                                                                                                                                | Title XVIII                                     | Subprovider -<br>IRF                        | PPS                                                                  |
|                                         |                                                                                                                                                                                                                                                                |                                                 |                                             | 1.00                                                                 |
|                                         | PART III - MEDICARE PART A SERVICES - IRF PPS                                                                                                                                                                                                                  |                                                 |                                             |                                                                      |
| 1.00                                    | Net Federal PPS Payment (see instructions)                                                                                                                                                                                                                     |                                                 |                                             | 6,016,203 1.00                                                       |
| 2.00                                    | Medicare SSI ratio (IRF PPS only) (see instructions)                                                                                                                                                                                                           |                                                 |                                             | 0.0152 2.00                                                          |
| 3.00                                    | Inpatient Rehabilitation LIP Payments (see instructions)                                                                                                                                                                                                       |                                                 |                                             | 28,878 3.00                                                          |
| 4.00                                    | Outlier Payments                                                                                                                                                                                                                                               |                                                 |                                             | 111,308 4.00                                                         |
| 5.00                                    | Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)                                                                                                                   |                                                 |                                             | 0.00 5.00                                                            |
| 5.01                                    | Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions) |                                                 |                                             | 0.00 5.01                                                            |
| 6.00                                    | New Teaching program adjustment. (see instructions)                                                                                                                                                                                                            |                                                 |                                             | 0.00 6.00                                                            |
| 7.00                                    | Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)                                                                                                                      |                                                 |                                             | 0.00 7.00                                                            |
| 8.00                                    | Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)                                                                                                                      |                                                 |                                             | 0.00 8.00                                                            |
| 9.00                                    | Intern and resident count for IRF PPS medical education adjustment (see instructions)                                                                                                                                                                          |                                                 |                                             | 0.00 9.00                                                            |
| 10.00                                   | Average Daily Census (see instructions)                                                                                                                                                                                                                        |                                                 |                                             | 14.336986 10.00                                                      |
| 11.00                                   | Teaching Adjustment Factor (see instructions)                                                                                                                                                                                                                  |                                                 |                                             | 0.000000 11.00                                                       |
| 12.00                                   | Teaching Adjustment (see instructions)                                                                                                                                                                                                                         |                                                 |                                             | 0 12.00                                                              |
| 13.00                                   | Total PPS Payment (see instructions)                                                                                                                                                                                                                           |                                                 |                                             | 6,156,389 13.00                                                      |
| 14.00                                   | Nursing and Allied Health Managed Care payments (see instruction)                                                                                                                                                                                              |                                                 |                                             | 0 14.00                                                              |
| 15.00                                   | Organ acquisition (DO NOT USE THIS LINE)                                                                                                                                                                                                                       |                                                 |                                             | 0 15.00                                                              |
| 16.00                                   | Cost of physicians' services in a teaching hospital (see instructions)                                                                                                                                                                                         |                                                 |                                             | 0 16.00                                                              |
| 17.00                                   | Subtotal (see instructions)                                                                                                                                                                                                                                    |                                                 |                                             | 6,156,389 17.00                                                      |
| 18.00                                   | Primary payer payments                                                                                                                                                                                                                                         |                                                 |                                             | 0 18.00                                                              |
| 19.00                                   | Subtotal (line 17 less line 18).                                                                                                                                                                                                                               |                                                 |                                             | 6,156,389 19.00                                                      |
| 20.00                                   | Deductibles                                                                                                                                                                                                                                                    |                                                 |                                             | 25,892 20.00                                                         |
| 21.00                                   | Subtotal (line 19 minus line 20)                                                                                                                                                                                                                               |                                                 |                                             | 6,130,497 21.00                                                      |
| 22.00                                   | Coinsurance                                                                                                                                                                                                                                                    |                                                 |                                             | 37,510 22.00                                                         |
| 23.00                                   | Subtotal (line 21 minus line 22)                                                                                                                                                                                                                               |                                                 |                                             | 6,092,987 23.00                                                      |
| 24.00                                   | Allowable bad debts (exclude bad debts for professional services) (see instructions)                                                                                                                                                                           |                                                 |                                             | 4,039 24.00                                                          |
| 25.00                                   | Adjusted reimbursable bad debts (see instructions)                                                                                                                                                                                                             |                                                 |                                             | 2,625 25.00                                                          |
| 26.00                                   | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                                                                                                                                                         |                                                 |                                             | 4,039 26.00                                                          |
| 27.00                                   | Subtotal (sum of lines 23 and 25)                                                                                                                                                                                                                              |                                                 |                                             | 6,095,612 27.00                                                      |
| 28.00                                   | Direct graduate medical education payments (from Wkst. E-4, line 49)                                                                                                                                                                                           |                                                 |                                             | 0 28.00                                                              |
| 29.00                                   | Other pass through costs (see instructions)                                                                                                                                                                                                                    |                                                 |                                             | 13,468 29.00                                                         |
| 30.00                                   | Outlier payments reconciliation                                                                                                                                                                                                                                |                                                 |                                             | 0 30.00                                                              |
| 31.00                                   | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)                                                                                                                                                                                                                 |                                                 |                                             | 0 31.00                                                              |
| 31.50                                   | Pioneer ACO demonstration payment adjustment (see instructions)                                                                                                                                                                                                |                                                 |                                             | 0 31.50                                                              |
| 31.99                                   | Demonstration payment adjustment amount before sequestration                                                                                                                                                                                                   |                                                 |                                             | 0 31.99                                                              |
| 32.00                                   | Total amount payable to the provider (see instructions)                                                                                                                                                                                                        |                                                 |                                             | 6,109,080 32.00                                                      |
| 32.01                                   | Sequestration adjustment (see instructions)                                                                                                                                                                                                                    |                                                 |                                             | 122,182 32.01                                                        |
| 32.02                                   | Demonstration payment adjustment amount after sequestration                                                                                                                                                                                                    |                                                 |                                             | 90,214 32.02                                                         |
| 33.00                                   | Interim payments                                                                                                                                                                                                                                               |                                                 |                                             | 6,134,059 33.00                                                      |
| 34.00                                   | Tentative settlement (for contractor use only)                                                                                                                                                                                                                 |                                                 |                                             | 0 34.00                                                              |
| 35.00                                   | Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)                                                                                                                                                                                    |                                                 |                                             | -237,375 35.00                                                       |
| 36.00                                   | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2                                                                                                                                                         |                                                 |                                             | 0 36.00                                                              |
| TO BE COMPLETED BY CONTRACTOR           |                                                                                                                                                                                                                                                                |                                                 |                                             |                                                                      |
| 50.00                                   | Original outlier amount from Wkst. E-3, Pt. III, line 4                                                                                                                                                                                                        |                                                 |                                             | 111,308 50.00                                                        |
| 51.00                                   | Outlier reconciliation adjustment amount (see instructions)                                                                                                                                                                                                    |                                                 |                                             | 0 51.00                                                              |
| 52.00                                   | The rate used to calculate the Time Value of Money                                                                                                                                                                                                             |                                                 |                                             | 0.00 52.00                                                           |
| 53.00                                   | Time Value of Money (see instructions)                                                                                                                                                                                                                         |                                                 |                                             | 0 53.00                                                              |

| DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS |                                                                                                                                                                    | Provider CCN: 14-0209 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet E-4<br>Date/Time Prepared:<br>8/5/2020 1:45 pm |       |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|----------------------------------------------------------|-------|
|                                                                                          |                                                                                                                                                                    | Title XVIII           | Hospital                                    | PPS                                                      |       |
|                                                                                          |                                                                                                                                                                    |                       |                                             | 1.00                                                     |       |
| <b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>                                            |                                                                                                                                                                    |                       |                                             |                                                          |       |
| 1.00                                                                                     | Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.                            |                       |                                             | 27.33                                                    | 1.00  |
| 2.00                                                                                     | Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)                                                                     |                       |                                             | 0.00                                                     | 2.00  |
| 3.00                                                                                     | Amount of reduction to Direct GME cap under section 422 of MMA                                                                                                     |                       |                                             | 0.00                                                     | 3.00  |
| 3.01                                                                                     | Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)           |                       |                                             | 0.00                                                     | 3.01  |
| 4.00                                                                                     | Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f)) |                       |                                             | 0.00                                                     | 4.00  |
| 4.01                                                                                     | ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)                                              |                       |                                             | 0.00                                                     | 4.01  |
| 4.02                                                                                     | ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)                                   |                       |                                             | 0.00                                                     | 4.02  |
| 5.00                                                                                     | FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)                               |                       |                                             | 27.33                                                    | 5.00  |
| 6.00                                                                                     | Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)                                    |                       |                                             | 39.12                                                    | 6.00  |
| 7.00                                                                                     | Enter the lesser of line 5 or line 6                                                                                                                               |                       |                                             | 27.33                                                    | 7.00  |
|                                                                                          |                                                                                                                                                                    | Primary Care          | Other                                       | Total                                                    |       |
|                                                                                          |                                                                                                                                                                    | 1.00                  | 2.00                                        | 3.00                                                     |       |
| 8.00                                                                                     | Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.                                                                   | 28.10                 | 10.97                                       | 39.07                                                    | 8.00  |
| 9.00                                                                                     | If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.                       | 19.63                 | 7.66                                        | 27.29                                                    | 9.00  |
| 10.00                                                                                    | Weighted dental and podiatric resident FTE count for the current year                                                                                              |                       | 0.00                                        |                                                          | 10.00 |
| 10.01                                                                                    | Unweighted dental and podiatric resident FTE count for the current year                                                                                            |                       | 0.00                                        |                                                          | 10.01 |
| 11.00                                                                                    | Total weighted FTE count                                                                                                                                           | 19.63                 | 7.66                                        |                                                          | 11.00 |
| 12.00                                                                                    | Total weighted resident FTE count for the prior cost reporting year (see instructions)                                                                             | 19.10                 | 8.23                                        |                                                          | 12.00 |
| 13.00                                                                                    | Total weighted resident FTE count for the penultimate cost reporting year (see instructions)                                                                       | 20.44                 | 6.89                                        |                                                          | 13.00 |
| 14.00                                                                                    | Rolling average FTE count (sum of lines 11 through 13 divided by 3).                                                                                               | 19.72                 | 7.59                                        |                                                          | 14.00 |
| 15.00                                                                                    | Adjustment for residents in initial years of new programs                                                                                                          | 0.00                  | 0.00                                        |                                                          | 15.00 |
| 15.01                                                                                    | Unweighted adjustment for residents in initial years of new programs                                                                                               | 0.00                  | 0.00                                        |                                                          | 15.01 |
| 16.00                                                                                    | Adjustment for residents displaced by program or hospital closure                                                                                                  | 0.00                  | 0.00                                        |                                                          | 16.00 |
| 16.01                                                                                    | Unweighted adjustment for residents displaced by program or hospital closure                                                                                       | 0.00                  | 0.00                                        |                                                          | 16.01 |
| 17.00                                                                                    | Adjusted rolling average FTE count                                                                                                                                 | 19.72                 | 7.59                                        |                                                          | 17.00 |
| 18.00                                                                                    | Per resident amount                                                                                                                                                | 133,542.62            | 126,453.08                                  |                                                          | 18.00 |
| 19.00                                                                                    | Approved amount for resident costs                                                                                                                                 | 2,633,460             | 959,779                                     | 3,593,239                                                | 19.00 |
|                                                                                          |                                                                                                                                                                    |                       |                                             | 1.00                                                     |       |
| 20.00                                                                                    | Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c )(4)                                            |                       |                                             | 5.66                                                     | 20.00 |
| 21.00                                                                                    | Direct GME FTE unweighted resident count over cap (see instructions)                                                                                               |                       |                                             | 11.79                                                    | 21.00 |
| 22.00                                                                                    | Allowable additional direct GME FTE Resident Count (see instructions)                                                                                              |                       |                                             | 5.65                                                     | 22.00 |
| 23.00                                                                                    | Enter the locality adjustment national average per resident amount (see instructions)                                                                              |                       |                                             | 103,534.34                                               | 23.00 |
| 24.00                                                                                    | Multiply line 22 time line 23                                                                                                                                      |                       |                                             | 584,969                                                  | 24.00 |
| 25.00                                                                                    | Total direct GME amount (sum of lines 19 and 24)                                                                                                                   |                       |                                             | 4,178,208                                                | 25.00 |
|                                                                                          |                                                                                                                                                                    | Inpatient Part        | Managed Care                                | Total                                                    |       |
|                                                                                          |                                                                                                                                                                    | A                     |                                             |                                                          |       |
|                                                                                          |                                                                                                                                                                    | 1.00                  | 2.00                                        | 3.00                                                     |       |
| <b>COMPUTATION OF PROGRAM PATIENT LOAD</b>                                               |                                                                                                                                                                    |                       |                                             |                                                          |       |
| 26.00                                                                                    | Inpatient Days (see instructions)                                                                                                                                  | 25,376                | 8,667                                       |                                                          | 26.00 |
| 27.00                                                                                    | Total Inpatient Days (see instructions)                                                                                                                            | 70,735                | 70,735                                      |                                                          | 27.00 |
| 28.00                                                                                    | Ratio of inpatient days to total inpatient days                                                                                                                    | 0.358747              | 0.122528                                    |                                                          | 28.00 |
| 29.00                                                                                    | Program direct GME amount                                                                                                                                          | 1,498,920             | 511,947                                     | 2,010,867                                                | 29.00 |
| 29.01                                                                                    | Percent reduction for MA DGME                                                                                                                                      |                       | 7.00                                        |                                                          | 29.01 |
| 30.00                                                                                    | Reduction for direct GME payments for Medicare Advantage                                                                                                           |                       | 35,836                                      | 35,836                                                   | 30.00 |
| 31.00                                                                                    | Net Program direct GME amount                                                                                                                                      |                       |                                             | 1,975,031                                                | 31.00 |

| DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS |                                                                                                                            | Provider CCN: 14-0209 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet E-4<br>Date/Time Prepared:<br>8/5/2020 1:45 pm |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|----------------------------------------------------------|
|                                                                                          |                                                                                                                            | Title XVIII           | Hospital                                    | PPS                                                      |
|                                                                                          |                                                                                                                            |                       | 1.00                                        |                                                          |
|                                                                                          | DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS) |                       |                                             |                                                          |
| 32.00                                                                                    | Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)                |                       | 0                                           | 32.00                                                    |
| 33.00                                                                                    | Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)                            |                       | 3,213,271                                   | 33.00                                                    |
| 34.00                                                                                    | Ratio of direct medical education costs to total charges (line 32 ÷ line 33)                                               |                       | 0.000000                                    | 34.00                                                    |
| 35.00                                                                                    | Medicare outpatient ESRD charges (see instructions)                                                                        |                       | 0                                           | 35.00                                                    |
| 36.00                                                                                    | Medicare outpatient ESRD direct medical education costs (line 34 x line 35)                                                |                       | 0                                           | 36.00                                                    |
| APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY                       |                                                                                                                            |                       |                                             |                                                          |
| Part A Reasonable Cost                                                                   |                                                                                                                            |                       |                                             |                                                          |
| 37.00                                                                                    | Reasonable cost (see instructions)                                                                                         |                       | 58,697,208                                  | 37.00                                                    |
| 38.00                                                                                    | Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)                                                              |                       | 0                                           | 38.00                                                    |
| 39.00                                                                                    | Cost of physicians' services in a teaching hospital (see instructions)                                                     |                       | 0                                           | 39.00                                                    |
| 40.00                                                                                    | Primary payer payments (see instructions)                                                                                  |                       | 39,421                                      | 40.00                                                    |
| 41.00                                                                                    | Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)                                                    |                       | 58,657,787                                  | 41.00                                                    |
| Part B Reasonable Cost                                                                   |                                                                                                                            |                       |                                             |                                                          |
| 42.00                                                                                    | Reasonable cost (see instructions)                                                                                         |                       | 28,712,106                                  | 42.00                                                    |
| 43.00                                                                                    | Primary payer payments (see instructions)                                                                                  |                       | 8,192                                       | 43.00                                                    |
| 44.00                                                                                    | Total Part B reasonable cost (line 42 minus line 43)                                                                       |                       | 28,703,914                                  | 44.00                                                    |
| 45.00                                                                                    | Total reasonable cost (sum of lines 41 and 44)                                                                             |                       | 87,361,701                                  | 45.00                                                    |
| 46.00                                                                                    | Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)                                               |                       | 0.671436                                    | 46.00                                                    |
| 47.00                                                                                    | Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)                                               |                       | 0.328564                                    | 47.00                                                    |
| ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B                        |                                                                                                                            |                       |                                             |                                                          |
| 48.00                                                                                    | Total program GME payment (line 31)                                                                                        |                       | 1,975,031                                   | 48.00                                                    |
| 49.00                                                                                    | Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)                                           |                       | 1,326,107                                   | 49.00                                                    |
| 50.00                                                                                    | Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)                                           |                       | 648,924                                     | 50.00                                                    |

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

Provider CCN: 14-0209

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

Worksheet G

Date/Time Prepared:  
8/5/2020 1:45 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                                                          | 0            | 0                     | 0              | 0          | 1.00  |
| 2.00                         | Temporary investments                                                          | 0            | 0                     | 0              | 0          | 2.00  |
| 3.00                         | Notes receivable                                                               | 0            | 0                     | 0              | 0          | 3.00  |
| 4.00                         | Accounts receivable                                                            | 0            | 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                                                           | 0            | 0                     | 0              | 0          | 9.00  |
| 10.00                        | Due from other funds                                                           | 0            | 0                     | 0              | 0          | 10.00 |
| 11.00                        | Total current assets (sum of lines 1-10)                                       | 0            | 0                     | 0              | 0          | 11.00 |
| <b>FIXED ASSETS</b>          |                                                                                |              |                       |                |            |       |
| 12.00                        | Land                                                                           | 0            | 0                     | 0              | 0          | 12.00 |
| 13.00                        | Land improvements                                                              | 0            | 0                     | 0              | 0          | 13.00 |
| 14.00                        | Accumulated depreciation                                                       | 0            | 0                     | 0              | 0          | 14.00 |
| 15.00                        | Buildings                                                                      | 0            | 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                                                        | 0            | 0                     | 0              | 0          | 23.00 |
| 24.00                        | Accumulated depreciation                                                       | 0            | 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)                                        | 0            | 0                     | 0              | 0          | 30.00 |
| <b>OTHER ASSETS</b>          |                                                                                |              |                       |                |            |       |
| 31.00                        | Investments                                                                    | 0            | 0                     | 0              | 0          | 31.00 |
| 32.00                        | Deposits on leases                                                             | 0            | 0                     | 0              | 0          | 32.00 |
| 33.00                        | Due from owners/officers                                                       | 0            | 0                     | 0              | 0          | 33.00 |
| 34.00                        | Other assets                                                                   | 0            | 0                     | 0              | 0          | 34.00 |
| 35.00                        | Total other assets (sum of lines 31-34)                                        | 0            | 0                     | 0              | 0          | 35.00 |
| 36.00                        | Total assets (sum of lines 11, 30, and 35)                                     | 0            | 0                     | 0              | 0          | 36.00 |
| <b>CURRENT LIABILITIES</b>   |                                                                                |              |                       |                |            |       |
| 37.00                        | Accounts payable                                                               | 0            | 0                     | 0              | 0          | 37.00 |
| 38.00                        | Salaries, wages, and fees payable                                              | 0            | 0                     | 0              | 0          | 38.00 |
| 39.00                        | Payroll taxes payable                                                          | 0            | 0                     | 0              | 0          | 39.00 |
| 40.00                        | Notes and loans payable (short term)                                           | 0            | 0                     | 0              | 0          | 40.00 |
| 41.00                        | Deferred income                                                                | 0            | 0                     | 0              | 0          | 41.00 |
| 42.00                        | Accelerated payments                                                           | 0            | 0                     | 0              | 0          | 42.00 |
| 43.00                        | Due to other funds                                                             | 0            | 0                     | 0              | 0          | 43.00 |
| 44.00                        | Other current liabilities                                                      | 0            | 0                     | 0              | 0          | 44.00 |
| 45.00                        | Total current liabilities (sum of lines 37 thru 44)                            | 0            | 0                     | 0              | 0          | 45.00 |
| <b>LONG TERM LIABILITIES</b> |                                                                                |              |                       |                |            |       |
| 46.00                        | Mortgage payable                                                               | 0            | 0                     | 0              | 0          | 46.00 |
| 47.00                        | Notes payable                                                                  | 0            | 0                     | 0              | 0          | 47.00 |
| 48.00                        | Unsecured loans                                                                | 0            | 0                     | 0              | 0          | 48.00 |
| 49.00                        | Other long term liabilities                                                    | 0            | 0                     | 0              | 0          | 49.00 |
| 50.00                        | Total long term liabilities (sum of lines 46 thru 49)                          | 0            | 0                     | 0              | 0          | 50.00 |
| 51.00                        | Total liabilities (sum of lines 45 and 50)                                     | 0            | 0                     | 0              | 0          | 51.00 |
| <b>CAPITAL ACCOUNTS</b>      |                                                                                |              |                       |                |            |       |
| 52.00                        | General fund balance                                                           | 0            |                       |                |            | 52.00 |
| 53.00                        | Specific purpose fund                                                          |              | 0                     |                |            | 53.00 |
| 54.00                        | Donor created - endowment fund balance - restricted                            |              |                       | 0              |            | 54.00 |
| 55.00                        | Donor created - endowment fund balance - unrestricted                          |              |                       | 0              |            | 55.00 |
| 56.00                        | Governing body created - endowment fund balance                                |              |                       | 0              |            | 56.00 |
| 57.00                        | Plant fund balance - invested in plant                                         |              |                       |                | 0          | 57.00 |
| 58.00                        | Plant fund balance - reserve for plant improvement, replacement, and expansion |              |                       |                | 0          | 58.00 |
| 59.00                        | Total fund balances (sum of lines 52 thru 58)                                  | 0            | 0                     | 0              | 0          | 59.00 |
| 60.00                        | Total liabilities and fund balances (sum of lines 51 and 59)                   | 0            | 0                     | 0              | 0          | 60.00 |

## STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0209

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

Worksheet G-1

Date/Time Prepared:  
8/5/2020 1:45 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                                    |                | 0            |                      | 0    |                | 1.00  |
| 2.00  | Net income (loss) (from Wkst. G-3, line 29)                             |                | -334,683,251 |                      |      |                | 2.00  |
| 3.00  | Total (sum of line 1 and line 2)                                        |                | -334,683,251 |                      | 0    |                | 3.00  |
| 4.00  | Additions (credit adjustments) (specify)                                | 0              |              | 0                    |      | 0              | 4.00  |
| 5.00  |                                                                         | 0              |              | 0                    |      | 0              | 5.00  |
| 6.00  |                                                                         | 0              |              | 0                    |      | 0              | 6.00  |
| 7.00  |                                                                         | 0              |              | 0                    |      | 0              | 7.00  |
| 8.00  |                                                                         | 0              |              | 0                    |      | 0              | 8.00  |
| 9.00  |                                                                         | 0              |              | 0                    |      | 0              | 9.00  |
| 10.00 | Total additions (sum of line 4-9)                                       |                | 0            |                      | 0    |                | 10.00 |
| 11.00 | Subtotal (line 3 plus line 10)                                          |                | -334,683,251 |                      | 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) |                | -334,683,251 |                      | 0    |                | 19.00 |
|       |                                                                         | Endowment Fund | Plant Fund   |                      |      |                |       |
|       |                                                                         | 6.00           | 7.00         | 8.00                 |      |                |       |
| 1.00  | Fund balances at beginning of period                                    | 0              |              | 0                    |      |                | 1.00  |
| 2.00  | Net income (loss) (from Wkst. G-3, line 29)                             |                |              |                      |      |                | 2.00  |
| 3.00  | Total (sum of line 1 and line 2)                                        | 0              |              | 0                    |      |                | 3.00  |
| 4.00  | Additions (credit adjustments) (specify)                                |                | 0            |                      |      |                | 4.00  |
| 5.00  |                                                                         |                | 0            |                      |      |                | 5.00  |
| 6.00  |                                                                         |                | 0            |                      |      |                | 6.00  |
| 7.00  |                                                                         |                | 0            |                      |      |                | 7.00  |
| 8.00  |                                                                         |                | 0            |                      |      |                | 8.00  |
| 9.00  |                                                                         |                | 0            |                      |      |                | 9.00  |
| 10.00 | Total additions (sum of line 4-9)                                       | 0              |              | 0                    |      |                | 10.00 |
| 11.00 | Subtotal (line 3 plus line 10)                                          | 0              |              | 0                    |      |                | 11.00 |
| 12.00 | 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: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
8/5/2020 1:45 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                                                                                       | 0         |             | 0     | 1.00  |
| 2.00                                                   | SUBPROVIDER - IPF                                                                              | 0         |             | 0     | 2.00  |
| 3.00                                                   | SUBPROVIDER - IRF                                                                              | 0         |             | 0     | 3.00  |
| 4.00                                                   | SUBPROVIDER                                                                                    |           |             |       | 4.00  |
| 5.00                                                   | Swing bed - SNF                                                                                | 0         |             | 0     | 5.00  |
| 6.00                                                   | Swing bed - NF                                                                                 | 0         |             | 0     | 6.00  |
| 7.00                                                   | SKILLED NURSING FACILITY                                                                       |           |             |       | 7.00  |
| 8.00                                                   | NURSING FACILITY                                                                               |           |             |       | 8.00  |
| 9.00                                                   | OTHER LONG TERM CARE                                                                           |           |             |       | 9.00  |
| 10.00                                                  | Total general inpatient care services (sum of lines 1-9)                                       | 0         |             | 0     | 10.00 |
| <b>Intensive Care Type Inpatient Hospital Services</b> |                                                                                                |           |             |       |       |
| 11.00                                                  | INTENSIVE CARE UNIT                                                                            | 0         |             | 0     | 11.00 |
| 12.00                                                  | CORONARY CARE UNIT                                                                             |           |             |       | 12.00 |
| 13.00                                                  | BURN INTENSIVE CARE UNIT                                                                       |           |             |       | 13.00 |
| 14.00                                                  | SURGICAL INTENSIVE CARE UNIT                                                                   | 0         |             | 0     | 14.00 |
| 15.00                                                  | OTHER SPECIAL CARE (SPECIFY)                                                                   |           |             |       | 15.00 |
| 16.00                                                  | Total intensive care type inpatient hospital services (sum of lines 11-15)                     | 0         |             | 0     | 16.00 |
| 17.00                                                  | Total inpatient routine care services (sum of lines 10 and 16)                                 | 0         |             | 0     | 17.00 |
| 18.00                                                  | Ancillary services                                                                             | 0         | 0           | 0     | 18.00 |
| 19.00                                                  | Outpatient services                                                                            | 0         | 0           | 0     | 19.00 |
| 20.00                                                  | RURAL HEALTH CLINIC                                                                            | 0         | 0           | 0     | 20.00 |
| 21.00                                                  | FEDERALLY QUALIFIED HEALTH CENTER                                                              | 0         | 0           | 0     | 21.00 |
| 22.00                                                  | HOME HEALTH AGENCY                                                                             |           | 0           | 0     | 22.00 |
| 23.00                                                  | AMBULANCE SERVICES                                                                             | 0         | 0           | 0     | 23.00 |
| 24.00                                                  | CMHC                                                                                           |           |             |       | 24.00 |
| 25.00                                                  | AMBULATORY SURGICAL CENTER (D.P.)                                                              |           |             |       | 25.00 |
| 26.00                                                  | HOSPICE                                                                                        | 0         | 0           | 0     | 26.00 |
| 27.00                                                  | OTHER (SPECIFY)                                                                                | 0         | 0           | 0     | 27.00 |
| 28.00                                                  | Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)            | 0         | 0           | 0     | 28.00 |
| <b>PART II - OPERATING EXPENSES</b>                    |                                                                                                |           |             |       |       |
| 29.00                                                  | Operating expenses (per Wkst. A, column 3, line 200)                                           |           | 334,683,251 |       | 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) |           | 334,683,251 |       | 43.00 |

## STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0209

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

Worksheet G-3

Date/Time Prepared:  
8/5/2020 1:45 pm

|              |                                                                           | 1.00         |       |
|--------------|---------------------------------------------------------------------------|--------------|-------|
| 1.00         | Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)        | 0            | 1.00  |
| 2.00         | Less contractual allowances and discounts on patients' accounts           | 0            | 2.00  |
| 3.00         | Net patient revenues (line 1 minus line 2)                                | 0            | 3.00  |
| 4.00         | Less total operating expenses (from Wkst. G-2, Part II, line 43)          | 334,683,251  | 4.00  |
| 5.00         | Net income from service to patients (line 3 minus line 4)                 | -334,683,251 | 5.00  |
| OTHER INCOME |                                                                           |              |       |
| 6.00         | Contributions, donations, bequests, etc                                   | 0            | 6.00  |
| 7.00         | Income from investments                                                   | 0            | 7.00  |
| 8.00         | Revenues from telephone and other miscellaneous communication services    | 0            | 8.00  |
| 9.00         | Revenue from television and radio service                                 | 0            | 9.00  |
| 10.00        | Purchase discounts                                                        | 0            | 10.00 |
| 11.00        | Rebates and refunds of expenses                                           | 0            | 11.00 |
| 12.00        | Parking lot receipts                                                      | 0            | 12.00 |
| 13.00        | Revenue from laundry and linen service                                    | 0            | 13.00 |
| 14.00        | Revenue from meals sold to employees and guests                           | 0            | 14.00 |
| 15.00        | Revenue from rental of living quarters                                    | 0            | 15.00 |
| 16.00        | Revenue from sale of medical and surgical supplies to other than patients | 0            | 16.00 |
| 17.00        | Revenue from sale of drugs to other than patients                         | 0            | 17.00 |
| 18.00        | Revenue from sale of medical records and abstracts                        | 0            | 18.00 |
| 19.00        | Tuition (fees, sale of textbooks, uniforms, etc.)                         | 0            | 19.00 |
| 20.00        | Revenue from gifts, flowers, coffee shops, and canteen                    | 0            | 20.00 |
| 21.00        | Rental of vending machines                                                | 0            | 21.00 |
| 22.00        | Rental of hospital space                                                  | 0            | 22.00 |
| 23.00        | Governmental appropriations                                               | 0            | 23.00 |
| 24.00        | OTHER (SPECIFY)                                                           | 0            | 24.00 |
| 25.00        | Total other income (sum of lines 6-24)                                    | 0            | 25.00 |
| 26.00        | Total (line 5 plus line 25)                                               | -334,683,251 | 26.00 |
| 27.00        | OTHER EXPENSES (SPECIFY)                                                  | 0            | 27.00 |
| 28.00        | Total other expenses (sum of line 27 and subscripts)                      | 0            | 28.00 |
| 29.00        | Net income (or loss) for the period (line 26 minus line 28)               | -334,683,251 | 29.00 |

## ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0209

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

Worksheet H

HHA CCN: 14-7259

Date/Time Prepared: 8/5/2020 1:45 pm

Home Health Agency I

PPS

|                                          | Salaries         | Employee Benefits                           | Transportation (see instructions) | Contracted/Purchased Services                 | Other Costs | Total (sum of cols. 1 thru 5) |       |
|------------------------------------------|------------------|---------------------------------------------|-----------------------------------|-----------------------------------------------|-------------|-------------------------------|-------|
|                                          | 1.00             | 2.00                                        | 3.00                              | 4.00                                          | 5.00        | 6.00                          |       |
| <b>GENERAL SERVICE COST CENTERS</b>      |                  |                                             |                                   |                                               |             |                               |       |
| 1.00 Capital Related - Bldg. & Fixtures  |                  |                                             | 0                                 |                                               | 0           | 0                             | 1.00  |
| 2.00 Capital Related - Movable Equipment |                  |                                             | 0                                 |                                               | 0           | 0                             | 2.00  |
| 3.00 Plant Operation & Maintenance       | 0                | 0                                           | 0                                 | 0                                             | 0           | 0                             | 3.00  |
| 4.00 Transportation                      | 0                | 0                                           | 0                                 | 0                                             | 0           | 0                             | 4.00  |
| 5.00 Administrative and General          | 2,115,203        | 502,691                                     | 1,162                             | 161,257                                       | 214,421     | 2,994,734                     | 5.00  |
| <b>HHA REIMBURSABLE SERVICES</b>         |                  |                                             |                                   |                                               |             |                               |       |
| 6.00 Skilled Nursing Care                | 2,289,075        | 510,532                                     | 0                                 | 3,154                                         | 173,125     | 2,975,886                     | 6.00  |
| 7.00 Physical Therapy                    | 0                | 0                                           | 0                                 | 1,983,772                                     | 163         | 1,983,935                     | 7.00  |
| 8.00 Occupational Therapy                | 0                | 0                                           | 0                                 | 386,744                                       | 0           | 386,744                       | 8.00  |
| 9.00 Speech Pathology                    | 0                | 0                                           | 0                                 | 73,824                                        | 0           | 73,824                        | 9.00  |
| 10.00 Medical Social Services            | 66,133           | 14,713                                      | 0                                 | 0                                             | 2,752       | 83,598                        | 10.00 |
| 11.00 Home Health Aide                   | 146,024          | 48,013                                      | 0                                 | 0                                             | 44,083      | 238,120                       | 11.00 |
| 12.00 Supplies (see instructions)        | 0                | 0                                           | 0                                 | 0                                             | 226,799     | 226,799                       | 12.00 |
| 13.00 Drugs                              | 0                | 0                                           | 0                                 | 0                                             | 555         | 555                           | 13.00 |
| 14.00 DME                                | 0                | 0                                           | 0                                 | 0                                             | 0           | 0                             | 14.00 |
| <b>HHA NONREIMBURSABLE SERVICES</b>      |                  |                                             |                                   |                                               |             |                               |       |
| 15.00 Home Dialysis Aide Services        | 0                | 0                                           | 0                                 | 0                                             | 0           | 0                             | 15.00 |
| 16.00 Respiratory Therapy                | 0                | 0                                           | 0                                 | 0                                             | 0           | 0                             | 16.00 |
| 17.00 Private Duty Nursing               | 479              | 126                                         | 0                                 | 0                                             | 0           | 605                           | 17.00 |
| 18.00 Clinic                             | 0                | 0                                           | 0                                 | 0                                             | 0           | 0                             | 18.00 |
| 19.00 Health Promotion Activities        | 0                | 0                                           | 0                                 | 0                                             | 0           | 0                             | 19.00 |
| 20.00 Day Care Program                   | 0                | 0                                           | 0                                 | 0                                             | 0           | 0                             | 20.00 |
| 21.00 Home Delivered Meals Program       | 0                | 0                                           | 0                                 | 0                                             | 0           | 0                             | 21.00 |
| 22.00 Homemaker Service                  | 0                | 0                                           | 0                                 | 0                                             | 0           | 0                             | 22.00 |
| 23.00 All Others (specify)               | 0                | 0                                           | 0                                 | 0                                             | 0           | 0                             | 23.00 |
| 23.50 Telemedicine                       | 0                | 0                                           | 0                                 | 0                                             | 0           | 0                             | 23.50 |
| 24.00 Total (sum of lines 1-23)          | 4,616,914        | 1,076,075                                   | 1,162                             | 2,608,751                                     | 661,898     | 8,964,800                     | 24.00 |
|                                          | Reclassification | Reclassified Trial Balance (col. 6 + col.7) | Adjustments                       | Net Expenses for Allocation (col. 8 + col. 9) |             |                               |       |
|                                          | 7.00             | 8.00                                        | 9.00                              | 10.00                                         |             |                               |       |
| <b>GENERAL SERVICE COST CENTERS</b>      |                  |                                             |                                   |                                               |             |                               |       |
| 1.00 Capital Related - Bldg. & Fixtures  | 0                | 0                                           | 0                                 | 0                                             |             |                               | 1.00  |
| 2.00 Capital Related - Movable Equipment | 0                | 0                                           | 0                                 | 0                                             |             |                               | 2.00  |
| 3.00 Plant Operation & Maintenance       | 0                | 0                                           | 0                                 | 0                                             |             |                               | 3.00  |
| 4.00 Transportation                      | 0                | 0                                           | 0                                 | 0                                             |             |                               | 4.00  |
| 5.00 Administrative and General          | -108,659         | 2,886,075                                   | -182,915                          | 2,703,160                                     |             |                               | 5.00  |
| <b>HHA REIMBURSABLE SERVICES</b>         |                  |                                             |                                   |                                               |             |                               |       |
| 6.00 Skilled Nursing Care                | 0                | 2,975,886                                   | 0                                 | 2,975,886                                     |             |                               | 6.00  |
| 7.00 Physical Therapy                    | 0                | 1,983,935                                   | 0                                 | 1,983,935                                     |             |                               | 7.00  |
| 8.00 Occupational Therapy                | 0                | 386,744                                     | 0                                 | 386,744                                       |             |                               | 8.00  |
| 9.00 Speech Pathology                    | 0                | 73,824                                      | 0                                 | 73,824                                        |             |                               | 9.00  |
| 10.00 Medical Social Services            | 0                | 83,598                                      | 0                                 | 83,598                                        |             |                               | 10.00 |
| 11.00 Home Health Aide                   | 0                | 238,120                                     | 0                                 | 238,120                                       |             |                               | 11.00 |
| 12.00 Supplies (see instructions)        | 0                | 226,799                                     | 0                                 | 226,799                                       |             |                               | 12.00 |
| 13.00 Drugs                              | 0                | 555                                         | 0                                 | 555                                           |             |                               | 13.00 |
| 14.00 DME                                | 0                | 0                                           | 0                                 | 0                                             |             |                               | 14.00 |
| <b>HHA NONREIMBURSABLE SERVICES</b>      |                  |                                             |                                   |                                               |             |                               |       |
| 15.00 Home Dialysis Aide Services        | 0                | 0                                           | 0                                 | 0                                             |             |                               | 15.00 |
| 16.00 Respiratory Therapy                | 0                | 0                                           | 0                                 | 0                                             |             |                               | 16.00 |
| 17.00 Private Duty Nursing               | 0                | 605                                         | 0                                 | 605                                           |             |                               | 17.00 |
| 18.00 Clinic                             | 0                | 0                                           | 0                                 | 0                                             |             |                               | 18.00 |
| 19.00 Health Promotion Activities        | 0                | 0                                           | 0                                 | 0                                             |             |                               | 19.00 |
| 20.00 Day Care Program                   | 0                | 0                                           | 0                                 | 0                                             |             |                               | 20.00 |
| 21.00 Home Delivered Meals Program       | 0                | 0                                           | 0                                 | 0                                             |             |                               | 21.00 |
| 22.00 Homemaker Service                  | 0                | 0                                           | 0                                 | 0                                             |             |                               | 22.00 |
| 23.00 All Others (specify)               | 0                | 0                                           | 0                                 | 0                                             |             |                               | 23.00 |
| 23.50 Telemedicine                       | 0                | 0                                           | 0                                 | 0                                             |             |                               | 23.50 |
| 24.00 Total (sum of lines 1-23)          | -108,659         | 8,856,141                                   | -182,915                          | 8,673,226                                     |             |                               | 24.00 |

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

## COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 14-0209

Period:

Worksheet H-1

HHA CCN: 14-7259

From 01/01/2019  
To 12/31/2019Part I  
Date/Time Prepared:  
8/5/2020 1:45 pmHome Health  
Agency I

PPS

|       |                                     | Net Expenses<br>for Cost<br>Allocation<br>(from Wkst. H,<br>col. 10) | Capital Related Costs |                      | Plant<br>Operation &<br>Maintenance | Transportation | Subtotal<br>(cols. 0-4) |       |  |
|-------|-------------------------------------|----------------------------------------------------------------------|-----------------------|----------------------|-------------------------------------|----------------|-------------------------|-------|--|
|       |                                     |                                                                      | Bldgs &<br>Fixtures   | Movable<br>Equipment |                                     |                |                         |       |  |
|       |                                     |                                                                      |                       |                      |                                     |                |                         |       |  |
|       |                                     |                                                                      |                       |                      |                                     |                |                         |       |  |
|       |                                     | 0                                                                    | 1.00                  | 2.00                 | 3.00                                | 4.00           | 4A.00                   |       |  |
|       | GENERAL SERVICE COST CENTERS        |                                                                      |                       |                      |                                     |                |                         |       |  |
| 1.00  | Capital Related - Bldg. & Fixtures  | 0                                                                    | 0                     |                      |                                     |                | 0                       | 1.00  |  |
| 2.00  | Capital Related - Movable Equipment | 0                                                                    |                       | 0                    |                                     |                | 0                       | 2.00  |  |
| 3.00  | Plant Operation & Maintenance       | 0                                                                    | 0                     | 0                    | 0                                   |                | 0                       | 3.00  |  |
| 4.00  | Transportation                      | 0                                                                    | 0                     | 0                    | 0                                   | 0              |                         | 4.00  |  |
| 5.00  | Administrative and General          | 2,703,160                                                            | 0                     | 0                    | 0                                   | 0              | 2,703,160               | 5.00  |  |
|       | HHA REIMBURSABLE SERVICES           |                                                                      |                       |                      |                                     |                |                         |       |  |
| 6.00  | Skilled Nursing Care                | 2,975,886                                                            | 0                     | 0                    | 0                                   | 0              | 2,975,886               | 6.00  |  |
| 7.00  | Physical Therapy                    | 1,983,935                                                            | 0                     | 0                    | 0                                   | 0              | 1,983,935               | 7.00  |  |
| 8.00  | Occupational Therapy                | 386,744                                                              | 0                     | 0                    | 0                                   | 0              | 386,744                 | 8.00  |  |
| 9.00  | Speech Pathology                    | 73,824                                                               | 0                     | 0                    | 0                                   | 0              | 73,824                  | 9.00  |  |
| 10.00 | Medical Social Services             | 83,598                                                               | 0                     | 0                    | 0                                   | 0              | 83,598                  | 10.00 |  |
| 11.00 | Home Health Aide                    | 238,120                                                              | 0                     | 0                    | 0                                   | 0              | 238,120                 | 11.00 |  |
| 12.00 | Supplies (see instructions)         | 226,799                                                              | 0                     | 0                    | 0                                   | 0              | 226,799                 | 12.00 |  |
| 13.00 | Drugs                               | 555                                                                  | 0                     | 0                    | 0                                   | 0              | 555                     | 13.00 |  |
| 14.00 | DME                                 | 0                                                                    | 0                     | 0                    | 0                                   | 0              | 0                       | 14.00 |  |
|       | HHA NONREIMBURSABLE SERVICES        |                                                                      |                       |                      |                                     |                |                         |       |  |
| 15.00 | Home Dialysis Aide Services         | 0                                                                    | 0                     | 0                    | 0                                   | 0              | 0                       | 15.00 |  |
| 16.00 | Respiratory Therapy                 | 0                                                                    | 0                     | 0                    | 0                                   | 0              | 0                       | 16.00 |  |
| 17.00 | Private Duty Nursing                | 605                                                                  | 0                     | 0                    | 0                                   | 0              | 605                     | 17.00 |  |
| 18.00 | Clinic                              | 0                                                                    | 0                     | 0                    | 0                                   | 0              | 0                       | 18.00 |  |
| 19.00 | Health Promotion Activities         | 0                                                                    | 0                     | 0                    | 0                                   | 0              | 0                       | 19.00 |  |
| 20.00 | Day Care Program                    | 0                                                                    | 0                     | 0                    | 0                                   | 0              | 0                       | 20.00 |  |
| 21.00 | Home Delivered Meals Program        | 0                                                                    | 0                     | 0                    | 0                                   | 0              | 0                       | 21.00 |  |
| 22.00 | Homemaker Service                   | 0                                                                    | 0                     | 0                    | 0                                   | 0              | 0                       | 22.00 |  |
| 23.00 | All Others (specify)                | 0                                                                    | 0                     | 0                    | 0                                   | 0              | 0                       | 23.00 |  |
| 23.50 | Telemedicine                        | 0                                                                    | 0                     | 0                    | 0                                   | 0              | 0                       | 23.50 |  |
| 24.00 | Total (sum of lines 1-23)           | 8,673,226                                                            | 0                     | 0                    | 0                                   | 0              | 8,673,226               | 24.00 |  |
|       |                                     | Administrative & General                                             | Total (cols. 4A + 5)  |                      |                                     |                |                         |       |  |
|       |                                     | 5.00                                                                 | 6.00                  |                      |                                     |                |                         |       |  |
|       | GENERAL SERVICE COST CENTERS        |                                                                      |                       |                      |                                     |                |                         |       |  |
| 1.00  | Capital Related - Bldg. & Fixtures  |                                                                      |                       |                      |                                     |                |                         | 1.00  |  |
| 2.00  | Capital Related - Movable Equipment |                                                                      |                       |                      |                                     |                |                         | 2.00  |  |
| 3.00  | Plant Operation & Maintenance       |                                                                      |                       |                      |                                     |                |                         | 3.00  |  |
| 4.00  | Transportation                      |                                                                      |                       |                      |                                     |                |                         | 4.00  |  |
| 5.00  | Administrative and General          | 2,703,160                                                            |                       |                      |                                     |                |                         | 5.00  |  |
|       | HHA REIMBURSABLE SERVICES           |                                                                      |                       |                      |                                     |                |                         |       |  |
| 6.00  | Skilled Nursing Care                | 1,347,439                                                            | 4,323,325             |                      |                                     |                |                         | 6.00  |  |
| 7.00  | Physical Therapy                    | 898,298                                                              | 2,882,233             |                      |                                     |                |                         | 7.00  |  |
| 8.00  | Occupational Therapy                | 175,112                                                              | 561,856               |                      |                                     |                |                         | 8.00  |  |
| 9.00  | Speech Pathology                    | 33,426                                                               | 107,250               |                      |                                     |                |                         | 9.00  |  |
| 10.00 | Medical Social Services             | 37,852                                                               | 121,450               |                      |                                     |                |                         | 10.00 |  |
| 11.00 | Home Health Aide                    | 107,817                                                              | 345,937               |                      |                                     |                |                         | 11.00 |  |
| 12.00 | Supplies (see instructions)         | 102,691                                                              | 329,490               |                      |                                     |                |                         | 12.00 |  |
| 13.00 | Drugs                               | 251                                                                  | 806                   |                      |                                     |                |                         | 13.00 |  |
| 14.00 | DME                                 | 0                                                                    | 0                     |                      |                                     |                |                         | 14.00 |  |
|       | HHA NONREIMBURSABLE SERVICES        |                                                                      |                       |                      |                                     |                |                         |       |  |
| 15.00 | Home Dialysis Aide Services         | 0                                                                    | 0                     |                      |                                     |                |                         | 15.00 |  |
| 16.00 | Respiratory Therapy                 | 0                                                                    | 0                     |                      |                                     |                |                         | 16.00 |  |
| 17.00 | Private Duty Nursing                | 274                                                                  | 879                   |                      |                                     |                |                         | 17.00 |  |
| 18.00 | Clinic                              | 0                                                                    | 0                     |                      |                                     |                |                         | 18.00 |  |
| 19.00 | Health Promotion Activities         | 0                                                                    | 0                     |                      |                                     |                |                         | 19.00 |  |
| 20.00 | Day Care Program                    | 0                                                                    | 0                     |                      |                                     |                |                         | 20.00 |  |
| 21.00 | Home Delivered Meals Program        | 0                                                                    | 0                     |                      |                                     |                |                         | 21.00 |  |
| 22.00 | Homemaker Service                   | 0                                                                    | 0                     |                      |                                     |                |                         | 22.00 |  |
| 23.00 | All Others (specify)                | 0                                                                    | 0                     |                      |                                     |                |                         | 23.00 |  |
| 23.50 | Telemedicine                        | 0                                                                    | 0                     |                      |                                     |                |                         | 23.50 |  |
| 24.00 | Total (sum of lines 1-23)           |                                                                      | 8,673,226             |                      |                                     |                |                         | 24.00 |  |

## COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0209

Period:

Worksheet H-1

HHA CCN: 14-7259

From 01/01/2019

Part II

To 12/31/2019

Date/Time Prepared:

8/5/2020 1:45 pm

Home Health  
Agency I

PPS

|                                     | Capital Related Costs                               |                                        | Plant<br>Operation &<br>Maintenance<br>(SQUARE FEET) | Transportation<br>(MILEAGE) | Reconciliation | Administrative<br>& General<br>(ACCUM. COST) |           |
|-------------------------------------|-----------------------------------------------------|----------------------------------------|------------------------------------------------------|-----------------------------|----------------|----------------------------------------------|-----------|
|                                     | Bldgs &<br>Fixtures<br>(SQUARE FEET)                | Movable<br>Equipment<br>(DOLLAR VALUE) |                                                      |                             |                |                                              |           |
|                                     | 1.00                                                | 2.00                                   | 3.00                                                 | 4.00                        | 5A.00          | 5.00                                         |           |
| <b>GENERAL SERVICE COST CENTERS</b> |                                                     |                                        |                                                      |                             |                |                                              |           |
| 1.00                                | Capital Related - Bldg. &<br>Fixtures               | 0                                      |                                                      |                             | 0              |                                              | 1.00      |
| 2.00                                | Capital Related - Movable<br>Equipment              |                                        | 0                                                    |                             | 0              |                                              | 2.00      |
| 3.00                                | Plant Operation & Maintenance                       | 0                                      | 0                                                    | 0                           | 0              |                                              | 3.00      |
| 4.00                                | Transportation (see<br>instructions)                | 0                                      | 0                                                    | 0                           | 0              |                                              | 4.00      |
| 5.00                                | Administrative and General                          | 0                                      | 0                                                    | 0                           | 0              | -2,703,160                                   | 5,970,066 |
| <b>HHA REIMBURSABLE SERVICES</b>    |                                                     |                                        |                                                      |                             |                |                                              |           |
| 6.00                                | Skilled Nursing Care                                | 0                                      | 0                                                    | 0                           | 0              | 2,975,886                                    | 6.00      |
| 7.00                                | Physical Therapy                                    | 0                                      | 0                                                    | 0                           | 0              | 1,983,935                                    | 7.00      |
| 8.00                                | Occupational Therapy                                | 0                                      | 0                                                    | 0                           | 0              | 386,744                                      | 8.00      |
| 9.00                                | Speech Pathology                                    | 0                                      | 0                                                    | 0                           | 0              | 73,824                                       | 9.00      |
| 10.00                               | Medical Social Services                             | 0                                      | 0                                                    | 0                           | 0              | 83,598                                       | 10.00     |
| 11.00                               | Home Health Aide                                    | 0                                      | 0                                                    | 0                           | 0              | 238,120                                      | 11.00     |
| 12.00                               | Supplies (see instructions)                         | 0                                      | 0                                                    | 0                           | 0              | 226,799                                      | 12.00     |
| 13.00                               | Drugs                                               | 0                                      | 0                                                    | 0                           | 0              | 555                                          | 13.00     |
| 14.00                               | DME                                                 | 0                                      | 0                                                    | 0                           | 0              | 0                                            | 14.00     |
| <b>HHA NONREIMBURSABLE SERVICES</b> |                                                     |                                        |                                                      |                             |                |                                              |           |
| 15.00                               | Home Dialysis Aide Services                         | 0                                      | 0                                                    | 0                           | 0              | 0                                            | 15.00     |
| 16.00                               | Respiratory Therapy                                 | 0                                      | 0                                                    | 0                           | 0              | 0                                            | 16.00     |
| 17.00                               | Private Duty Nursing                                | 0                                      | 0                                                    | 0                           | 0              | 605                                          | 17.00     |
| 18.00                               | Clinic                                              | 0                                      | 0                                                    | 0                           | 0              | 0                                            | 18.00     |
| 19.00                               | Health Promotion Activities                         | 0                                      | 0                                                    | 0                           | 0              | 0                                            | 19.00     |
| 20.00                               | Day Care Program                                    | 0                                      | 0                                                    | 0                           | 0              | 0                                            | 20.00     |
| 21.00                               | Home Delivered Meals Program                        | 0                                      | 0                                                    | 0                           | 0              | 0                                            | 21.00     |
| 22.00                               | Homemaker Service                                   | 0                                      | 0                                                    | 0                           | 0              | 0                                            | 22.00     |
| 23.00                               | All Others (specify)                                | 0                                      | 0                                                    | 0                           | 0              | 0                                            | 23.00     |
| 23.50                               | Telemedicine                                        | 0                                      | 0                                                    | 0                           | 0              | 0                                            | 23.50     |
| 24.00                               | Total (sum of lines 1-23)                           | 0                                      | 0                                                    | 0                           | 0              | -2,703,160                                   | 5,970,066 |
| 25.00                               | Cost To Be Allocated (per<br>Worksheet H-1, Part I) | 0                                      | 0                                                    | 0                           | 0              |                                              | 2,703,160 |
| 26.00                               | Unit Cost Multiplier                                | 0.000000                               | 0.000000                                             | 0.000000                    | 0.000000       |                                              | 0.452786  |

## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0209

Period:

Worksheet H-2

HHA CCN: 14-7259

From 01/01/2019  
To 12/31/2019Part I  
Date/Time Prepared:  
8/5/2020 1:45 pmHome Health  
Agency I

PPS

| Cost Center Description |                                                                                                                                                    | HHA Trial<br>Balance (1)    | CAPITAL RELATED COSTS    |                       | EMPLOYEE<br>BENEFITS<br>DEPARTMENT | PARKING      | Subtotal  |       |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------|-----------------------|------------------------------------|--------------|-----------|-------|
|                         |                                                                                                                                                    |                             | BLDG & FIXT              | MVBLE EQUIP           |                                    |              |           |       |
|                         |                                                                                                                                                    |                             |                          |                       |                                    |              |           |       |
|                         |                                                                                                                                                    | 0                           | 1.00                     | 2.00                  | 4.00                               | 4.01         | 4A.01     |       |
| 1.00                    | Administrative and General                                                                                                                         | 0                           | 1,342                    | 4,186                 | 405,830                            | 96           | 411,454   | 1.00  |
| 2.00                    | Skilled Nursing Care                                                                                                                               | 4,323,325                   | 0                        | 0                     | 0                                  | 0            | 4,323,325 | 2.00  |
| 3.00                    | Physical Therapy                                                                                                                                   | 2,882,233                   | 0                        | 0                     | 0                                  | 0            | 2,882,233 | 3.00  |
| 4.00                    | Occupational Therapy                                                                                                                               | 561,856                     | 0                        | 0                     | 0                                  | 0            | 561,856   | 4.00  |
| 5.00                    | Speech Pathology                                                                                                                                   | 107,250                     | 0                        | 0                     | 0                                  | 0            | 107,250   | 5.00  |
| 6.00                    | Medical Social Services                                                                                                                            | 121,450                     | 0                        | 0                     | 0                                  | 0            | 121,450   | 6.00  |
| 7.00                    | Home Health Aide                                                                                                                                   | 345,937                     | 0                        | 0                     | 0                                  | 0            | 345,937   | 7.00  |
| 8.00                    | Supplies (see instructions)                                                                                                                        | 329,490                     | 0                        | 0                     | 0                                  | 0            | 329,490   | 8.00  |
| 9.00                    | Drugs                                                                                                                                              | 806                         | 0                        | 0                     | 0                                  | 0            | 806       | 9.00  |
| 10.00                   | DME                                                                                                                                                | 0                           | 0                        | 0                     | 0                                  | 0            | 0         | 10.00 |
| 11.00                   | Home Dialysis Aide Services                                                                                                                        | 0                           | 0                        | 0                     | 0                                  | 0            | 0         | 11.00 |
| 12.00                   | Respiratory Therapy                                                                                                                                | 0                           | 0                        | 0                     | 0                                  | 0            | 0         | 12.00 |
| 13.00                   | Private Duty Nursing                                                                                                                               | 879                         | 0                        | 0                     | 0                                  | 0            | 879       | 13.00 |
| 14.00                   | Clinic                                                                                                                                             | 0                           | 0                        | 0                     | 0                                  | 0            | 0         | 14.00 |
| 15.00                   | Health Promotion Activities                                                                                                                        | 0                           | 0                        | 0                     | 0                                  | 0            | 0         | 15.00 |
| 16.00                   | Day Care Program                                                                                                                                   | 0                           | 0                        | 0                     | 0                                  | 0            | 0         | 16.00 |
| 17.00                   | Home Delivered Meals Program                                                                                                                       | 0                           | 0                        | 0                     | 0                                  | 0            | 0         | 17.00 |
| 18.00                   | Homemaker Service                                                                                                                                  | 0                           | 0                        | 0                     | 0                                  | 0            | 0         | 18.00 |
| 19.00                   | All Others (specify)                                                                                                                               | 0                           | 0                        | 0                     | 0                                  | 0            | 0         | 19.00 |
| 19.50                   | Telemedicine                                                                                                                                       | 0                           | 0                        | 0                     | 0                                  | 0            | 0         | 19.50 |
| 20.00                   | Total (sum of lines 1-19) (2)                                                                                                                      | 8,673,226                   | 1,342                    | 4,186                 | 405,830                            | 96           | 9,084,680 | 20.00 |
| 21.00                   | Unit Cost Multiplier: column<br>26, line 1 divided by the sum<br>of column 26, line 20 minus<br>column 26, line 1, rounded to<br>6 decimal places. |                             |                          |                       |                                    |              | 0.000000  | 21.00 |
| Cost Center Description |                                                                                                                                                    | ADMINISTRATIVE<br>& GENERAL | MAINTENANCE &<br>REPAIRS | OPERATION OF<br>PLANT | LAUNDRY &<br>LINEN SERVICE         | HOUSEKEEPING | DIETARY   |       |
|                         |                                                                                                                                                    | 5.00                        | 6.00                     | 7.00                  | 8.00                               | 9.00         | 10.00     |       |
| 1.00                    | Administrative and General                                                                                                                         | 132,945                     | 988                      | 4,288                 | 0                                  | 0            | 0         | 1.00  |
| 2.00                    | Skilled Nursing Care                                                                                                                               | 1,396,914                   | 0                        | 0                     | 0                                  | 0            | 0         | 2.00  |
| 3.00                    | Physical Therapy                                                                                                                                   | 931,281                     | 0                        | 0                     | 0                                  | 0            | 0         | 3.00  |
| 4.00                    | Occupational Therapy                                                                                                                               | 181,542                     | 0                        | 0                     | 0                                  | 0            | 0         | 4.00  |
| 5.00                    | Speech Pathology                                                                                                                                   | 34,654                      | 0                        | 0                     | 0                                  | 0            | 0         | 5.00  |
| 6.00                    | Medical Social Services                                                                                                                            | 39,242                      | 0                        | 0                     | 0                                  | 0            | 0         | 6.00  |
| 7.00                    | Home Health Aide                                                                                                                                   | 111,776                     | 0                        | 0                     | 0                                  | 0            | 0         | 7.00  |
| 8.00                    | Supplies (see instructions)                                                                                                                        | 106,462                     | 0                        | 0                     | 0                                  | 0            | 0         | 8.00  |
| 9.00                    | Drugs                                                                                                                                              | 260                         | 0                        | 0                     | 0                                  | 0            | 0         | 9.00  |
| 10.00                   | DME                                                                                                                                                | 0                           | 0                        | 0                     | 0                                  | 0            | 0         | 10.00 |
| 11.00                   | Home Dialysis Aide Services                                                                                                                        | 0                           | 0                        | 0                     | 0                                  | 0            | 0         | 11.00 |
| 12.00                   | Respiratory Therapy                                                                                                                                | 0                           | 0                        | 0                     | 0                                  | 0            | 0         | 12.00 |
| 13.00                   | Private Duty Nursing                                                                                                                               | 284                         | 0                        | 0                     | 0                                  | 0            | 0         | 13.00 |
| 14.00                   | Clinic                                                                                                                                             | 0                           | 0                        | 0                     | 0                                  | 0            | 0         | 14.00 |
| 15.00                   | Health Promotion Activities                                                                                                                        | 0                           | 0                        | 0                     | 0                                  | 0            | 0         | 15.00 |
| 16.00                   | Day Care Program                                                                                                                                   | 0                           | 0                        | 0                     | 0                                  | 0            | 0         | 16.00 |
| 17.00                   | Home Delivered Meals Program                                                                                                                       | 0                           | 0                        | 0                     | 0                                  | 0            | 0         | 17.00 |
| 18.00                   | Homemaker Service                                                                                                                                  | 0                           | 0                        | 0                     | 0                                  | 0            | 0         | 18.00 |
| 19.00                   | All Others (specify)                                                                                                                               | 0                           | 0                        | 0                     | 0                                  | 0            | 0         | 19.00 |
| 19.50                   | Telemedicine                                                                                                                                       | 0                           | 0                        | 0                     | 0                                  | 0            | 0         | 19.50 |
| 20.00                   | Total (sum of lines 1-19) (2)                                                                                                                      | 2,935,360                   | 988                      | 4,288                 | 0                                  | 0            | 0         | 20.00 |
| 21.00                   | Unit Cost Multiplier: column<br>26, line 1 divided by the sum<br>of column 26, line 20 minus<br>column 26, line 1, rounded to<br>6 decimal places. |                             |                          |                       |                                    |              |           | 21.00 |

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0209

Period:

Worksheet H-2

HHA CCN: 14-7259

From 01/01/2019  
To 12/31/2019Part I  
Date/Time Prepared:  
8/5/2020 1:45 pmHome Health  
Agency I

PPS

| Cost Center Description |                                                                                                                                        | CAFETERIA      | MAINTENANCE OF PERSONNEL  | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY | PHARMACY                | MEDICAL RECORDS & LIBRARY |       |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------|------------------------|---------------------------|-------------------------|---------------------------|-------|
|                         |                                                                                                                                        | 11.00          | 12.00                     | 13.00                  | 14.00                     | 15.00                   | 16.00                     |       |
| 1.00                    | Administrative and General                                                                                                             | 133,571        | 0                         | 461,783                | 0                         | 231                     | 0                         | 1.00  |
| 2.00                    | Skilled Nursing Care                                                                                                                   | 0              | 0                         | 0                      | 0                         | 0                       | 0                         | 2.00  |
| 3.00                    | Physical Therapy                                                                                                                       | 0              | 0                         | 0                      | 0                         | 0                       | 0                         | 3.00  |
| 4.00                    | Occupational Therapy                                                                                                                   | 0              | 0                         | 0                      | 0                         | 0                       | 0                         | 4.00  |
| 5.00                    | Speech Pathology                                                                                                                       | 0              | 0                         | 0                      | 0                         | 0                       | 0                         | 5.00  |
| 6.00                    | Medical Social Services                                                                                                                | 0              | 0                         | 0                      | 0                         | 0                       | 0                         | 6.00  |
| 7.00                    | Home Health Aide                                                                                                                       | 0              | 0                         | 0                      | 0                         | 0                       | 0                         | 7.00  |
| 8.00                    | Supplies (see instructions)                                                                                                            | 0              | 0                         | 0                      | 0                         | 0                       | 0                         | 8.00  |
| 9.00                    | Drugs                                                                                                                                  | 0              | 0                         | 0                      | 0                         | 0                       | 0                         | 9.00  |
| 10.00                   | DME                                                                                                                                    | 0              | 0                         | 0                      | 0                         | 0                       | 0                         | 10.00 |
| 11.00                   | Home Dialysis Aide Services                                                                                                            | 0              | 0                         | 0                      | 0                         | 0                       | 0                         | 11.00 |
| 12.00                   | Respiratory Therapy                                                                                                                    | 0              | 0                         | 0                      | 0                         | 0                       | 0                         | 12.00 |
| 13.00                   | Private Duty Nursing                                                                                                                   | 0              | 0                         | 0                      | 0                         | 0                       | 0                         | 13.00 |
| 14.00                   | Clinic                                                                                                                                 | 0              | 0                         | 0                      | 0                         | 0                       | 0                         | 14.00 |
| 15.00                   | Health Promotion Activities                                                                                                            | 0              | 0                         | 0                      | 0                         | 0                       | 0                         | 15.00 |
| 16.00                   | Day Care Program                                                                                                                       | 0              | 0                         | 0                      | 0                         | 0                       | 0                         | 16.00 |
| 17.00                   | Home Delivered Meals Program                                                                                                           | 0              | 0                         | 0                      | 0                         | 0                       | 0                         | 17.00 |
| 18.00                   | Homemaker Service                                                                                                                      | 0              | 0                         | 0                      | 0                         | 0                       | 0                         | 18.00 |
| 19.00                   | All Others (specify)                                                                                                                   | 0              | 0                         | 0                      | 0                         | 0                       | 0                         | 19.00 |
| 19.50                   | Telemedicine                                                                                                                           | 0              | 0                         | 0                      | 0                         | 0                       | 0                         | 19.50 |
| 20.00                   | Total (sum of lines 1-19) (2)                                                                                                          | 133,571        | 0                         | 461,783                | 0                         | 231                     | 0                         | 20.00 |
| 21.00                   | Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places. |                |                           |                        |                           |                         |                           | 21.00 |
| Cost Center Description |                                                                                                                                        | SOCIAL SERVICE | NONPHYSICIAN ANESTHETISTS | NURSING SCHOOL         | INTERNS & RESIDENTS       |                         | Subtotal                  |       |
|                         |                                                                                                                                        | 17.00          | 19.00                     | 20.00                  | SRVCES-SALARY & FRINGES   | SRVCES-OTHER PRGM COSTS | 24.00                     |       |
| 1.00                    | Administrative and General                                                                                                             | 0              | 0                         | 0                      | 0                         | 0                       | 1,145,260                 | 1.00  |
| 2.00                    | Skilled Nursing Care                                                                                                                   | 0              | 0                         | 0                      | 0                         | 0                       | 5,720,239                 | 2.00  |
| 3.00                    | Physical Therapy                                                                                                                       | 0              | 0                         | 0                      | 0                         | 0                       | 3,813,514                 | 3.00  |
| 4.00                    | Occupational Therapy                                                                                                                   | 0              | 0                         | 0                      | 0                         | 0                       | 743,398                   | 4.00  |
| 5.00                    | Speech Pathology                                                                                                                       | 0              | 0                         | 0                      | 0                         | 0                       | 141,904                   | 5.00  |
| 6.00                    | Medical Social Services                                                                                                                | 0              | 0                         | 0                      | 0                         | 0                       | 160,692                   | 6.00  |
| 7.00                    | Home Health Aide                                                                                                                       | 0              | 0                         | 0                      | 0                         | 0                       | 457,713                   | 7.00  |
| 8.00                    | Supplies (see instructions)                                                                                                            | 0              | 0                         | 0                      | 0                         | 0                       | 435,952                   | 8.00  |
| 9.00                    | Drugs                                                                                                                                  | 0              | 0                         | 0                      | 0                         | 0                       | 1,066                     | 9.00  |
| 10.00                   | DME                                                                                                                                    | 0              | 0                         | 0                      | 0                         | 0                       | 0                         | 10.00 |
| 11.00                   | Home Dialysis Aide Services                                                                                                            | 0              | 0                         | 0                      | 0                         | 0                       | 0                         | 11.00 |
| 12.00                   | Respiratory Therapy                                                                                                                    | 0              | 0                         | 0                      | 0                         | 0                       | 0                         | 12.00 |
| 13.00                   | Private Duty Nursing                                                                                                                   | 0              | 0                         | 0                      | 0                         | 0                       | 1,163                     | 13.00 |
| 14.00                   | Clinic                                                                                                                                 | 0              | 0                         | 0                      | 0                         | 0                       | 0                         | 14.00 |
| 15.00                   | Health Promotion Activities                                                                                                            | 0              | 0                         | 0                      | 0                         | 0                       | 0                         | 15.00 |
| 16.00                   | Day Care Program                                                                                                                       | 0              | 0                         | 0                      | 0                         | 0                       | 0                         | 16.00 |
| 17.00                   | Home Delivered Meals Program                                                                                                           | 0              | 0                         | 0                      | 0                         | 0                       | 0                         | 17.00 |
| 18.00                   | Homemaker Service                                                                                                                      | 0              | 0                         | 0                      | 0                         | 0                       | 0                         | 18.00 |
| 19.00                   | All Others (specify)                                                                                                                   | 0              | 0                         | 0                      | 0                         | 0                       | 0                         | 19.00 |
| 19.50                   | Telemedicine                                                                                                                           | 0              | 0                         | 0                      | 0                         | 0                       | 0                         | 19.50 |
| 20.00                   | Total (sum of lines 1-19) (2)                                                                                                          | 0              | 0                         | 0                      | 0                         | 0                       | 12,620,901                | 20.00 |
| 21.00                   | Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places. |                |                           |                        |                           |                         |                           | 21.00 |

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0209

Period:

Worksheet H-2

HHA CCN: 14-7259

From 01/01/2019  
To 12/31/2019Part I  
Date/Time Prepared:  
8/5/2020 1:45 pmHome Health  
Agency I

PPS

| Cost Center Description |                                                                                                                                                    | Intern &<br>Residents Cost<br>& Post<br>Stepdown<br>Adjustments | Subtotal   | Allocated HHA<br>A&G (see Part<br>II) | Total HHA<br>Costs |  |       |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------|---------------------------------------|--------------------|--|-------|
|                         |                                                                                                                                                    | 25.00                                                           | 26.00      | 27.00                                 | 28.00              |  |       |
| 1.00                    | Administrative and General                                                                                                                         | 0                                                               | 1,145,260  |                                       |                    |  | 1.00  |
| 2.00                    | Skilled Nursing Care                                                                                                                               | 0                                                               | 5,720,239  | 570,877                               | 6,291,116          |  | 2.00  |
| 3.00                    | Physical Therapy                                                                                                                                   | 0                                                               | 3,813,514  | 380,585                               | 4,194,099          |  | 3.00  |
| 4.00                    | Occupational Therapy                                                                                                                               | 0                                                               | 743,398    | 74,190                                | 817,588            |  | 4.00  |
| 5.00                    | Speech Pathology                                                                                                                                   | 0                                                               | 141,904    | 14,162                                | 156,066            |  | 5.00  |
| 6.00                    | Medical Social Services                                                                                                                            | 0                                                               | 160,692    | 16,037                                | 176,729            |  | 6.00  |
| 7.00                    | Home Health Aide                                                                                                                                   | 0                                                               | 457,713    | 45,679                                | 503,392            |  | 7.00  |
| 8.00                    | Supplies (see instructions)                                                                                                                        | 0                                                               | 435,952    | 43,508                                | 479,460            |  | 8.00  |
| 9.00                    | Drugs                                                                                                                                              | 0                                                               | 1,066      | 106                                   | 1,172              |  | 9.00  |
| 10.00                   | DME                                                                                                                                                | 0                                                               | 0          | 0                                     | 0                  |  | 10.00 |
| 11.00                   | Home Dialysis Aide Services                                                                                                                        | 0                                                               | 0          | 0                                     | 0                  |  | 11.00 |
| 12.00                   | Respiratory Therapy                                                                                                                                | 0                                                               | 0          | 0                                     | 0                  |  | 12.00 |
| 13.00                   | Private Duty Nursing                                                                                                                               | 0                                                               | 1,163      | 116                                   | 1,279              |  | 13.00 |
| 14.00                   | Clinic                                                                                                                                             | 0                                                               | 0          | 0                                     | 0                  |  | 14.00 |
| 15.00                   | Health Promotion Activities                                                                                                                        | 0                                                               | 0          | 0                                     | 0                  |  | 15.00 |
| 16.00                   | Day Care Program                                                                                                                                   | 0                                                               | 0          | 0                                     | 0                  |  | 16.00 |
| 17.00                   | Home Delivered Meals Program                                                                                                                       | 0                                                               | 0          | 0                                     | 0                  |  | 17.00 |
| 18.00                   | Homemaker Service                                                                                                                                  | 0                                                               | 0          | 0                                     | 0                  |  | 18.00 |
| 19.00                   | All Others (specify)                                                                                                                               | 0                                                               | 0          | 0                                     | 0                  |  | 19.00 |
| 19.50                   | Telemedicine                                                                                                                                       | 0                                                               | 0          | 0                                     | 0                  |  | 19.50 |
| 20.00                   | Total (sum of lines 1-19) (2)                                                                                                                      | 0                                                               | 12,620,901 | 1,145,260                             | 12,620,901         |  | 20.00 |
| 21.00                   | Unit Cost Multiplier: column<br>26, line 1 divided by the sum<br>of column 26, line 20 minus<br>column 26, line 1, rounded to<br>6 decimal places. |                                                                 |            | 0.099799                              |                    |  | 21.00 |

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0209

Period:

Worksheet H-2

HHA CCN: 14-7259

From 01/01/2019  
To 12/31/2019Part II  
Date/Time Prepared:  
8/5/2020 1:45 pmHome Health  
Agency I

PPS

| Cost Center Description |                              | CAPITAL RELATED COSTS                     |                                        | EMPLOYEE<br>BENEFITS<br>DEPARTMENT<br>(GROSS<br>SALARIES) | PARKING<br>(SQUARE FEET)              | Reconciliation            | ADMINISTRATIVE<br>& GENERAL<br>(ACCUM COST) |       |
|-------------------------|------------------------------|-------------------------------------------|----------------------------------------|-----------------------------------------------------------|---------------------------------------|---------------------------|---------------------------------------------|-------|
|                         |                              | BLDG & FIXT<br>(SQUARE FEET)              | MVBLE EQUIP<br>(DOLLAR VALUE)          |                                                           |                                       |                           |                                             |       |
|                         |                              | 1.00                                      | 2.00                                   | 4.00                                                      | 4.01                                  | 5A                        | 5.00                                        |       |
| 1.00                    | Administrative and General   | 145                                       | 35,703                                 | 4,540,344                                                 | 145                                   | 0                         | 411,454                                     | 1.00  |
| 2.00                    | Skilled Nursing Care         | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 4,323,325                                   | 2.00  |
| 3.00                    | Physical Therapy             | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 2,882,233                                   | 3.00  |
| 4.00                    | Occupational Therapy         | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 561,856                                     | 4.00  |
| 5.00                    | Speech Pathology             | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 107,250                                     | 5.00  |
| 6.00                    | Medical Social Services      | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 121,450                                     | 6.00  |
| 7.00                    | Home Health Aide             | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 345,937                                     | 7.00  |
| 8.00                    | Supplies (see instructions)  | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 329,490                                     | 8.00  |
| 9.00                    | Drugs                        | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 806                                         | 9.00  |
| 10.00                   | DME                          | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 0                                           | 10.00 |
| 11.00                   | Home Dialysis Aide Services  | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 0                                           | 11.00 |
| 12.00                   | Respiratory Therapy          | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 0                                           | 12.00 |
| 13.00                   | Private Duty Nursing         | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 879                                         | 13.00 |
| 14.00                   | Clinic                       | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 0                                           | 14.00 |
| 15.00                   | Health Promotion Activities  | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 0                                           | 15.00 |
| 16.00                   | Day Care Program             | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 0                                           | 16.00 |
| 17.00                   | Home Delivered Meals Program | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 0                                           | 17.00 |
| 18.00                   | Homemaker Service            | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 0                                           | 18.00 |
| 19.00                   | All Others (specify)         | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 0                                           | 19.00 |
| 19.50                   | Telemedicine                 | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 0                                           | 19.50 |
| 20.00                   | Total (sum of lines 1-19)    | 145                                       | 35,703                                 | 4,540,344                                                 | 145                                   | 0                         | 9,084,680                                   | 20.00 |
| 21.00                   | Total cost to be allocated   | 1,342                                     | 4,186                                  | 405,830                                                   | 96                                    | 0                         | 2,935,360                                   | 21.00 |
| 22.00                   | Unit cost multiplier         | 9.255172                                  | 0.117245                               | 0.089383                                                  | 0.662069                              | 0                         | 0.323111                                    | 22.00 |
| Cost Center Description |                              | MAINTENANCE &<br>REPAIRS<br>(SQUARE FEET) | OPERATION OF<br>PLANT<br>(SQUARE FEET) | LAUNDRY &<br>LINEN SERVICE<br>(POUNDS OF<br>LAUNDRY)      | HOUSEKEEPING<br>(HOURS OF<br>SERVICE) | DIETARY<br>(MEALS SERVED) | CAFETERIA<br>(FTES)                         |       |
|                         |                              | 6.00                                      | 7.00                                   | 8.00                                                      | 9.00                                  | 10.00                     | 11.00                                       |       |
|                         |                              |                                           |                                        |                                                           |                                       |                           |                                             |       |
| 1.00                    | Administrative and General   | 145                                       | 145                                    | 0                                                         | 0                                     | 0                         | 7,293                                       | 1.00  |
| 2.00                    | Skilled Nursing Care         | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 0                                           | 2.00  |
| 3.00                    | Physical Therapy             | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 0                                           | 3.00  |
| 4.00                    | Occupational Therapy         | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 0                                           | 4.00  |
| 5.00                    | Speech Pathology             | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 0                                           | 5.00  |
| 6.00                    | Medical Social Services      | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 0                                           | 6.00  |
| 7.00                    | Home Health Aide             | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 0                                           | 7.00  |
| 8.00                    | Supplies (see instructions)  | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 0                                           | 8.00  |
| 9.00                    | Drugs                        | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 0                                           | 9.00  |
| 10.00                   | DME                          | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 0                                           | 10.00 |
| 11.00                   | Home Dialysis Aide Services  | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 0                                           | 11.00 |
| 12.00                   | Respiratory Therapy          | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 0                                           | 12.00 |
| 13.00                   | Private Duty Nursing         | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 0                                           | 13.00 |
| 14.00                   | Clinic                       | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 0                                           | 14.00 |
| 15.00                   | Health Promotion Activities  | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 0                                           | 15.00 |
| 16.00                   | Day Care Program             | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 0                                           | 16.00 |
| 17.00                   | Home Delivered Meals Program | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 0                                           | 17.00 |
| 18.00                   | Homemaker Service            | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 0                                           | 18.00 |
| 19.00                   | All Others (specify)         | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 0                                           | 19.00 |
| 19.50                   | Telemedicine                 | 0                                         | 0                                      | 0                                                         | 0                                     | 0                         | 0                                           | 19.50 |
| 20.00                   | Total (sum of lines 1-19)    | 145                                       | 145                                    | 0                                                         | 0                                     | 0                         | 7,293                                       | 20.00 |
| 21.00                   | Total cost to be allocated   | 988                                       | 4,288                                  | 0                                                         | 0                                     | 0                         | 133,571                                     | 21.00 |
| 22.00                   | Unit cost multiplier         | 6.813793                                  | 29.572414                              | 0.000000                                                  | 0.000000                              | 0.000000                  | 18.314960                                   | 22.00 |

## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0209

Period:

Worksheet H-2

HHA CCN: 14-7259

From 01/01/2019  
To 12/31/2019Part II  
Date/Time Prepared:  
8/5/2020 1:45 pmHome Health  
Agency I

PPS

| Cost Center Description |                              | MAINTENANCE OF<br>PERSONNEL<br>(NUMBER<br>HOUSED)  | NURSING<br>ADMINISTRATION<br>(DIRECT NRSNG<br>HRS) | CENTRAL<br>SERVICES &<br>SUPPLY<br>(COSTED<br>REQUIS.) | PHARMACY<br>(COSTED<br>REQUIS.)                  | MEDICAL<br>RECORDS &<br>LIBRARY<br>(TIME SPENT) | SOCIAL SERVICE<br>(TIME SPENT) |       |
|-------------------------|------------------------------|----------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|--------------------------------------------------|-------------------------------------------------|--------------------------------|-------|
|                         |                              | 12.00                                              | 13.00                                              | 14.00                                                  | 15.00                                            | 16.00                                           | 17.00                          |       |
| 1.00                    | Administrative and General   | 0                                                  | 7,293                                              | 250,354                                                | 555                                              | 0                                               | 0                              | 1.00  |
| 2.00                    | Skilled Nursing Care         | 0                                                  | 0                                                  | 0                                                      | 0                                                | 0                                               | 0                              | 2.00  |
| 3.00                    | Physical Therapy             | 0                                                  | 0                                                  | 0                                                      | 0                                                | 0                                               | 0                              | 3.00  |
| 4.00                    | Occupational Therapy         | 0                                                  | 0                                                  | 0                                                      | 0                                                | 0                                               | 0                              | 4.00  |
| 5.00                    | Speech Pathology             | 0                                                  | 0                                                  | 0                                                      | 0                                                | 0                                               | 0                              | 5.00  |
| 6.00                    | Medical Social Services      | 0                                                  | 0                                                  | 0                                                      | 0                                                | 0                                               | 0                              | 6.00  |
| 7.00                    | Home Health Aide             | 0                                                  | 0                                                  | 0                                                      | 0                                                | 0                                               | 0                              | 7.00  |
| 8.00                    | Supplies (see instructions)  | 0                                                  | 0                                                  | 0                                                      | 0                                                | 0                                               | 0                              | 8.00  |
| 9.00                    | Drugs                        | 0                                                  | 0                                                  | 0                                                      | 0                                                | 0                                               | 0                              | 9.00  |
| 10.00                   | DME                          | 0                                                  | 0                                                  | 0                                                      | 0                                                | 0                                               | 0                              | 10.00 |
| 11.00                   | Home Dialysis Aide Services  | 0                                                  | 0                                                  | 0                                                      | 0                                                | 0                                               | 0                              | 11.00 |
| 12.00                   | Respiratory Therapy          | 0                                                  | 0                                                  | 0                                                      | 0                                                | 0                                               | 0                              | 12.00 |
| 13.00                   | Private Duty Nursing         | 0                                                  | 0                                                  | 0                                                      | 0                                                | 0                                               | 0                              | 13.00 |
| 14.00                   | Clinic                       | 0                                                  | 0                                                  | 0                                                      | 0                                                | 0                                               | 0                              | 14.00 |
| 15.00                   | Health Promotion Activities  | 0                                                  | 0                                                  | 0                                                      | 0                                                | 0                                               | 0                              | 15.00 |
| 16.00                   | Day Care Program             | 0                                                  | 0                                                  | 0                                                      | 0                                                | 0                                               | 0                              | 16.00 |
| 17.00                   | Home Delivered Meals Program | 0                                                  | 0                                                  | 0                                                      | 0                                                | 0                                               | 0                              | 17.00 |
| 18.00                   | Homemaker Service            | 0                                                  | 0                                                  | 0                                                      | 0                                                | 0                                               | 0                              | 18.00 |
| 19.00                   | All Others (specify)         | 0                                                  | 0                                                  | 0                                                      | 0                                                | 0                                               | 0                              | 19.00 |
| 19.50                   | Telemedicine                 | 0                                                  | 0                                                  | 0                                                      | 0                                                | 0                                               | 0                              | 19.50 |
| 20.00                   | Total (sum of lines 1-19)    | 0                                                  | 7,293                                              | 250,354                                                | 555                                              | 0                                               | 0                              | 20.00 |
| 21.00                   | Total cost to be allocated   | 0                                                  | 461,783                                            | 0                                                      | 231                                              | 0                                               | 0                              | 21.00 |
| 22.00                   | Unit cost multiplier         | 0.000000                                           | 63.318662                                          | 0.000000                                               | 0.416216                                         | 0.000000                                        | 0.000000                       | 22.00 |
| Cost Center Description |                              | NONPHYSICIAN<br>ANESTHETISTS<br>(ASSIGNED<br>TIME) | NURSING SCHOOL<br>(ASSIGNED<br>TIME)               | INTERNS & RESIDENTS                                    |                                                  |                                                 |                                |       |
|                         |                              | 19.00                                              | 20.00                                              | SRVCES-SALARY<br>& FRINGES<br>(ASSIGNED<br>TIME)       | SRVCES-OTHER<br>PRGM COSTS<br>(ASSIGNED<br>TIME) |                                                 |                                |       |
| 1.00                    | Administrative and General   | 0                                                  | 0                                                  | 0                                                      | 0                                                |                                                 |                                | 1.00  |
| 2.00                    | Skilled Nursing Care         | 0                                                  | 0                                                  | 0                                                      | 0                                                |                                                 |                                | 2.00  |
| 3.00                    | Physical Therapy             | 0                                                  | 0                                                  | 0                                                      | 0                                                |                                                 |                                | 3.00  |
| 4.00                    | Occupational Therapy         | 0                                                  | 0                                                  | 0                                                      | 0                                                |                                                 |                                | 4.00  |
| 5.00                    | Speech Pathology             | 0                                                  | 0                                                  | 0                                                      | 0                                                |                                                 |                                | 5.00  |
| 6.00                    | Medical Social Services      | 0                                                  | 0                                                  | 0                                                      | 0                                                |                                                 |                                | 6.00  |
| 7.00                    | Home Health Aide             | 0                                                  | 0                                                  | 0                                                      | 0                                                |                                                 |                                | 7.00  |
| 8.00                    | Supplies (see instructions)  | 0                                                  | 0                                                  | 0                                                      | 0                                                |                                                 |                                | 8.00  |
| 9.00                    | Drugs                        | 0                                                  | 0                                                  | 0                                                      | 0                                                |                                                 |                                | 9.00  |
| 10.00                   | DME                          | 0                                                  | 0                                                  | 0                                                      | 0                                                |                                                 |                                | 10.00 |
| 11.00                   | Home Dialysis Aide Services  | 0                                                  | 0                                                  | 0                                                      | 0                                                |                                                 |                                | 11.00 |
| 12.00                   | Respiratory Therapy          | 0                                                  | 0                                                  | 0                                                      | 0                                                |                                                 |                                | 12.00 |
| 13.00                   | Private Duty Nursing         | 0                                                  | 0                                                  | 0                                                      | 0                                                |                                                 |                                | 13.00 |
| 14.00                   | Clinic                       | 0                                                  | 0                                                  | 0                                                      | 0                                                |                                                 |                                | 14.00 |
| 15.00                   | Health Promotion Activities  | 0                                                  | 0                                                  | 0                                                      | 0                                                |                                                 |                                | 15.00 |
| 16.00                   | Day Care Program             | 0                                                  | 0                                                  | 0                                                      | 0                                                |                                                 |                                | 16.00 |
| 17.00                   | Home Delivered Meals Program | 0                                                  | 0                                                  | 0                                                      | 0                                                |                                                 |                                | 17.00 |
| 18.00                   | Homemaker Service            | 0                                                  | 0                                                  | 0                                                      | 0                                                |                                                 |                                | 18.00 |
| 19.00                   | All Others (specify)         | 0                                                  | 0                                                  | 0                                                      | 0                                                |                                                 |                                | 19.00 |
| 19.50                   | Telemedicine                 | 0                                                  | 0                                                  | 0                                                      | 0                                                |                                                 |                                | 19.50 |
| 20.00                   | Total (sum of lines 1-19)    | 0                                                  | 0                                                  | 0                                                      | 0                                                |                                                 |                                | 20.00 |
| 21.00                   | Total cost to be allocated   | 0                                                  | 0                                                  | 0                                                      | 0                                                |                                                 |                                | 21.00 |
| 22.00                   | Unit cost multiplier         | 0.000000                                           | 0.000000                                           | 0.000000                                               | 0.000000                                         |                                                 |                                | 22.00 |

## APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0209

Period:

Worksheet H-3

HHA CCN: 14-7259

From 01/01/2019  
To 12/31/2019Part I  
Date/Time Prepared:  
8/5/2020 1:45 pm

|                         |                                                                                                                                    |                                        |                                          | Title XVIII                           |                                          | Home Health Agency I             | PPS                                      |                                      |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------|---------------------------------------|------------------------------------------|----------------------------------|------------------------------------------|--------------------------------------|
| Cost Center Description |                                                                                                                                    | From, Wkst. H-2, Part I, col. 28, line | Facility Costs (from Wkst. H-2, Part I)  | Shared Ancillary Costs (from Part II) | Total HHA Costs (cols. 1 + 2)            | Total Visits                     | Average Cost Per Visit (col. 3 ÷ col. 4) |                                      |
|                         |                                                                                                                                    | 0                                      | 1.00                                     | 2.00                                  | 3.00                                     | 4.00                             | 5.00                                     |                                      |
|                         | PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION |                                        |                                          |                                       |                                          |                                  |                                          |                                      |
|                         | Cost Per Visit Computation                                                                                                         |                                        |                                          |                                       |                                          |                                  |                                          |                                      |
| 1.00                    | Skilled Nursing Care                                                                                                               | 2.00                                   | 6,291,116                                |                                       | 6,291,116                                | 21,762                           | 289.09                                   | 1.00                                 |
| 2.00                    | Physical Therapy                                                                                                                   | 3.00                                   | 4,194,099                                | 0                                     | 4,194,099                                | 23,141                           | 181.24                                   | 2.00                                 |
| 3.00                    | Occupational Therapy                                                                                                               | 4.00                                   | 817,588                                  | 0                                     | 817,588                                  | 6,083                            | 134.41                                   | 3.00                                 |
| 4.00                    | Speech Pathology                                                                                                                   | 5.00                                   | 156,066                                  | 0                                     | 156,066                                  | 907                              | 172.07                                   | 4.00                                 |
| 5.00                    | Medical Social Services                                                                                                            | 6.00                                   | 176,729                                  |                                       | 176,729                                  | 222                              | 796.08                                   | 5.00                                 |
| 6.00                    | Home Health Aide                                                                                                                   | 7.00                                   | 503,392                                  |                                       | 503,392                                  | 3,908                            | 128.81                                   | 6.00                                 |
| 7.00                    | Total (sum of lines 1-6)                                                                                                           |                                        | 12,138,990                               | 0                                     | 12,138,990                               | 56,023                           |                                          | 7.00                                 |
| Cost Center Description |                                                                                                                                    | Cost Limits                            | CBSA No. (1)                             | Part A                                | Program Visits                           |                                  |                                          |                                      |
|                         |                                                                                                                                    |                                        |                                          |                                       | Part B                                   |                                  |                                          |                                      |
|                         |                                                                                                                                    |                                        |                                          |                                       | Not Subject to Deductibles & Coinsurance | Subject to Deductibles           |                                          |                                      |
|                         |                                                                                                                                    | 0                                      | 1.00                                     | 2.00                                  | 3.00                                     | 4.00                             | 5.00                                     |                                      |
|                         | Limitation Cost Computation                                                                                                        |                                        |                                          |                                       |                                          |                                  |                                          |                                      |
| 8.00                    | Skilled Nursing Care                                                                                                               |                                        | 37900                                    | 0                                     | 11,471                                   |                                  |                                          | 8.00                                 |
| 9.00                    | Physical Therapy                                                                                                                   |                                        | 37900                                    | 0                                     | 12,254                                   |                                  |                                          | 9.00                                 |
| 10.00                   | Occupational Therapy                                                                                                               |                                        | 37900                                    | 0                                     | 3,481                                    |                                  |                                          | 10.00                                |
| 11.00                   | Speech Pathology                                                                                                                   |                                        | 37900                                    | 0                                     | 448                                      |                                  |                                          | 11.00                                |
| 12.00                   | Medical Social Services                                                                                                            |                                        | 37900                                    | 0                                     | 128                                      |                                  |                                          | 12.00                                |
| 13.00                   | Home Health Aide                                                                                                                   |                                        | 37900                                    | 0                                     | 2,193                                    |                                  |                                          | 13.00                                |
| 14.00                   | Total (sum of lines 8-13)                                                                                                          |                                        |                                          | 0                                     | 29,975                                   |                                  |                                          | 14.00                                |
| Cost Center Description |                                                                                                                                    | From Wkst. H-2 Part I, col. 28, line   | Facility Costs (from Wkst. H-2, Part I)  | Shared Ancillary Costs (from Part II) | Total HHA Costs (cols. 1 + 2)            | Total Charges (from HHA Records) | Ratio (col. 3 ÷ col. 4)                  |                                      |
|                         |                                                                                                                                    | 0                                      | 1.00                                     | 2.00                                  | 3.00                                     | 4.00                             | 5.00                                     |                                      |
|                         | Supplies and Drugs Cost Computations                                                                                               |                                        |                                          |                                       |                                          |                                  |                                          |                                      |
| 15.00                   | Cost of Medical Supplies                                                                                                           | 8.00                                   | 479,460                                  | 0                                     | 479,460                                  | 0                                | 0.000000                                 | 15.00                                |
| 16.00                   | Cost of Drugs                                                                                                                      | 9.00                                   | 1,172                                    | 0                                     | 1,172                                    | 0                                | 0.000000                                 | 16.00                                |
| Cost Center Description |                                                                                                                                    | Part A                                 | Program Visits                           |                                       | Cost of Services                         |                                  |                                          |                                      |
|                         |                                                                                                                                    |                                        | Part B                                   |                                       |                                          |                                  |                                          |                                      |
|                         |                                                                                                                                    |                                        | Not Subject to Deductibles & Coinsurance |                                       | Subject to Deductibles & Coinsurance     | Part A                           | Not Subject to Deductibles & Coinsurance | Subject to Deductibles & Coinsurance |
|                         |                                                                                                                                    | 6.00                                   | 7.00                                     | 8.00                                  | 9.00                                     | 10.00                            | 11.00                                    |                                      |
|                         | PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION |                                        |                                          |                                       |                                          |                                  |                                          |                                      |
|                         | Cost Per Visit Computation                                                                                                         |                                        |                                          |                                       |                                          |                                  |                                          |                                      |
| 1.00                    | Skilled Nursing Care                                                                                                               | 0                                      | 11,471                                   |                                       | 0                                        | 3,316,151                        |                                          | 1.00                                 |
| 2.00                    | Physical Therapy                                                                                                                   | 0                                      | 12,254                                   |                                       | 0                                        | 2,220,915                        |                                          | 2.00                                 |
| 3.00                    | Occupational Therapy                                                                                                               | 0                                      | 3,481                                    |                                       | 0                                        | 467,881                          |                                          | 3.00                                 |
| 4.00                    | Speech Pathology                                                                                                                   | 0                                      | 448                                      |                                       | 0                                        | 77,087                           |                                          | 4.00                                 |
| 5.00                    | Medical Social Services                                                                                                            | 0                                      | 128                                      |                                       | 0                                        | 101,898                          |                                          | 5.00                                 |
| 6.00                    | Home Health Aide                                                                                                                   | 0                                      | 2,193                                    |                                       | 0                                        | 282,480                          |                                          | 6.00                                 |
| 7.00                    | Total (sum of lines 1-6)                                                                                                           | 0                                      | 29,975                                   |                                       | 0                                        | 6,466,412                        |                                          | 7.00                                 |
| Cost Center Description |                                                                                                                                    |                                        |                                          |                                       |                                          |                                  |                                          |                                      |
|                         |                                                                                                                                    | 6.00                                   | 7.00                                     | 8.00                                  | 9.00                                     | 10.00                            | 11.00                                    |                                      |
|                         | Limitation Cost Computation                                                                                                        |                                        |                                          |                                       |                                          |                                  |                                          |                                      |
| 8.00                    | Skilled Nursing Care                                                                                                               |                                        |                                          |                                       |                                          |                                  |                                          | 8.00                                 |
| 9.00                    | Physical Therapy                                                                                                                   |                                        |                                          |                                       |                                          |                                  |                                          | 9.00                                 |
| 10.00                   | Occupational Therapy                                                                                                               |                                        |                                          |                                       |                                          |                                  |                                          | 10.00                                |
| 11.00                   | Speech Pathology                                                                                                                   |                                        |                                          |                                       |                                          |                                  |                                          | 11.00                                |
| 12.00                   | Medical Social Services                                                                                                            |                                        |                                          |                                       |                                          |                                  |                                          | 12.00                                |
| 13.00                   | Home Health Aide                                                                                                                   |                                        |                                          |                                       |                                          |                                  |                                          | 13.00                                |
| 14.00                   | Total (sum of lines 8-13)                                                                                                          |                                        |                                          |                                       |                                          |                                  |                                          | 14.00                                |

## APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0209

Period:

Worksheet H-3

HHA CCN: 14-7259

From 01/01/2019

Part I

To 12/31/2019

Date/Time Prepared:

8/5/2020 1:45 pm

Title XVIII

Home Health  
Agency I

PPS

| Cost Center Description                                                                                                            |                                      | Program Covered Charges                |                                          |                                      | Cost of Services | Agency 1                                 |                                      |       |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------|------------------------------------------|--------------------------------------|------------------|------------------------------------------|--------------------------------------|-------|
|                                                                                                                                    |                                      | Part A                                 | Part B                                   |                                      | Part A           | Part B                                   |                                      |       |
|                                                                                                                                    |                                      |                                        | Not Subject to Deductibles & Coinsurance | Subject to Deductibles & Coinsurance |                  | Not Subject to Deductibles & Coinsurance | Subject to Deductibles & Coinsurance |       |
|                                                                                                                                    |                                      |                                        | 6.00                                     | 7.00                                 |                  | 8.00                                     | 9.00                                 | 10.00 |
|                                                                                                                                    | Supplies and Drugs Cost Computations |                                        |                                          |                                      |                  |                                          |                                      |       |
| 15.00                                                                                                                              | Cost of Medical Supplies             | 0                                      | 239,211                                  | 0                                    | 0                | 0                                        | 0                                    | 15.00 |
| 16.00                                                                                                                              | Cost of Drugs                        |                                        | 0                                        | 0                                    |                  | 0                                        | 0                                    | 16.00 |
| Cost Center Description                                                                                                            |                                      | Total Program Cost (sum of cols. 9-10) |                                          |                                      |                  |                                          |                                      |       |
|                                                                                                                                    |                                      |                                        |                                          |                                      |                  |                                          |                                      |       |
|                                                                                                                                    |                                      | 12.00                                  |                                          |                                      |                  |                                          |                                      |       |
| PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION |                                      |                                        |                                          |                                      |                  |                                          |                                      |       |
| Cost Per Visit Computation                                                                                                         |                                      |                                        |                                          |                                      |                  |                                          |                                      |       |
| 1.00                                                                                                                               | Skilled Nursing Care                 | 3,316,151                              |                                          |                                      |                  |                                          |                                      | 1.00  |
| 2.00                                                                                                                               | Physical Therapy                     | 2,220,915                              |                                          |                                      |                  |                                          |                                      | 2.00  |
| 3.00                                                                                                                               | Occupational Therapy                 | 467,881                                |                                          |                                      |                  |                                          |                                      | 3.00  |
| 4.00                                                                                                                               | Speech Pathology                     | 77,087                                 |                                          |                                      |                  |                                          |                                      | 4.00  |
| 5.00                                                                                                                               | Medical Social Services              | 101,898                                |                                          |                                      |                  |                                          |                                      | 5.00  |
| 6.00                                                                                                                               | Home Health Aide                     | 282,480                                |                                          |                                      |                  |                                          |                                      | 6.00  |
| 7.00                                                                                                                               | Total (sum of lines 1-6)             | 6,466,412                              |                                          |                                      |                  |                                          |                                      | 7.00  |
| Cost Center Description                                                                                                            |                                      |                                        |                                          |                                      |                  |                                          |                                      |       |
|                                                                                                                                    |                                      | 12.00                                  |                                          |                                      |                  |                                          |                                      |       |
| Limitation Cost Computation                                                                                                        |                                      |                                        |                                          |                                      |                  |                                          |                                      |       |
| 8.00                                                                                                                               | Skilled Nursing Care                 |                                        |                                          |                                      |                  |                                          |                                      | 8.00  |
| 9.00                                                                                                                               | Physical Therapy                     |                                        |                                          |                                      |                  |                                          |                                      | 9.00  |
| 10.00                                                                                                                              | Occupational Therapy                 |                                        |                                          |                                      |                  |                                          |                                      | 10.00 |
| 11.00                                                                                                                              | Speech Pathology                     |                                        |                                          |                                      |                  |                                          |                                      | 11.00 |
| 12.00                                                                                                                              | Medical Social Services              |                                        |                                          |                                      |                  |                                          |                                      | 12.00 |
| 13.00                                                                                                                              | Home Health Aide                     |                                        |                                          |                                      |                  |                                          |                                      | 13.00 |
| 14.00                                                                                                                              | Total (sum of lines 8-13)            |                                        |                                          |                                      |                  |                                          |                                      | 14.00 |

## APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0209

Period:

Worksheet H-3

HHA CCN: 14-7259

From 01/01/2019  
To 12/31/2019Part II  
Date/Time Prepared:  
8/5/2020 1:45 pm

Title XVIII

Home Health  
Agency I

PPS

| Cost Center Description                                                                  | From Wkst. C,<br>Part I, col.<br>9, line | Cost to Charge<br>Ratio | Total HHA<br>Charge (from<br>provider<br>records) | HHA Shared<br>Ancillary<br>Costs (col. 1<br>x col. 2) | Transfer to<br>Part I as<br>Indicated |  |      |
|------------------------------------------------------------------------------------------|------------------------------------------|-------------------------|---------------------------------------------------|-------------------------------------------------------|---------------------------------------|--|------|
|                                                                                          | 0                                        | 1.00                    | 2.00                                              | 3.00                                                  | 4.00                                  |  |      |
| PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS |                                          |                         |                                                   |                                                       |                                       |  |      |
| 1.00 Physical Therapy                                                                    | 66.00                                    | 0.248282                | 0                                                 | 0                                                     | col. 2, line 2.00                     |  | 1.00 |
| 2.00 Occupational Therapy                                                                | 67.00                                    | 0.236999                | 0                                                 | 0                                                     | col. 2, line 3.00                     |  | 2.00 |
| 3.00 Speech Pathology                                                                    | 68.00                                    | 0.297604                | 0                                                 | 0                                                     | col. 2, line 4.00                     |  | 3.00 |
| 4.00 Cost of Medical Supplies                                                            | 71.00                                    | 0.024559                | 0                                                 | 0                                                     | col. 2, line 15.00                    |  | 4.00 |
| 5.00 Cost of Drugs                                                                       | 73.00                                    | 0.257727                | 0                                                 | 0                                                     | col. 2, line 16.00                    |  | 5.00 |

| CALCULATION OF HHA REIMBURSEMENT SETTLEMENT                                       |                                                                                                                                                                      | Provider CCN: 14-0209<br>HHA CCN: 14-7259 |          | Period:<br>From 01/01/2019<br>To 12/31/2019    |          | Worksheet H-4<br>Part I-II<br>Date/Time Prepared:<br>8/5/2020 1:45 pm |       |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------|------------------------------------------------|----------|-----------------------------------------------------------------------|-------|
|                                                                                   |                                                                                                                                                                      | Title XVIII                               |          | Home Health<br>Agency I                        |          | PPS                                                                   |       |
|                                                                                   |                                                                                                                                                                      | Part A                                    |          | Part B                                         |          |                                                                       |       |
|                                                                                   |                                                                                                                                                                      |                                           |          | Not Subject to<br>Deductibles &<br>Coinsurance |          | Subject to<br>Deductibles &<br>Coinsurance                            |       |
|                                                                                   |                                                                                                                                                                      | 1.00                                      |          | 2.00                                           |          | 3.00                                                                  |       |
| <b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b> |                                                                                                                                                                      |                                           |          |                                                |          |                                                                       |       |
| Reasonable Cost of Part A & Part B Services                                       |                                                                                                                                                                      |                                           |          |                                                |          |                                                                       |       |
| 1.00                                                                              | Reasonable cost of services (see instructions)                                                                                                                       | 0                                         | 0        | 0                                              | 0        | 0                                                                     | 1.00  |
| 2.00                                                                              | Total charges                                                                                                                                                        | 0                                         | 0        | 0                                              | 0        | 0                                                                     | 2.00  |
| Customary Charges                                                                 |                                                                                                                                                                      |                                           |          |                                                |          |                                                                       |       |
| 3.00                                                                              | Amount actually collected from patients liable for payment for services on a charge basis (from your records)                                                        | 0                                         | 0        | 0                                              | 0        | 0                                                                     | 3.00  |
| 4.00                                                                              | Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b) | 0                                         | 0        | 0                                              | 0        | 0                                                                     | 4.00  |
| 5.00                                                                              | Ratio of line 3 to line 4 (not to exceed 1.000000)                                                                                                                   | 0.000000                                  | 0.000000 | 0.000000                                       | 0.000000 | 0.000000                                                              | 5.00  |
| 6.00                                                                              | Total customary charges (see instructions)                                                                                                                           | 0                                         | 0        | 0                                              | 0        | 0                                                                     | 6.00  |
| 7.00                                                                              | Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)                                                                | 0                                         | 0        | 0                                              | 0        | 0                                                                     | 7.00  |
| 8.00                                                                              | Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)                                                                            | 0                                         | 0        | 0                                              | 0        | 0                                                                     | 8.00  |
| 9.00                                                                              | Primary payer amounts                                                                                                                                                | 0                                         | 0        | 0                                              | 0        | 0                                                                     | 9.00  |
|                                                                                   |                                                                                                                                                                      |                                           |          | Part A<br>Services                             |          | Part B<br>Services                                                    |       |
|                                                                                   |                                                                                                                                                                      |                                           |          | 1.00                                           |          | 2.00                                                                  |       |
| <b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>                      |                                                                                                                                                                      |                                           |          |                                                |          |                                                                       |       |
| 10.00                                                                             | Total reasonable cost (see instructions)                                                                                                                             | 0                                         | 0        | 0                                              | 0        | 0                                                                     | 10.00 |
| 11.00                                                                             | Total PPS Reimbursement - Full Episodes without Outliers                                                                                                             | 0                                         | 0        | 5,425,546                                      | 0        | 0                                                                     | 11.00 |
| 12.00                                                                             | Total PPS Reimbursement - Full Episodes with Outliers                                                                                                                | 0                                         | 0        | 183,520                                        | 0        | 0                                                                     | 12.00 |
| 13.00                                                                             | Total PPS Reimbursement - LUPA Episodes                                                                                                                              | 0                                         | 0        | 83,935                                         | 0        | 0                                                                     | 13.00 |
| 14.00                                                                             | Total PPS Reimbursement - PEP Episodes                                                                                                                               | 0                                         | 0        | 56,948                                         | 0        | 0                                                                     | 14.00 |
| 15.00                                                                             | Total PPS Outlier Reimbursement - Full Episodes with Outliers                                                                                                        | 0                                         | 0        | 47,764                                         | 0        | 0                                                                     | 15.00 |
| 16.00                                                                             | Total PPS Outlier Reimbursement - PEP Episodes                                                                                                                       | 0                                         | 0        | 1,232                                          | 0        | 0                                                                     | 16.00 |
| 17.00                                                                             | Total Other Payments                                                                                                                                                 | 0                                         | 0        | 0                                              | 0        | 0                                                                     | 17.00 |
| 18.00                                                                             | DME Payments                                                                                                                                                         | 0                                         | 0        | 0                                              | 0        | 0                                                                     | 18.00 |
| 19.00                                                                             | Oxygen Payments                                                                                                                                                      | 0                                         | 0        | 0                                              | 0        | 0                                                                     | 19.00 |
| 20.00                                                                             | Prosthetic and Orthotic Payments                                                                                                                                     | 0                                         | 0        | 0                                              | 0        | 0                                                                     | 20.00 |
| 21.00                                                                             | Part B deductibles billed to Medicare patients (exclude coinsurance)                                                                                                 | 0                                         | 0        | 0                                              | 0        | 0                                                                     | 21.00 |
| 22.00                                                                             | Subtotal (sum of lines 10 thru 20 minus line 21)                                                                                                                     | 0                                         | 0        | 5,798,945                                      | 0        | 0                                                                     | 22.00 |
| 23.00                                                                             | Excess reasonable cost (from line 8)                                                                                                                                 | 0                                         | 0        | 0                                              | 0        | 0                                                                     | 23.00 |
| 24.00                                                                             | Subtotal (line 22 minus line 23)                                                                                                                                     | 0                                         | 0        | 5,798,945                                      | 0        | 0                                                                     | 24.00 |
| 25.00                                                                             | Coinsurance billed to program patients (from your records)                                                                                                           | 0                                         | 0        | 0                                              | 0        | 0                                                                     | 25.00 |
| 26.00                                                                             | Net cost (line 24 minus line 25)                                                                                                                                     | 0                                         | 0        | 5,798,945                                      | 0        | 0                                                                     | 26.00 |
| 27.00                                                                             | Reimbursable bad debts (from your records)                                                                                                                           | 0                                         | 0        | 0                                              | 0        | 0                                                                     | 27.00 |
| 28.00                                                                             | Reimbursable bad debts for dual eligible beneficiaries (see instructions)                                                                                            | 0                                         | 0        | 0                                              | 0        | 0                                                                     | 28.00 |
| 29.00                                                                             | Total costs - current cost reporting period (line 26 plus line 27)                                                                                                   | 0                                         | 0        | 5,798,945                                      | 0        | 0                                                                     | 29.00 |
| 30.00                                                                             | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)                                                                                                                       | 0                                         | 0        | 0                                              | 0        | 0                                                                     | 30.00 |
| 30.50                                                                             | Pioneer ACO demonstration payment adjustment (see instructions)                                                                                                      | 0                                         | 0        | 0                                              | 0        | 0                                                                     | 30.50 |
| 30.99                                                                             | Demonstration payment adjustment amount before sequestration                                                                                                         | 0                                         | 0        | 0                                              | 0        | 0                                                                     | 30.99 |
| 31.00                                                                             | Subtotal (see instructions)                                                                                                                                          | 0                                         | 0        | 5,798,945                                      | 0        | 0                                                                     | 31.00 |
| 31.01                                                                             | Sequestration adjustment (see instructions)                                                                                                                          | 0                                         | 0        | 115,979                                        | 0        | 0                                                                     | 31.01 |
| 31.02                                                                             | Demonstration payment adjustment amount after sequestration                                                                                                          | 0                                         | 0        | 9,518                                          | 0        | 0                                                                     | 31.02 |
| 32.00                                                                             | Interim payments (see instructions)                                                                                                                                  | 0                                         | 0        | 5,673,448                                      | 0        | 0                                                                     | 32.00 |
| 33.00                                                                             | Tentative settlement (for contractor use only)                                                                                                                       | 0                                         | 0        | 0                                              | 0        | 0                                                                     | 33.00 |
| 34.00                                                                             | Balance due provider/program (line 31 minus lines 31.01, 32, and 33)                                                                                                 | 0                                         | 0        | 0                                              | 0        | 0                                                                     | 34.00 |
| 35.00                                                                             | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2                                                               | 0                                         | 0        | 0                                              | 0        | 0                                                                     | 35.00 |

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED  
TO PROGRAM BENEFICIARIES

Provider CCN: 14-0209

Period:

Worksheet H-5

HHA CCN: 14-7259

From 01/01/2019

Date/Time Prepared:

To 12/31/2019

8/5/2020 1:45 pm

Home Health  
Agency I

PPS

|                               |                                                                                                                                                                                                                        | Inpatient Part A |        | Part B            |                      |      |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------|-------------------|----------------------|------|
|                               |                                                                                                                                                                                                                        | mm/dd/yyyy       | Amount | mm/dd/yyyy        | Amount               |      |
|                               |                                                                                                                                                                                                                        | 1.00             | 2.00   | 3.00              | 4.00                 |      |
| 1.00                          | Total interim payments paid to provider                                                                                                                                                                                |                  | 0      |                   |                      | 1.00 |
| 2.00                          | Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero                          |                  | 0      |                   | 5,673,448            | 2.00 |
| 3.00                          | List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) |                  |        |                   |                      | 3.00 |
| Program to Provider           |                                                                                                                                                                                                                        |                  |        |                   |                      |      |
| 3.01                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 3.01 |
| 3.02                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 3.02 |
| 3.03                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 3.03 |
| 3.04                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 3.04 |
| 3.05                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 3.05 |
| Provider to Program           |                                                                                                                                                                                                                        |                  |        |                   |                      |      |
| 3.50                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 3.50 |
| 3.51                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 3.51 |
| 3.52                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 3.52 |
| 3.53                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 3.53 |
| 3.54                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 3.54 |
| 3.99                          | Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)                                                                                                                                                         |                  | 0      |                   | 0                    | 3.99 |
| 4.00                          | Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)                                                                                                  |                  | 0      |                   | 5,673,448            | 4.00 |
| TO BE COMPLETED BY CONTRACTOR |                                                                                                                                                                                                                        |                  |        |                   |                      |      |
| 5.00                          | List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)                                                                        |                  |        |                   |                      | 5.00 |
| Program to Provider           |                                                                                                                                                                                                                        |                  |        |                   |                      |      |
| 5.01                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 5.01 |
| 5.02                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 5.02 |
| 5.03                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 5.03 |
| Provider to Program           |                                                                                                                                                                                                                        |                  |        |                   |                      |      |
| 5.50                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 5.50 |
| 5.51                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 5.51 |
| 5.52                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 5.52 |
| 5.99                          | Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)                                                                                                                                                         |                  | 0      |                   | 0                    | 5.99 |
| 6.00                          | Determined net settlement amount (balance due) based on the cost report. (1)                                                                                                                                           |                  |        |                   |                      | 6.00 |
| 6.01                          | SETTLEMENT TO PROVIDER                                                                                                                                                                                                 |                  | 0      |                   | 0                    | 6.01 |
| 6.02                          | SETTLEMENT TO PROGRAM                                                                                                                                                                                                  |                  | 0      |                   | 0                    | 6.02 |
| 7.00                          | Total Medicare program liability (see instructions)                                                                                                                                                                    |                  | 0      |                   | 5,673,448            | 7.00 |
|                               |                                                                                                                                                                                                                        |                  |        | Contractor Number | NPR Date (Mo/Day/Yr) |      |
|                               |                                                                                                                                                                                                                        | 0                |        | 1.00              | 2.00                 |      |
| 8.00                          | Name of Contractor                                                                                                                                                                                                     |                  |        |                   |                      | 8.00 |

## ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0209

Period:

Worksheet 0

Hospice CCN: 14-1537

From 01/01/2019  
To 12/31/2019Date/Time Prepared:  
8/5/2020 1:45 pm

|                                          |                                         | Hospice I |           |                               |                        |          |
|------------------------------------------|-----------------------------------------|-----------|-----------|-------------------------------|------------------------|----------|
|                                          |                                         | SALARIES  | OTHER     | SUBTOTAL (col. 1 plus col. 2) | RECLASSIFI-<br>CATIONS | SUBTOTAL |
|                                          |                                         | 1.00      | 2.00      | 3.00                          | 4.00                   | 5.00     |
| GENERAL SERVICE COST CENTERS             |                                         |           |           |                               |                        |          |
| 1.00                                     | CAP REL COSTS-BLDG & FIXT*              |           | 0         | 0                             | 0                      | 1.00     |
| 2.00                                     | CAP REL COSTS-MVBLE EQUIP*              |           | 890       | 890                           | 0                      | 2.00     |
| 3.00                                     | EMPLOYEE BENEFITS DEPARTMENT*           | 0         | 0         | 0                             | 0                      | 3.00     |
| 4.00                                     | ADMINISTRATIVE & GENERAL*               | 402,856   | 821,644   | 1,224,500                     | 0                      | 4.00     |
| 5.00                                     | PLANT OPERATION & MAINTENANCE*          | 0         | 3,065     | 3,065                         | 0                      | 5.00     |
| 6.00                                     | LAUNDRY & LINEN SERVICE*                | 0         | 0         | 0                             | 0                      | 6.00     |
| 7.00                                     | HOUSEKEEPING*                           | 0         | 0         | 0                             | 0                      | 7.00     |
| 8.00                                     | DIETARY*                                | 0         | 6,264     | 6,264                         | 0                      | 8.00     |
| 9.00                                     | NURSING ADMINISTRATION*                 | 0         | 0         | 0                             | 0                      | 9.00     |
| 10.00                                    | ROUTINE MEDICAL SUPPLIES*               | 0         | 142,606   | 142,606                       | 0                      | 10.00    |
| 11.00                                    | MEDICAL RECORDS*                        | 0         | 0         | 0                             | 0                      | 11.00    |
| 12.00                                    | STAFF TRANSPORTATION*                   | 0         | 123,936   | 123,936                       | 0                      | 12.00    |
| 13.00                                    | VOLUNTEER SERVICE COORDINATION*         | 0         | 0         | 0                             | 0                      | 13.00    |
| 14.00                                    | PHARMACY*                               | 0         | 384,018   | 384,018                       | 0                      | 14.00    |
| 15.00                                    | PHYSICIAN ADMINISTRATIVE SERVICES*      | 0         | 0         | 0                             | 0                      | 15.00    |
| 16.00                                    | OTHER GENERAL SERVICE*                  | 0         | 0         | 0                             | 0                      | 16.00    |
| 17.00                                    | PATIENT/RESIDENTIAL CARE SERVICES       |           |           |                               |                        | 17.00    |
| DIRECT PATIENT CARE SERVICE COST CENTERS |                                         |           |           |                               |                        |          |
| 25.00                                    | INPATIENT CARE-CONTRACTED**             |           | 0         | 0                             | 0                      | 25.00    |
| 26.00                                    | PHYSICIAN SERVICES**                    | 135,856   | 29,899    | 165,755                       | 0                      | 26.00    |
| 27.00                                    | NURSE PRACTITIONER**                    | 0         | 0         | 0                             | 0                      | 27.00    |
| 28.00                                    | REGISTERED NURSE**                      | 959,626   | 211,193   | 1,170,819                     | 0                      | 28.00    |
| 29.00                                    | LPN/LVN**                               | 0         | 0         | 0                             | 0                      | 29.00    |
| 30.00                                    | PHYSICAL THERAPY**                      | 0         | 0         | 0                             | 0                      | 30.00    |
| 31.00                                    | OCCUPATIONAL THERAPY**                  | 0         | 0         | 0                             | 0                      | 31.00    |
| 32.00                                    | SPEECH/LANGUAGE PATHOLOGY**             | 0         | 0         | 0                             | 0                      | 32.00    |
| 33.00                                    | MEDICAL SOCIAL SERVICES**               | 115,026   | 25,315    | 140,341                       | 0                      | 33.00    |
| 34.00                                    | SPIRITUAL COUNSELING**                  | 0         | 0         | 0                             | 0                      | 34.00    |
| 35.00                                    | DIETARY COUNSELING**                    | 0         | 0         | 0                             | 0                      | 35.00    |
| 36.00                                    | COUNSELING - OTHER**                    | 0         | 0         | 0                             | 0                      | 36.00    |
| 37.00                                    | HOSPICE AIDE & HOMEMAKER SERVICES**     | 194,761   | 42,862    | 237,623                       | 0                      | 37.00    |
| 38.00                                    | DURABLE MEDICAL EQUIPMENT/OXYGEN**      | 0         | 498,875   | 498,875                       | 0                      | 38.00    |
| 39.00                                    | PATIENT TRANSPORTATION**                | 0         | 0         | 0                             | 0                      | 39.00    |
| 40.00                                    | IMAGING SERVICES**                      | 0         | 0         | 0                             | 0                      | 40.00    |
| 41.00                                    | LABS & DIAGNOSTICS**                    | 0         | 0         | 0                             | 0                      | 41.00    |
| 42.00                                    | MEDICAL SUPPLIES-NON-ROUTINE**          | 0         | 0         | 0                             | 0                      | 42.00    |
| 42.50                                    | DRUGS CHARGED TO PATIENTS**             | 0         | 0         | 0                             | 0                      | 42.50    |
| 43.00                                    | OUTPATIENT SERVICES**                   | 0         | 0         | 0                             | 0                      | 43.00    |
| 44.00                                    | PALLIATIVE RADIATION THERAPY**          | 0         | 0         | 0                             | 0                      | 44.00    |
| 45.00                                    | PALLIATIVE CHEMOTHERAPY**               | 0         | 0         | 0                             | 0                      | 45.00    |
| 46.00                                    | OTHER PATIENT CARE SERVICES (SPECIFY)** | 0         | 0         | 0                             | 0                      | 46.00    |
| NONREIMBURSABLE COST CENTERS             |                                         |           |           |                               |                        |          |
| 60.00                                    | BEREAVEMENT PROGRAM *                   | 122,101   | 0         | 122,101                       | 0                      | 60.00    |
| 61.00                                    | VOLUNTEER PROGRAM *                     | 0         | 0         | 0                             | 0                      | 61.00    |
| 62.00                                    | FUNDRAISING*                            | 0         | 0         | 0                             | 0                      | 62.00    |
| 63.00                                    | HOSPICE/PALLIATIVE MEDICINE FELLOWS*    | 0         | 0         | 0                             | 0                      | 63.00    |
| 64.00                                    | PALLIATIVE CARE PROGRAM*                | 0         | 0         | 0                             | 0                      | 64.00    |
| 65.00                                    | OTHER PHYSICIAN SERVICES*               | 0         | 0         | 0                             | 0                      | 65.00    |
| 66.00                                    | RESIDENTIAL CARE*                       | 0         | 0         | 0                             | 0                      | 66.00    |
| 67.00                                    | ADVERTISING*                            | 0         | 0         | 0                             | 0                      | 67.00    |
| 68.00                                    | TELEHEALTH/TELEMONITORING*              | 0         | 0         | 0                             | 0                      | 68.00    |
| 69.00                                    | THRIFT STORE*                           | 0         | 0         | 0                             | 0                      | 69.00    |
| 70.00                                    | NURSING FACILITY ROOM & BOARD*          | 0         | 0         | 0                             | 0                      | 70.00    |
| 71.00                                    | OTHER NONREIMBURSABLE (SPECIFY)*        | 0         | 0         | 0                             | 0                      | 71.00    |
| 100.00                                   | TOTAL                                   | 1,930,226 | 2,290,567 | 4,220,793                     | 0                      | 100.00   |

\* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

\*\* See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

## ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0209

Period:

Worksheet 0

Hospice CCN: 14-1537

From 01/01/2019  
To 12/31/2019Date/Time Prepared:  
8/5/2020 1:45 pm

|                                          |                                         | ADJUSTMENTS | TOTAL (col. 5<br>± col. 6) | Hospice I |
|------------------------------------------|-----------------------------------------|-------------|----------------------------|-----------|
|                                          |                                         | 6.00        | 7.00                       |           |
| GENERAL SERVICE COST CENTERS             |                                         |             |                            |           |
| 1.00                                     | CAP REL COSTS-BLDG & FIXT*              | 0           | 0                          | 1.00      |
| 2.00                                     | CAP REL COSTS-MVBLE EQUIP*              | 0           | 890                        | 2.00      |
| 3.00                                     | EMPLOYEE BENEFITS DEPARTMENT*           | 0           | 0                          | 3.00      |
| 4.00                                     | ADMINISTRATIVE & GENERAL*               | -3,849      | 1,220,651                  | 4.00      |
| 5.00                                     | PLANT OPERATION & MAINTENANCE*          | 0           | 3,065                      | 5.00      |
| 6.00                                     | LAUNDRY & LINEN SERVICE*                | 0           | 0                          | 6.00      |
| 7.00                                     | HOUSEKEEPING*                           | 0           | 0                          | 7.00      |
| 8.00                                     | DIETARY*                                | 0           | 6,264                      | 8.00      |
| 9.00                                     | NURSING ADMINISTRATION*                 | 0           | 0                          | 9.00      |
| 10.00                                    | ROUTINE MEDICAL SUPPLIES*               | 0           | 142,606                    | 10.00     |
| 11.00                                    | MEDICAL RECORDS*                        | 0           | 0                          | 11.00     |
| 12.00                                    | STAFF TRANSPORTATION*                   | 0           | 123,936                    | 12.00     |
| 13.00                                    | VOLUNTEER SERVICE COORDINATION*         | 0           | 0                          | 13.00     |
| 14.00                                    | PHARMACY*                               | 0           | 384,018                    | 14.00     |
| 15.00                                    | PHYSICIAN ADMINISTRATIVE SERVICES*      | 0           | 0                          | 15.00     |
| 16.00                                    | OTHER GENERAL SERVICE*                  | 0           | 0                          | 16.00     |
| 17.00                                    | PATIENT/RESIDENTIAL CARE SERVICES       |             |                            | 17.00     |
| DIRECT PATIENT CARE SERVICE COST CENTERS |                                         |             |                            |           |
| 25.00                                    | INPATIENT CARE-CONTRACTED**             | 0           | 0                          | 25.00     |
| 26.00                                    | PHYSICIAN SERVICES**                    | 0           | 165,755                    | 26.00     |
| 27.00                                    | NURSE PRACTITIONER**                    | 0           | 0                          | 27.00     |
| 28.00                                    | REGISTERED NURSE**                      | 0           | 1,170,819                  | 28.00     |
| 29.00                                    | LPN/LVN**                               | 0           | 0                          | 29.00     |
| 30.00                                    | PHYSICAL THERAPY**                      | 0           | 0                          | 30.00     |
| 31.00                                    | OCCUPATIONAL THERAPY**                  | 0           | 0                          | 31.00     |
| 32.00                                    | SPEECH/LANGUAGE PATHOLOGY**             | 0           | 0                          | 32.00     |
| 33.00                                    | MEDICAL SOCIAL SERVICES**               | 0           | 140,341                    | 33.00     |
| 34.00                                    | SPIRITUAL COUNSELING**                  | 0           | 0                          | 34.00     |
| 35.00                                    | DIETARY COUNSELING**                    | 0           | 0                          | 35.00     |
| 36.00                                    | COUNSELING - OTHER**                    | 0           | 0                          | 36.00     |
| 37.00                                    | HOSPICE AIDE & HOME MAKER SERVICES**    | 0           | 237,623                    | 37.00     |
| 38.00                                    | DURABLE MEDICAL EQUIPMENT/OXYGEN**      | 0           | 498,875                    | 38.00     |
| 39.00                                    | PATIENT TRANSPORTATION**                | 0           | 0                          | 39.00     |
| 40.00                                    | IMAGING SERVICES**                      | 0           | 0                          | 40.00     |
| 41.00                                    | LABS & DIAGNOSTICS**                    | 0           | 0                          | 41.00     |
| 42.00                                    | MEDICAL SUPPLIES-NON-ROUTINE**          | 0           | 0                          | 42.00     |
| 42.50                                    | DRUGS CHARGED TO PATIENTS**             | 0           | 0                          | 42.50     |
| 43.00                                    | OUTPATIENT SERVICES**                   | 0           | 0                          | 43.00     |
| 44.00                                    | PALLIATIVE RADIATION THERAPY**          | 0           | 0                          | 44.00     |
| 45.00                                    | PALLIATIVE CHEMOTHERAPY**               | 0           | 0                          | 45.00     |
| 46.00                                    | OTHER PATIENT CARE SERVICES (SPECIFY)** | 0           | 0                          | 46.00     |
| NONREIMBURSABLE COST CENTERS             |                                         |             |                            |           |
| 60.00                                    | BEREAVEMENT PROGRAM *                   | 0           | 122,101                    | 60.00     |
| 61.00                                    | VOLUNTEER PROGRAM *                     | 0           | 0                          | 61.00     |
| 62.00                                    | FUNDRAISING*                            | 0           | 0                          | 62.00     |
| 63.00                                    | HOSPICE/PALLIATIVE MEDICINE FELLOWS*    | 0           | 0                          | 63.00     |
| 64.00                                    | PALLIATIVE CARE PROGRAM*                | 0           | 0                          | 64.00     |
| 65.00                                    | OTHER PHYSICIAN SERVICES*               | 0           | 0                          | 65.00     |
| 66.00                                    | RESIDENTIAL CARE*                       | 0           | 0                          | 66.00     |
| 67.00                                    | ADVERTISING*                            | 0           | 0                          | 67.00     |
| 68.00                                    | TELEHEALTH/TELEMONITORING*              | 0           | 0                          | 68.00     |
| 69.00                                    | THRIFT STORE*                           | 0           | 0                          | 69.00     |
| 70.00                                    | NURSING FACILITY ROOM & BOARD*          | 0           | 0                          | 70.00     |
| 71.00                                    | OTHER NONREIMBURSABLE (SPECIFY)*        | 0           | 0                          | 71.00     |
| 100.00                                   | TOTAL                                   | -3,849      | 4,216,944                  | 100.00    |

\* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

\*\* See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE

Provider CCN: 14-0209

Period:

Worksheet 0-2

Hospice CCN: 14-1537

From 01/01/2019  
To 12/31/2019Date/Time Prepared:  
8/5/2020 1:45 pm

|        |                                          |           |         | Hospice I                  |                        |           |        |
|--------|------------------------------------------|-----------|---------|----------------------------|------------------------|-----------|--------|
|        |                                          | SALARIES  | OTHER   | SUBTOTAL (col. 1 + col. 2) | RECLASSIFI-<br>CATIONS | SUBTOTAL  |        |
|        |                                          | 1.00      | 2.00    | 3.00                       | 4.00                   | 5.00      |        |
|        | DIRECT PATIENT CARE SERVICE COST CENTERS |           |         |                            |                        |           |        |
| 25.00  | INPATIENT CARE-CONTRACTED                |           |         |                            |                        |           | 25.00  |
| 26.00  | PHYSICIAN SERVICES                       | 134,093   | 29,511  | 163,604                    | 0                      | 163,604   | 26.00  |
| 27.00  | NURSE PRACTITIONER                       | 0         | 0       | 0                          | 0                      | 0         | 27.00  |
| 28.00  | REGISTERED NURSE                         | 947,173   | 208,452 | 1,155,625                  | 0                      | 1,155,625 | 28.00  |
| 29.00  | LPN/LVN                                  | 0         | 0       | 0                          | 0                      | 0         | 29.00  |
| 30.00  | PHYSICAL THERAPY                         | 0         | 0       | 0                          | 0                      | 0         | 30.00  |
| 31.00  | OCCUPATIONAL THERAPY                     | 0         | 0       | 0                          | 0                      | 0         | 31.00  |
| 32.00  | SPEECH/LANGUAGE PATHOLOGY                | 0         | 0       | 0                          | 0                      | 0         | 32.00  |
| 33.00  | MEDICAL SOCIAL SERVICES                  | 113,534   | 24,986  | 138,520                    | 0                      | 138,520   | 33.00  |
| 34.00  | SPIRITUAL COUNSELING                     | 0         | 0       | 0                          | 0                      | 0         | 34.00  |
| 35.00  | DIETARY COUNSELING                       | 0         | 0       | 0                          | 0                      | 0         | 35.00  |
| 36.00  | COUNSELING - OTHER                       | 0         | 0       | 0                          | 0                      | 0         | 36.00  |
| 37.00  | HOSPICE AIDE & HOMEMAKER SERVICES        | 192,234   | 42,306  | 234,540                    | 0                      | 234,540   | 37.00  |
| 38.00  | DURABLE MEDICAL EQUIPMENT/OXYGEN         | 0         | 498,875 | 498,875                    | 0                      | 498,875   | 38.00  |
| 39.00  | PATIENT TRANSPORTATION                   | 0         | 0       | 0                          | 0                      | 0         | 39.00  |
| 40.00  | IMAGING SERVICES                         | 0         | 0       | 0                          | 0                      | 0         | 40.00  |
| 41.00  | LABS & DIAGNOSTICS                       | 0         | 0       | 0                          | 0                      | 0         | 41.00  |
| 42.00  | MEDICAL SUPPLIES-NON-ROUTINE             | 0         | 0       | 0                          | 0                      | 0         | 42.00  |
| 42.50  | DRUGS CHARGED TO PATIENTS                | 0         | 0       | 0                          | 0                      | 0         | 42.50  |
| 43.00  | OUTPATIENT SERVICES                      | 0         | 0       | 0                          | 0                      | 0         | 43.00  |
| 44.00  | PALLIATIVE RADIATION THERAPY             | 0         | 0       | 0                          | 0                      | 0         | 44.00  |
| 45.00  | PALLIATIVE CHEMOTHERAPY                  | 0         | 0       | 0                          | 0                      | 0         | 45.00  |
| 46.00  | OTHER PATIENT CARE SERVICES (SPECIFY)    | 0         | 0       | 0                          | 0                      | 0         | 46.00  |
| 100.00 | TOTAL *                                  | 1,387,034 | 804,130 | 2,191,164                  | 0                      | 2,191,164 | 100.00 |

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

|                                          |                                       | ADJUSTMENTS | TOTAL (col. 5<br>± col. 6) |        |
|------------------------------------------|---------------------------------------|-------------|----------------------------|--------|
|                                          |                                       | 6.00        | 7.00                       |        |
| DIRECT PATIENT CARE SERVICE COST CENTERS |                                       |             |                            |        |
| 25.00                                    | INPATIENT CARE-CONTRACTED             |             |                            | 25.00  |
| 26.00                                    | PHYSICIAN SERVICES                    | 0           | 163,604                    | 26.00  |
| 27.00                                    | NURSE PRACTITIONER                    | 0           | 0                          | 27.00  |
| 28.00                                    | REGISTERED NURSE                      | 0           | 1,155,625                  | 28.00  |
| 29.00                                    | LPN/LVN                               | 0           | 0                          | 29.00  |
| 30.00                                    | PHYSICAL THERAPY                      | 0           | 0                          | 30.00  |
| 31.00                                    | OCCUPATIONAL THERAPY                  | 0           | 0                          | 31.00  |
| 32.00                                    | SPEECH/LANGUAGE PATHOLOGY             | 0           | 0                          | 32.00  |
| 33.00                                    | MEDICAL SOCIAL SERVICES               | 0           | 138,520                    | 33.00  |
| 34.00                                    | SPIRITUAL COUNSELING                  | 0           | 0                          | 34.00  |
| 35.00                                    | DIETARY COUNSELING                    | 0           | 0                          | 35.00  |
| 36.00                                    | COUNSELING - OTHER                    | 0           | 0                          | 36.00  |
| 37.00                                    | HOSPICE AIDE & HOMEMAKER SERVICES     | 0           | 234,540                    | 37.00  |
| 38.00                                    | DURABLE MEDICAL EQUIPMENT/OXYGEN      | 0           | 498,875                    | 38.00  |
| 39.00                                    | PATIENT TRANSPORTATION                | 0           | 0                          | 39.00  |
| 40.00                                    | IMAGING SERVICES                      | 0           | 0                          | 40.00  |
| 41.00                                    | LABS & DIAGNOSTICS                    | 0           | 0                          | 41.00  |
| 42.00                                    | MEDICAL SUPPLIES-NON-ROUTINE          | 0           | 0                          | 42.00  |
| 42.50                                    | DRUGS CHARGED TO PATIENTS             | 0           | 0                          | 42.50  |
| 43.00                                    | OUTPATIENT SERVICES                   | 0           | 0                          | 43.00  |
| 44.00                                    | PALLIATIVE RADIATION THERAPY          | 0           | 0                          | 44.00  |
| 45.00                                    | PALLIATIVE CHEMOTHERAPY               | 0           | 0                          | 45.00  |
| 46.00                                    | OTHER PATIENT CARE SERVICES (SPECIFY) | 0           | 0                          | 46.00  |
| 100.00                                   | TOTAL *                               | 0           | 2,191,164                  | 100.00 |

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT  
RESPIRE CARE

Provider CCN: 14-0209

Period:

Worksheet 0-3

Hospice CCN: 14-1537

From 01/01/2019  
To 12/31/2019Date/Time Prepared:  
8/5/2020 1:45 pm

|        |                                          |          |       | Hospice I                  |                        |          |        |
|--------|------------------------------------------|----------|-------|----------------------------|------------------------|----------|--------|
|        |                                          | SALARIES | OTHER | SUBTOTAL (col. 1 + col. 2) | RECLASSIFI-<br>CATIONS | SUBTOTAL |        |
|        |                                          | 1.00     | 2.00  | 3.00                       | 4.00                   | 5.00     |        |
|        | DIRECT PATIENT CARE SERVICE COST CENTERS |          |       |                            |                        |          |        |
| 25.00  | INPATIENT CARE-CONTRACTED                |          | 0     | 0                          | 0                      | 0        | 25.00  |
| 26.00  | PHYSICIAN SERVICES                       | 159      | 35    | 194                        | 0                      | 194      | 26.00  |
| 27.00  | NURSE PRACTITIONER                       | 0        | 0     | 0                          | 0                      | 0        | 27.00  |
| 28.00  | REGISTERED NURSE                         | 1,121    | 247   | 1,368                      | 0                      | 1,368    | 28.00  |
| 29.00  | LPN/LVN                                  | 0        | 0     | 0                          | 0                      | 0        | 29.00  |
| 30.00  | PHYSICAL THERAPY                         | 0        | 0     | 0                          | 0                      | 0        | 30.00  |
| 31.00  | OCCUPATIONAL THERAPY                     | 0        | 0     | 0                          | 0                      | 0        | 31.00  |
| 32.00  | SPEECH/LANGUAGE PATHOLOGY                | 0        | 0     | 0                          | 0                      | 0        | 32.00  |
| 33.00  | MEDICAL SOCIAL SERVICES                  | 134      | 30    | 164                        | 0                      | 164      | 33.00  |
| 34.00  | SPIRITUAL COUNSELING                     | 0        | 0     | 0                          | 0                      | 0        | 34.00  |
| 35.00  | DIETARY COUNSELING                       | 0        | 0     | 0                          | 0                      | 0        | 35.00  |
| 36.00  | COUNSELING - OTHER                       | 0        | 0     | 0                          | 0                      | 0        | 36.00  |
| 37.00  | HOSPICE AIDE & HOMEMAKER SERVICES        | 227      | 50    | 277                        | 0                      | 277      | 37.00  |
| 38.00  | DURABLE MEDICAL EQUIPMENT/OXYGEN         | 0        | 0     | 0                          | 0                      | 0        | 38.00  |
| 39.00  | PATIENT TRANSPORTATION                   | 0        | 0     | 0                          | 0                      | 0        | 39.00  |
| 40.00  | IMAGING SERVICES                         | 0        | 0     | 0                          | 0                      | 0        | 40.00  |
| 41.00  | LABS & DIAGNOSTICS                       | 0        | 0     | 0                          | 0                      | 0        | 41.00  |
| 42.00  | MEDICAL SUPPLIES-NON-ROUTINE             | 0        | 0     | 0                          | 0                      | 0        | 42.00  |
| 42.50  | DRUGS CHARGED TO PATIENTS                | 0        | 0     | 0                          | 0                      | 0        | 42.50  |
| 43.00  | OUTPATIENT SERVICES                      | 0        | 0     | 0                          | 0                      | 0        | 43.00  |
| 44.00  | PALLIATIVE RADIATION THERAPY             | 0        | 0     | 0                          | 0                      | 0        | 44.00  |
| 45.00  | PALLIATIVE CHEMOTHERAPY                  | 0        | 0     | 0                          | 0                      | 0        | 45.00  |
| 46.00  | OTHER PATIENT CARE SERVICES (SPECIFY)    | 0        | 0     | 0                          | 0                      | 0        | 46.00  |
| 100.00 | TOTAL *                                  | 1,641    | 362   | 2,003                      | 0                      | 2,003    | 100.00 |

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

|                                          |                                       | ADJUSTMENTS | TOTAL (col. 5<br>± col. 6) |        |
|------------------------------------------|---------------------------------------|-------------|----------------------------|--------|
|                                          |                                       | 6.00        | 7.00                       |        |
| DIRECT PATIENT CARE SERVICE COST CENTERS |                                       |             |                            |        |
| 25.00                                    | INPATIENT CARE-CONTRACTED             | 0           | 0                          | 25.00  |
| 26.00                                    | PHYSICIAN SERVICES                    | 0           | 194                        | 26.00  |
| 27.00                                    | NURSE PRACTITIONER                    | 0           | 0                          | 27.00  |
| 28.00                                    | REGISTERED NURSE                      | 0           | 1,368                      | 28.00  |
| 29.00                                    | LPN/LVN                               | 0           | 0                          | 29.00  |
| 30.00                                    | PHYSICAL THERAPY                      | 0           | 0                          | 30.00  |
| 31.00                                    | OCCUPATIONAL THERAPY                  | 0           | 0                          | 31.00  |
| 32.00                                    | SPEECH/LANGUAGE PATHOLOGY             | 0           | 0                          | 32.00  |
| 33.00                                    | MEDICAL SOCIAL SERVICES               | 0           | 164                        | 33.00  |
| 34.00                                    | SPIRITUAL COUNSELING                  | 0           | 0                          | 34.00  |
| 35.00                                    | DIETARY COUNSELING                    | 0           | 0                          | 35.00  |
| 36.00                                    | COUNSELING - OTHER                    | 0           | 0                          | 36.00  |
| 37.00                                    | HOSPICE AIDE & HOMEMAKER SERVICES     | 0           | 277                        | 37.00  |
| 38.00                                    | DURABLE MEDICAL EQUIPMENT/OXYGEN      | 0           | 0                          | 38.00  |
| 39.00                                    | PATIENT TRANSPORTATION                | 0           | 0                          | 39.00  |
| 40.00                                    | IMAGING SERVICES                      | 0           | 0                          | 40.00  |
| 41.00                                    | LABS & DIAGNOSTICS                    | 0           | 0                          | 41.00  |
| 42.00                                    | MEDICAL SUPPLIES-NON-ROUTINE          | 0           | 0                          | 42.00  |
| 42.50                                    | DRUGS CHARGED TO PATIENTS             | 0           | 0                          | 42.50  |
| 43.00                                    | OUTPATIENT SERVICES                   | 0           | 0                          | 43.00  |
| 44.00                                    | PALLIATIVE RADIATION THERAPY          | 0           | 0                          | 44.00  |
| 45.00                                    | PALLIATIVE CHEMOTHERAPY               | 0           | 0                          | 45.00  |
| 46.00                                    | OTHER PATIENT CARE SERVICES (SPECIFY) | 0           | 0                          | 46.00  |
| 100.00                                   | TOTAL *                               | 0           | 2,003                      | 100.00 |

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

|                                                                             |  |                       |                                       |                                      |
|-----------------------------------------------------------------------------|--|-----------------------|---------------------------------------|--------------------------------------|
| ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE |  | Provider CCN: 14-0209 | Period: From 01/01/2019 To 12/31/2019 | Worksheet 0-4                        |
|                                                                             |  | Hospice CCN: 14-1537  |                                       | Date/Time Prepared: 8/5/2020 1:45 pm |

|                                          |                                       | SALARIES | OTHER | SUBTOTAL (col. 1 + col. 2) | Hospice I RECLASSIFICATIONS | SUBTOTAL |        |
|------------------------------------------|---------------------------------------|----------|-------|----------------------------|-----------------------------|----------|--------|
|                                          |                                       | 1.00     | 2.00  | 3.00                       | 4.00                        | 5.00     |        |
| DIRECT PATIENT CARE SERVICE COST CENTERS |                                       |          |       |                            |                             |          |        |
| 25.00                                    | INPATIENT CARE-CONTRACTED             |          | 0     | 0                          | 0                           | 0        | 25.00  |
| 26.00                                    | PHYSICIAN SERVICES                    | 1,604    | 353   | 1,957                      | 0                           | 1,957    | 26.00  |
| 27.00                                    | NURSE PRACTITIONER                    | 0        | 0     | 0                          | 0                           | 0        | 27.00  |
| 28.00                                    | REGISTERED NURSE                      | 11,332   | 2,494 | 13,826                     | 0                           | 13,826   | 28.00  |
| 29.00                                    | LPN/LVN                               | 0        | 0     | 0                          | 0                           | 0        | 29.00  |
| 30.00                                    | PHYSICAL THERAPY                      | 0        | 0     | 0                          | 0                           | 0        | 30.00  |
| 31.00                                    | OCCUPATIONAL THERAPY                  | 0        | 0     | 0                          | 0                           | 0        | 31.00  |
| 32.00                                    | SPEECH/LANGUAGE PATHOLOGY             | 0        | 0     | 0                          | 0                           | 0        | 32.00  |
| 33.00                                    | MEDICAL SOCIAL SERVICES               | 1,358    | 299   | 1,657                      | 0                           | 1,657    | 33.00  |
| 34.00                                    | SPIRITUAL COUNSELING                  | 0        | 0     | 0                          | 0                           | 0        | 34.00  |
| 35.00                                    | DIETARY COUNSELING                    | 0        | 0     | 0                          | 0                           | 0        | 35.00  |
| 36.00                                    | COUNSELING - OTHER                    | 0        | 0     | 0                          | 0                           | 0        | 36.00  |
| 37.00                                    | HOSPICE AIDE & HOME MAKER SERVICES    | 2,300    | 506   | 2,806                      | 0                           | 2,806    | 37.00  |
| 38.00                                    | DURABLE MEDICAL EQUIPMENT/OXYGEN      | 0        | 0     | 0                          | 0                           | 0        | 38.00  |
| 39.00                                    | PATIENT TRANSPORTATION                | 0        | 0     | 0                          | 0                           | 0        | 39.00  |
| 40.00                                    | IMAGING SERVICES                      | 0        | 0     | 0                          | 0                           | 0        | 40.00  |
| 41.00                                    | LABS & DIAGNOSTICS                    | 0        | 0     | 0                          | 0                           | 0        | 41.00  |
| 42.00                                    | MEDICAL SUPPLIES-NON-ROUTINE          | 0        | 0     | 0                          | 0                           | 0        | 42.00  |
| 42.50                                    | DRUGS CHARGED TO PATIENTS             | 0        | 0     | 0                          | 0                           | 0        | 42.50  |
| 43.00                                    | OUTPATIENT SERVICES                   | 0        | 0     | 0                          | 0                           | 0        | 43.00  |
| 44.00                                    | PALLIATIVE RADIATION THERAPY          | 0        | 0     | 0                          | 0                           | 0        | 44.00  |
| 45.00                                    | PALLIATIVE CHEMOTHERAPY               | 0        | 0     | 0                          | 0                           | 0        | 45.00  |
| 46.00                                    | OTHER PATIENT CARE SERVICES (SPECIFY) | 0        | 0     | 0                          | 0                           | 0        | 46.00  |
| 100.00                                   | TOTAL *                               | 16,594   | 3,652 | 20,246                     | 0                           | 20,246   | 100.00 |

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

|                                          |                                       | ADJUSTMENTS | TOTAL (col. 5 ± col. 6) |        |
|------------------------------------------|---------------------------------------|-------------|-------------------------|--------|
|                                          |                                       | 6.00        | 7.00                    |        |
| DIRECT PATIENT CARE SERVICE COST CENTERS |                                       |             |                         |        |
| 25.00                                    | INPATIENT CARE-CONTRACTED             | 0           | 0                       | 25.00  |
| 26.00                                    | PHYSICIAN SERVICES                    | 0           | 1,957                   | 26.00  |
| 27.00                                    | NURSE PRACTITIONER                    | 0           | 0                       | 27.00  |
| 28.00                                    | REGISTERED NURSE                      | 0           | 13,826                  | 28.00  |
| 29.00                                    | LPN/LVN                               | 0           | 0                       | 29.00  |
| 30.00                                    | PHYSICAL THERAPY                      | 0           | 0                       | 30.00  |
| 31.00                                    | OCCUPATIONAL THERAPY                  | 0           | 0                       | 31.00  |
| 32.00                                    | SPEECH/LANGUAGE PATHOLOGY             | 0           | 0                       | 32.00  |
| 33.00                                    | MEDICAL SOCIAL SERVICES               | 0           | 1,657                   | 33.00  |
| 34.00                                    | SPIRITUAL COUNSELING                  | 0           | 0                       | 34.00  |
| 35.00                                    | DIETARY COUNSELING                    | 0           | 0                       | 35.00  |
| 36.00                                    | COUNSELING - OTHER                    | 0           | 0                       | 36.00  |
| 37.00                                    | HOSPICE AIDE & HOME MAKER SERVICES    | 0           | 2,806                   | 37.00  |
| 38.00                                    | DURABLE MEDICAL EQUIPMENT/OXYGEN      | 0           | 0                       | 38.00  |
| 39.00                                    | PATIENT TRANSPORTATION                | 0           | 0                       | 39.00  |
| 40.00                                    | IMAGING SERVICES                      | 0           | 0                       | 40.00  |
| 41.00                                    | LABS & DIAGNOSTICS                    | 0           | 0                       | 41.00  |
| 42.00                                    | MEDICAL SUPPLIES-NON-ROUTINE          | 0           | 0                       | 42.00  |
| 42.50                                    | DRUGS CHARGED TO PATIENTS             | 0           | 0                       | 42.50  |
| 43.00                                    | OUTPATIENT SERVICES                   | 0           | 0                       | 43.00  |
| 44.00                                    | PALLIATIVE RADIATION THERAPY          | 0           | 0                       | 44.00  |
| 45.00                                    | PALLIATIVE CHEMOTHERAPY               | 0           | 0                       | 45.00  |
| 46.00                                    | OTHER PATIENT CARE SERVICES (SPECIFY) | 0           | 0                       | 46.00  |
| 100.00                                   | TOTAL *                               | 0           | 20,246                  | 100.00 |

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET  
EXPENSES FOR ALLOCATION

Provider CCN: 14-0209

Period:

Worksheet 0-5

Hospice CCN: 14-1537

From 01/01/2019  
To 12/31/2019Date/Time Prepared:  
8/5/2020 1:45 pm

| Descriptions                 |                                     | Hospice I                                        |                                                                               | TOTAL EXPENSES<br>(sum of cols.<br>1 + 2) |        |
|------------------------------|-------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------|--------|
|                              |                                     | HOSPICE DIRECT<br>EXPENSES (see<br>instructions) | GENERAL<br>SERVICE<br>EXPENSES FROM<br>WKST B PART I<br>(see<br>instructions) |                                           |        |
|                              |                                     | 1.00                                             | 2.00                                                                          | 3.00                                      |        |
| GENERAL SERVICE COST CENTERS |                                     |                                                  |                                                                               |                                           |        |
| 1.00                         | CAP REL COSTS-BLDG & FIXT           | 0                                                | 23,376                                                                        | 23,376                                    | 1.00   |
| 2.00                         | CAP REL COSTS-MVBLE EQUIP           | 890                                              | 104                                                                           | 994                                       | 2.00   |
| 3.00                         | EMPLOYEE BENEFITS DEPARTMENT        | 0                                                | 174,205                                                                       | 174,205                                   | 3.00   |
| 4.00                         | ADMINISTRATIVE & GENERAL            | 1,220,651                                        | 1,477,880                                                                     | 2,698,531                                 | 4.00   |
| 5.00                         | PLANT OPERATION & MAINTENANCE       | 3,065                                            | 91,913                                                                        | 94,978                                    | 5.00   |
| 6.00                         | LAUNDRY & LINEN SERVICE             | 0                                                | 0                                                                             | 0                                         | 6.00   |
| 7.00                         | HOUSEKEEPING                        | 0                                                | 0                                                                             | 0                                         | 7.00   |
| 8.00                         | DIETARY                             | 6,264                                            | 0                                                                             | 6,264                                     | 8.00   |
| 9.00                         | NURSING ADMINISTRATION              | 0                                                | 177,925                                                                       | 177,925                                   | 9.00   |
| 10.00                        | ROUTINE MEDICAL SUPPLIES            | 142,606                                          | 0                                                                             | 142,606                                   | 10.00  |
| 11.00                        | MEDICAL RECORDS                     | 0                                                | 0                                                                             | 0                                         | 11.00  |
| 12.00                        | STAFF TRANSPORTATION                | 123,936                                          | 0                                                                             | 123,936                                   | 12.00  |
| 13.00                        | VOLUNTEER SERVICE COORDINATION      | 0                                                | 0                                                                             | 0                                         | 13.00  |
| 14.00                        | PHARMACY                            | 384,018                                          | 159,517                                                                       | 543,535                                   | 14.00  |
| 15.00                        | PHYSICIAN ADMINISTRATIVE SERVICES   | 0                                                | 0                                                                             | 0                                         | 15.00  |
| 16.00                        | OTHER GENERAL SERVICE               | 0                                                | 0                                                                             | 0                                         | 16.00  |
| 17.00                        | PATIENT/RESIDENTIAL CARE SERVICES   | 0                                                | 0                                                                             | 0                                         | 17.00  |
| LEVEL OF CARE                |                                     |                                                  |                                                                               |                                           |        |
| 50.00                        | HOSPICE CONTINUOUS HOME CARE        | 0                                                | 0                                                                             | 0                                         | 50.00  |
| 51.00                        | HOSPICE ROUTINE HOME CARE           | 2,191,164                                        | 0                                                                             | 2,191,164                                 | 51.00  |
| 52.00                        | HOSPICE INPATIENT RESPITE CARE      | 2,003                                            | 0                                                                             | 2,003                                     | 52.00  |
| 53.00                        | HOSPICE GENERAL INPATIENT CARE      | 20,246                                           | 0                                                                             | 20,246                                    | 53.00  |
| NONREIMBURSABLE COST CENTERS |                                     |                                                  |                                                                               |                                           |        |
| 60.00                        | BEREAVEMENT PROGRAM                 | 122,101                                          | 0                                                                             | 122,101                                   | 60.00  |
| 61.00                        | VOLUNTEER PROGRAM                   | 0                                                | 0                                                                             | 0                                         | 61.00  |
| 62.00                        | FUNDRAISING                         | 0                                                | 0                                                                             | 0                                         | 62.00  |
| 63.00                        | HOSPICE/PALLIATIVE MEDICINE FELLOWS | 0                                                | 0                                                                             | 0                                         | 63.00  |
| 64.00                        | PALLIATIVE CARE PROGRAM             | 0                                                | 0                                                                             | 0                                         | 64.00  |
| 65.00                        | OTHER PHYSICIAN SERVICES            | 0                                                | 0                                                                             | 0                                         | 65.00  |
| 66.00                        | RESIDENTIAL CARE                    | 0                                                | 0                                                                             | 0                                         | 66.00  |
| 67.00                        | ADVERTISING                         | 0                                                | 0                                                                             | 0                                         | 67.00  |
| 68.00                        | TELEHEALTH/TELEMONITORING           | 0                                                | 0                                                                             | 0                                         | 68.00  |
| 69.00                        | THRIFT STORE                        | 0                                                | 0                                                                             | 0                                         | 69.00  |
| 70.00                        | NURSING FACILITY ROOM & BOARD       | 0                                                | 0                                                                             | 0                                         | 70.00  |
| 71.00                        | OTHER NONREIMBURSABLE (SPECIFY)     | 0                                                | 0                                                                             | 0                                         | 71.00  |
| 99.00                        | NEGATIVE COST CENTER                | 0                                                | 0                                                                             | 0                                         | 99.00  |
| 100.00                       | TOTAL                               | 4,216,944                                        | 2,104,920                                                                     | 6,321,864                                 | 100.00 |

## COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:

Worksheet 0-6

Hospice CCN: 14-1537

From 01/01/2019  
To 12/31/2019Part I  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Descriptions                 |                                     | TOTAL EXPENSES |        | CAP REL BLDG & FIX | CAP REL MVBLE EQUIP | Hospice I<br>EMPLOYEE BENEFITS DEPARTMENT | SUBTOTAL  |        |
|------------------------------|-------------------------------------|----------------|--------|--------------------|---------------------|-------------------------------------------|-----------|--------|
|                              |                                     | 0              | 1.00   | 2.00               | 3.00                | 3A                                        |           |        |
| GENERAL SERVICE COST CENTERS |                                     |                |        |                    |                     |                                           |           |        |
| 1.00                         | CAP REL COSTS-BLDG & FIXT           | 23,376         | 23,376 |                    |                     |                                           |           | 1.00   |
| 2.00                         | CAP REL COSTS-MVBLE EQUIP           | 994            |        | 994                |                     |                                           |           | 2.00   |
| 3.00                         | EMPLOYEE BENEFITS DEPARTMENT        | 174,205        | 0      | 0                  | 174,205             |                                           |           | 3.00   |
| 4.00                         | ADMINISTRATIVE & GENERAL            | 2,698,531      | 0      | 994                | 47,378              |                                           | 2,746,903 | 4.00   |
| 5.00                         | PLANT OPERATION & MAINTENANCE       | 94,978         | 0      | 0                  | 0                   |                                           | 94,978    | 5.00   |
| 6.00                         | LAUNDRY & LINEN SERVICE             | 0              | 0      | 0                  | 0                   |                                           | 0         | 6.00   |
| 7.00                         | HOUSEKEEPING                        | 0              | 0      | 0                  | 0                   |                                           | 0         | 7.00   |
| 8.00                         | DIETARY                             | 6,264          | 0      | 0                  | 0                   |                                           | 6,264     | 8.00   |
| 9.00                         | NURSING ADMINISTRATION              | 177,925        | 0      | 0                  | 0                   |                                           | 177,925   | 9.00   |
| 10.00                        | ROUTINE MEDICAL SUPPLIES            | 142,606        | 0      | 0                  | 0                   |                                           | 142,606   | 10.00  |
| 11.00                        | MEDICAL RECORDS                     | 0              | 0      | 0                  | 0                   |                                           | 0         | 11.00  |
| 12.00                        | STAFF TRANSPORTATION                | 123,936        | 0      | 0                  | 0                   |                                           | 123,936   | 12.00  |
| 13.00                        | VOLUNTEER SERVICE COORDINATION      | 0              | 0      | 0                  | 0                   |                                           | 0         | 13.00  |
| 14.00                        | PHARMACY                            | 543,535        | 0      | 0                  | 0                   |                                           | 543,535   | 14.00  |
| 15.00                        | PHYSICIAN ADMINISTRATIVE SERVICES   | 0              | 0      | 0                  | 0                   |                                           | 0         | 15.00  |
| 16.00                        | OTHER GENERAL SERVICE               | 0              | 0      | 0                  | 0                   |                                           | 0         | 16.00  |
| 17.00                        | PATIENT/RESIDENTIAL CARE SERVICES   | 0              | 0      | 0                  | 0                   |                                           | 0         | 17.00  |
| LEVEL OF CARE                |                                     |                |        |                    |                     |                                           |           |        |
| 50.00                        | HOSPICE CONTINUOUS HOME CARE        | 0              |        |                    | 0                   |                                           | 0         | 50.00  |
| 51.00                        | HOSPICE ROUTINE HOME CARE           | 2,191,164      |        |                    | 125,181             |                                           | 2,316,345 | 51.00  |
| 52.00                        | HOSPICE INPATIENT RESPITE CARE      | 2,003          | 1,169  | 0                  | 148                 |                                           | 3,320     | 52.00  |
| 53.00                        | HOSPICE GENERAL INPATIENT CARE      | 20,246         | 22,207 | 0                  | 1,498               |                                           | 43,951    | 53.00  |
| NONREIMBURSABLE COST CENTERS |                                     |                |        |                    |                     |                                           |           |        |
| 60.00                        | BEREAVEMENT PROGRAM                 | 122,101        | 0      | 0                  | 0                   |                                           | 122,101   | 60.00  |
| 61.00                        | VOLUNTEER PROGRAM                   | 0              | 0      | 0                  | 0                   |                                           | 0         | 61.00  |
| 62.00                        | FUNDRAISING                         | 0              | 0      | 0                  | 0                   |                                           | 0         | 62.00  |
| 63.00                        | HOSPICE/PALLIATIVE MEDICINE FELLOWS | 0              | 0      | 0                  | 0                   |                                           | 0         | 63.00  |
| 64.00                        | PALLIATIVE CARE PROGRAM             | 0              | 0      | 0                  | 0                   |                                           | 0         | 64.00  |
| 65.00                        | OTHER PHYSICIAN SERVICES            | 0              | 0      | 0                  | 0                   |                                           | 0         | 65.00  |
| 66.00                        | RESIDENTIAL CARE                    | 0              | 0      | 0                  | 0                   |                                           | 0         | 66.00  |
| 67.00                        | ADVERTISING                         | 0              | 0      | 0                  | 0                   |                                           | 0         | 67.00  |
| 68.00                        | TELEHEALTH/TELEMONITORING           | 0              | 0      | 0                  | 0                   |                                           | 0         | 68.00  |
| 69.00                        | THRIFT STORE                        | 0              | 0      | 0                  | 0                   |                                           | 0         | 69.00  |
| 70.00                        | NURSING FACILITY ROOM & BOARD       | 0              |        |                    |                     |                                           | 0         | 70.00  |
| 71.00                        | OTHER NONREIMBURSABLE (SPECIFY)     | 0              | 0      | 0                  | 0                   |                                           | 0         | 71.00  |
| 99.00                        | NEGATIVE COST CENTER                | 0              | 0      | 0                  | 0                   |                                           | 0         | 99.00  |
| 100.00                       | TOTAL                               | 6,321,864      | 23,376 | 994                | 174,205             |                                           | 6,321,864 | 100.00 |

## COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:

Worksheet 0-6

Hospice CCN: 14-1537

From 01/01/2019  
To 12/31/2019Part I  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Descriptions                 |                                     | ADMINISTRATIVE<br>& GENERAL |         | PLANT<br>OPERATION &<br>MAINTENANCE | LAUNDRY &<br>LINEN SERVICE | Hospice I<br>HOUSEKEEPING | DIETARY |        |
|------------------------------|-------------------------------------|-----------------------------|---------|-------------------------------------|----------------------------|---------------------------|---------|--------|
|                              |                                     | 4.00                        | 5.00    | 6.00                                | 7.00                       | 8.00                      |         |        |
| GENERAL SERVICE COST CENTERS |                                     |                             |         |                                     |                            |                           |         |        |
| 1.00                         | CAP REL COSTS-BLDG & FIXT           |                             |         |                                     |                            |                           |         | 1.00   |
| 2.00                         | CAP REL COSTS-MVBLE EQUIP           |                             |         |                                     |                            |                           |         | 2.00   |
| 3.00                         | EMPLOYEE BENEFITS DEPARTMENT        |                             |         |                                     |                            |                           |         | 3.00   |
| 4.00                         | ADMINISTRATIVE & GENERAL            | 2,746,903                   |         |                                     |                            |                           |         | 4.00   |
| 5.00                         | PLANT OPERATION & MAINTENANCE       | 72,979                      | 167,957 |                                     |                            |                           |         | 5.00   |
| 6.00                         | LAUNDRY & LINEN SERVICE             | 0                           | 0       |                                     | 0                          |                           |         | 6.00   |
| 7.00                         | HOUSEKEEPING                        | 0                           | 0       |                                     |                            | 0                         |         | 7.00   |
| 8.00                         | DIETARY                             | 4,813                       | 0       |                                     |                            | 0                         | 11,077  | 8.00   |
| 9.00                         | NURSING ADMINISTRATION              | 136,713                     | 0       |                                     |                            | 0                         |         | 9.00   |
| 10.00                        | ROUTINE MEDICAL SUPPLIES            | 109,575                     | 0       |                                     |                            | 0                         |         | 10.00  |
| 11.00                        | MEDICAL RECORDS                     | 0                           | 0       |                                     |                            | 0                         |         | 11.00  |
| 12.00                        | STAFF TRANSPORTATION                | 95,229                      | 0       |                                     |                            | 0                         |         | 12.00  |
| 13.00                        | VOLUNTEER SERVICE COORDINATION      | 0                           | 0       |                                     |                            | 0                         |         | 13.00  |
| 14.00                        | PHARMACY                            | 417,638                     | 0       |                                     |                            | 0                         |         | 14.00  |
| 15.00                        | PHYSICIAN ADMINISTRATIVE SERVICES   | 0                           | 0       |                                     |                            | 0                         |         | 15.00  |
| 16.00                        | OTHER GENERAL SERVICE               | 0                           | 0       |                                     |                            | 0                         |         | 16.00  |
| 17.00                        | PATIENT/RESIDENTIAL CARE SERVICES   | 0                           | 0       |                                     |                            | 0                         |         | 17.00  |
| LEVEL OF CARE                |                                     |                             |         |                                     |                            |                           |         |        |
| 50.00                        | HOSPICE CONTINUOUS HOME CARE        | 0                           |         |                                     |                            |                           |         | 50.00  |
| 51.00                        | HOSPICE ROUTINE HOME CARE           | 1,779,815                   |         |                                     |                            |                           |         | 51.00  |
| 52.00                        | HOSPICE INPATIENT RESPITE CARE      | 2,551                       | 8,398   |                                     | 0                          | 0                         | 1,631   | 52.00  |
| 53.00                        | HOSPICE GENERAL INPATIENT CARE      | 33,771                      | 159,559 |                                     | 0                          | 0                         | 9,446   | 53.00  |
| NONREIMBURSABLE COST CENTERS |                                     |                             |         |                                     |                            |                           |         |        |
| 60.00                        | BEREAVEMENT PROGRAM                 | 93,819                      | 0       |                                     |                            | 0                         |         | 60.00  |
| 61.00                        | VOLUNTEER PROGRAM                   | 0                           | 0       |                                     |                            | 0                         |         | 61.00  |
| 62.00                        | FUNDRAISING                         | 0                           | 0       |                                     |                            | 0                         |         | 62.00  |
| 63.00                        | HOSPICE/PALLIATIVE MEDICINE FELLOWS | 0                           | 0       |                                     |                            | 0                         |         | 63.00  |
| 64.00                        | PALLIATIVE CARE PROGRAM             | 0                           | 0       |                                     |                            | 0                         |         | 64.00  |
| 65.00                        | OTHER PHYSICIAN SERVICES            | 0                           | 0       |                                     |                            | 0                         |         | 65.00  |
| 66.00                        | RESIDENTIAL CARE                    | 0                           | 0       |                                     | 0                          | 0                         | 0       | 66.00  |
| 67.00                        | ADVERTISING                         | 0                           | 0       |                                     |                            | 0                         |         | 67.00  |
| 68.00                        | TELEHEALTH/TELEMONITORING           | 0                           | 0       |                                     |                            | 0                         |         | 68.00  |
| 69.00                        | THRIFT STORE                        | 0                           | 0       |                                     |                            | 0                         |         | 69.00  |
| 70.00                        | NURSING FACILITY ROOM & BOARD       |                             |         |                                     |                            |                           |         | 70.00  |
| 71.00                        | OTHER NONREIMBURSABLE (SPECIFY)     | 0                           | 0       |                                     | 0                          | 0                         | 0       | 71.00  |
| 99.00                        | NEGATIVE COST CENTER                | 0                           | 0       |                                     | 0                          | 0                         | 0       | 99.00  |
| 100.00                       | TOTAL                               | 2,746,903                   | 167,957 |                                     | 0                          | 0                         | 11,077  | 100.00 |

## COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:

Worksheet 0-6

Hospice CCN: 14-1537

From 01/01/2019  
To 12/31/2019Part I  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Descriptions                 |                                     | Hospice I                 |                                |                    |                         |                                      |        |
|------------------------------|-------------------------------------|---------------------------|--------------------------------|--------------------|-------------------------|--------------------------------------|--------|
|                              |                                     | NURSING<br>ADMINISTRATION | ROUTINE<br>MEDICAL<br>SUPPLIES | MEDICAL<br>RECORDS | STAFF<br>TRANSPORTATION | VOLUNTEER<br>SERVICE<br>COORDINATION |        |
|                              |                                     | 9.00                      | 10.00                          | 11.00              | 12.00                   | 13.00                                |        |
| GENERAL SERVICE COST CENTERS |                                     |                           |                                |                    |                         |                                      |        |
| 1.00                         | CAP REL COSTS-BLDG & FIXT           |                           |                                |                    |                         |                                      | 1.00   |
| 2.00                         | CAP REL COSTS-MVBLE EQUIP           |                           |                                |                    |                         |                                      | 2.00   |
| 3.00                         | EMPLOYEE BENEFITS DEPARTMENT        |                           |                                |                    |                         |                                      | 3.00   |
| 4.00                         | ADMINISTRATIVE & GENERAL            |                           |                                |                    |                         |                                      | 4.00   |
| 5.00                         | PLANT OPERATION & MAINTENANCE       |                           |                                |                    |                         |                                      | 5.00   |
| 6.00                         | LAUNDRY & LINEN SERVICE             |                           |                                |                    |                         |                                      | 6.00   |
| 7.00                         | HOUSEKEEPING                        |                           |                                |                    |                         |                                      | 7.00   |
| 8.00                         | DIETARY                             |                           |                                |                    |                         |                                      | 8.00   |
| 9.00                         | NURSING ADMINISTRATION              | 314,638                   |                                |                    |                         |                                      | 9.00   |
| 10.00                        | ROUTINE MEDICAL SUPPLIES            | 0                         | 252,181                        |                    |                         |                                      | 10.00  |
| 11.00                        | MEDICAL RECORDS                     | 0                         |                                | 0                  |                         |                                      | 11.00  |
| 12.00                        | STAFF TRANSPORTATION                | 0                         |                                |                    | 219,165                 |                                      | 12.00  |
| 13.00                        | VOLUNTEER SERVICE COORDINATION      | 0                         |                                |                    | 0                       | 0                                    | 13.00  |
| 14.00                        | PHARMACY                            | 0                         |                                |                    | 0                       | 0                                    | 14.00  |
| 15.00                        | PHYSICIAN ADMINISTRATIVE SERVICES   | 0                         |                                |                    | 0                       | 0                                    | 15.00  |
| 16.00                        | OTHER GENERAL SERVICE               | 0                         |                                |                    | 0                       | 0                                    | 16.00  |
| 17.00                        | PATIENT/RESIDENTIAL CARE SERVICES   |                           |                                |                    |                         |                                      | 17.00  |
| LEVEL OF CARE                |                                     |                           |                                |                    |                         |                                      |        |
| 50.00                        | HOSPICE CONTINUOUS HOME CARE        | 0                         | 0                              | 0                  | 0                       | 0                                    | 50.00  |
| 51.00                        | HOSPICE ROUTINE HOME CARE           | 310,607                   | 248,705                        | 0                  | 216,320                 | 0                                    | 51.00  |
| 52.00                        | HOSPICE INPATIENT RESPITE CARE      | 336                       | 512                            | 0                  | 256                     | 0                                    | 52.00  |
| 53.00                        | HOSPICE GENERAL INPATIENT CARE      | 3,695                     | 2,964                          | 0                  | 2,589                   | 0                                    | 53.00  |
| NONREIMBURSABLE COST CENTERS |                                     |                           |                                |                    |                         |                                      |        |
| 60.00                        | BEREAVEMENT PROGRAM                 | 0                         |                                |                    | 0                       | 0                                    | 60.00  |
| 61.00                        | VOLUNTEER PROGRAM                   | 0                         |                                |                    | 0                       | 0                                    | 61.00  |
| 62.00                        | FUNDRAISING                         | 0                         |                                |                    | 0                       | 0                                    | 62.00  |
| 63.00                        | HOSPICE/PALLIATIVE MEDICINE FELLOWS | 0                         |                                |                    | 0                       | 0                                    | 63.00  |
| 64.00                        | PALLIATIVE CARE PROGRAM             | 0                         |                                |                    | 0                       | 0                                    | 64.00  |
| 65.00                        | OTHER PHYSICIAN SERVICES            | 0                         |                                |                    | 0                       | 0                                    | 65.00  |
| 66.00                        | RESIDENTIAL CARE                    | 0                         |                                |                    | 0                       | 0                                    | 66.00  |
| 67.00                        | ADVERTISING                         | 0                         |                                |                    | 0                       | 0                                    | 67.00  |
| 68.00                        | TELEHEALTH/TELEMONITORING           | 0                         |                                |                    | 0                       | 0                                    | 68.00  |
| 69.00                        | THRIFT STORE                        | 0                         |                                |                    | 0                       | 0                                    | 69.00  |
| 70.00                        | NURSING FACILITY ROOM & BOARD       |                           |                                |                    |                         |                                      | 70.00  |
| 71.00                        | OTHER NONREIMBURSABLE (SPECIFY)     | 0                         |                                |                    | 0                       | 0                                    | 71.00  |
| 99.00                        | NEGATIVE COST CENTER                | 0                         | 0                              | 0                  | 0                       | 0                                    | 99.00  |
| 100.00                       | TOTAL                               | 314,638                   | 252,181                        | 0                  | 219,165                 | 0                                    | 100.00 |

## COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:

Worksheet 0-6

Hospice CCN: 14-1537

From 01/01/2019  
To 12/31/2019Part I  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Descriptions                 |                                     | Hospice I |                                         |                          |                                          | TOTAL     |        |
|------------------------------|-------------------------------------|-----------|-----------------------------------------|--------------------------|------------------------------------------|-----------|--------|
|                              |                                     | PHARMACY  | PHYSICIAN<br>ADMINISTRATIVE<br>SERVICES | OTHER GENERAL<br>SERVICE | PATIENT/<br>RESIDENTIAL<br>CARE SERVICES |           |        |
|                              |                                     | 14.00     | 15.00                                   | 16.00                    | 17.00                                    | 18.00     |        |
| GENERAL SERVICE COST CENTERS |                                     |           |                                         |                          |                                          |           |        |
| 1.00                         | CAP REL COSTS-BLDG & FIXT           |           |                                         |                          |                                          |           | 1.00   |
| 2.00                         | CAP REL COSTS-MVBLE EQUIP           |           |                                         |                          |                                          |           | 2.00   |
| 3.00                         | EMPLOYEE BENEFITS DEPARTMENT        |           |                                         |                          |                                          |           | 3.00   |
| 4.00                         | ADMINISTRATIVE & GENERAL            |           |                                         |                          |                                          |           | 4.00   |
| 5.00                         | PLANT OPERATION & MAINTENANCE       |           |                                         |                          |                                          |           | 5.00   |
| 6.00                         | LAUNDRY & LINEN SERVICE             |           |                                         |                          |                                          |           | 6.00   |
| 7.00                         | HOUSEKEEPING                        |           |                                         |                          |                                          |           | 7.00   |
| 8.00                         | DIETARY                             |           |                                         |                          |                                          |           | 8.00   |
| 9.00                         | NURSING ADMINISTRATION              |           |                                         |                          |                                          |           | 9.00   |
| 10.00                        | ROUTINE MEDICAL SUPPLIES            |           |                                         |                          |                                          |           | 10.00  |
| 11.00                        | MEDICAL RECORDS                     |           |                                         |                          |                                          |           | 11.00  |
| 12.00                        | STAFF TRANSPORTATION                |           |                                         |                          |                                          |           | 12.00  |
| 13.00                        | VOLUNTEER SERVICE COORDINATION      |           |                                         |                          |                                          |           | 13.00  |
| 14.00                        | PHARMACY                            | 961,173   |                                         |                          |                                          |           | 14.00  |
| 15.00                        | PHYSICIAN ADMINISTRATIVE SERVICES   | 0         | 0                                       |                          |                                          |           | 15.00  |
| 16.00                        | OTHER GENERAL SERVICE               | 0         |                                         | 0                        |                                          |           | 16.00  |
| 17.00                        | PATIENT/RESIDENTIAL CARE SERVICES   |           |                                         |                          | 0                                        |           | 17.00  |
| LEVEL OF CARE                |                                     |           |                                         |                          |                                          |           |        |
| 50.00                        | HOSPICE CONTINUOUS HOME CARE        | 0         | 0                                       | 0                        |                                          | 0         | 50.00  |
| 51.00                        | HOSPICE ROUTINE HOME CARE           | 948,705   | 0                                       | 0                        |                                          | 5,820,497 | 51.00  |
| 52.00                        | HOSPICE INPATIENT RESPITE CARE      | 1,123     | 0                                       | 0                        | 0                                        | 18,127    | 52.00  |
| 53.00                        | HOSPICE GENERAL INPATIENT CARE      | 11,345    | 0                                       | 0                        | 0                                        | 267,320   | 53.00  |
| NONREIMBURSABLE COST CENTERS |                                     |           |                                         |                          |                                          |           |        |
| 60.00                        | BEREAVEMENT PROGRAM                 | 0         |                                         | 0                        |                                          | 215,920   | 60.00  |
| 61.00                        | VOLUNTEER PROGRAM                   | 0         |                                         | 0                        |                                          | 0         | 61.00  |
| 62.00                        | FUNDRAISING                         | 0         |                                         | 0                        |                                          | 0         | 62.00  |
| 63.00                        | HOSPICE/PALLIATIVE MEDICINE FELLOWS | 0         |                                         | 0                        |                                          | 0         | 63.00  |
| 64.00                        | PALLIATIVE CARE PROGRAM             | 0         |                                         | 0                        |                                          | 0         | 64.00  |
| 65.00                        | OTHER PHYSICIAN SERVICES            | 0         |                                         | 0                        |                                          | 0         | 65.00  |
| 66.00                        | RESIDENTIAL CARE                    | 0         | 0                                       | 0                        | 0                                        | 0         | 66.00  |
| 67.00                        | ADVERTISING                         | 0         |                                         | 0                        |                                          | 0         | 67.00  |
| 68.00                        | TELEHEALTH/TELEMONITORING           | 0         |                                         | 0                        |                                          | 0         | 68.00  |
| 69.00                        | THRIFT STORE                        | 0         |                                         | 0                        |                                          | 0         | 69.00  |
| 70.00                        | NURSING FACILITY ROOM & BOARD       | 0         |                                         | 0                        |                                          | 0         | 70.00  |
| 71.00                        | OTHER NONREIMBURSABLE (SPECIFY)     | 0         | 0                                       | 0                        | 0                                        | 0         | 71.00  |
| 99.00                        | NEGATIVE COST CENTER                | 0         | 0                                       | 0                        | 0                                        | 0         | 99.00  |
| 100.00                       | TOTAL                               | 961,173   | 0                                       | 0                        | 0                                        | 6,321,864 | 100.00 |

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS  
STATISTICAL BASIS

Provider CCN: 14-0209

Period:

Worksheet 0-6

Hospice CCN: 14-1537

From 01/01/2019  
To 12/31/2019Part II  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Descriptions     |                                              | CAP REL BLDG &<br>FIX<br>(SQUARE FEET) | CAP REL MVBLE<br>EQUIP<br>(DOLLAR VALUE) | EMPLOYEE<br>BENEFITS<br>DEPARTMENT<br>(GROSS<br>SALARIES) | Hospice I<br>RECONCILIATION | ADMINISTRATIVE<br>& GENERAL<br>(ACCUMULATED<br>COSTS) |        |
|------------------------------|----------------------------------------------|----------------------------------------|------------------------------------------|-----------------------------------------------------------|-----------------------------|-------------------------------------------------------|--------|
|                              |                                              | 1.00                                   | 2.00                                     | 3.00                                                      | 4A                          | 4.00                                                  |        |
| GENERAL SERVICE COST CENTERS |                                              |                                        |                                          |                                                           |                             |                                                       |        |
| 1.00                         | CAP REL COSTS-BLDG & FIXT                    | 100                                    |                                          |                                                           |                             |                                                       | 1.00   |
| 2.00                         | CAP REL COSTS-MVBLE EQUIP                    |                                        | 890                                      |                                                           |                             |                                                       | 2.00   |
| 3.00                         | EMPLOYEE BENEFITS DEPARTMENT                 | 0                                      | 0                                        | 1,930,225                                                 |                             |                                                       | 3.00   |
| 4.00                         | ADMINISTRATIVE & GENERAL                     | 0                                      | 890                                      | 524,956                                                   | -2,746,903                  | 3,574,961                                             | 4.00   |
| 5.00                         | PLANT OPERATION & MAINTENANCE                | 0                                      | 0                                        | 0                                                         | 0                           | 94,978                                                | 5.00   |
| 6.00                         | LAUNDRY & LINEN SERVICE                      | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 6.00   |
| 7.00                         | HOUSEKEEPING                                 | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 7.00   |
| 8.00                         | DIETARY                                      | 0                                      | 0                                        | 0                                                         | 0                           | 6,264                                                 | 8.00   |
| 9.00                         | NURSING ADMINISTRATION                       | 0                                      | 0                                        | 0                                                         | 0                           | 177,925                                               | 9.00   |
| 10.00                        | ROUTINE MEDICAL SUPPLIES                     | 0                                      | 0                                        | 0                                                         | 0                           | 142,606                                               | 10.00  |
| 11.00                        | MEDICAL RECORDS                              | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 11.00  |
| 12.00                        | STAFF TRANSPORTATION                         | 0                                      | 0                                        | 0                                                         | 0                           | 123,936                                               | 12.00  |
| 13.00                        | VOLUNTEER SERVICE COORDINATION               | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 13.00  |
| 14.00                        | PHARMACY                                     | 0                                      | 0                                        | 0                                                         | 0                           | 543,535                                               | 14.00  |
| 15.00                        | PHYSICIAN ADMINISTRATIVE SERVICES            | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 15.00  |
| 16.00                        | OTHER GENERAL SERVICE                        | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 16.00  |
| 17.00                        | PATIENT/RESIDENTIAL CARE SERVICES            | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 17.00  |
| LEVEL OF CARE                |                                              |                                        |                                          |                                                           |                             |                                                       |        |
| 50.00                        | HOSPICE CONTINUOUS HOME CARE                 |                                        |                                          | 0                                                         | 0                           | 0                                                     | 50.00  |
| 51.00                        | HOSPICE ROUTINE HOME CARE                    |                                        |                                          | 1,387,034                                                 | 0                           | 2,316,345                                             | 51.00  |
| 52.00                        | HOSPICE INPATIENT RESPITE CARE               | 5                                      | 0                                        | 1,641                                                     | 0                           | 3,320                                                 | 52.00  |
| 53.00                        | HOSPICE GENERAL INPATIENT CARE               | 95                                     | 0                                        | 16,594                                                    | 0                           | 43,951                                                | 53.00  |
| NONREIMBURSABLE COST CENTERS |                                              |                                        |                                          |                                                           |                             |                                                       |        |
| 60.00                        | BEREAVEMENT PROGRAM                          | 0                                      | 0                                        | 0                                                         | 0                           | 122,101                                               | 60.00  |
| 61.00                        | VOLUNTEER PROGRAM                            | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 61.00  |
| 62.00                        | FUNDRAISING                                  | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 62.00  |
| 63.00                        | HOSPICE/PALLIATIVE MEDICINE FELLOWS          | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 63.00  |
| 64.00                        | PALLIATIVE CARE PROGRAM                      | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 64.00  |
| 65.00                        | OTHER PHYSICIAN SERVICES                     | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 65.00  |
| 66.00                        | RESIDENTIAL CARE                             | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 66.00  |
| 67.00                        | ADVERTISING                                  | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 67.00  |
| 68.00                        | TELEHEALTH/TELEMONITORING                    | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 68.00  |
| 69.00                        | THRIFT STORE                                 | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 69.00  |
| 70.00                        | NURSING FACILITY ROOM & BOARD                | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 70.00  |
| 71.00                        | OTHER NONREIMBURSABLE (SPECIFY)              | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 71.00  |
| 99.00                        | NEGATIVE COST CENTER                         |                                        |                                          |                                                           |                             |                                                       | 99.00  |
| 100.00                       | COST TO BE ALLOCATED (per Wkst. 0-6, Part I) | 23,376                                 | 994                                      | 174,205                                                   |                             | 2,746,903                                             | 100.00 |
| 101.00                       | UNIT COST MULTIPLIER                         | 233.760000                             | 1.116854                                 | 0.090251                                                  |                             | 0.768373                                              | 101.00 |

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS  
STATISTICAL BASIS

Provider CCN: 14-0209

Period:

Worksheet 0-6

Hospice CCN: 14-1537

From 01/01/2019  
To 12/31/2019Part II  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Descriptions     |                                              | Hospice I                                            |                                                     |                               |                                  |                                                     |        |
|------------------------------|----------------------------------------------|------------------------------------------------------|-----------------------------------------------------|-------------------------------|----------------------------------|-----------------------------------------------------|--------|
|                              |                                              | PLANT<br>OPERATION &<br>MAINTENANCE<br>(SQUARE FEET) | LAUNDRY &<br>LINEN SERVICE<br>(IN-FACILITY<br>DAYS) | HOUSEKEEPING<br>(SQUARE FEET) | DIETARY<br>(IN-FACILITY<br>DAYS) | NURSING<br>ADMINISTRATION<br>(DIRECT NURS.<br>HRS.) |        |
|                              |                                              | 5.00                                                 | 6.00                                                | 7.00                          | 8.00                             | 9.00                                                |        |
| GENERAL SERVICE COST CENTERS |                                              |                                                      |                                                     |                               |                                  |                                                     |        |
| 1.00                         | CAP REL COSTS-BLDG & FIXT                    |                                                      |                                                     |                               |                                  |                                                     | 1.00   |
| 2.00                         | CAP REL COSTS-MVBLE EQUIP                    |                                                      |                                                     |                               |                                  |                                                     | 2.00   |
| 3.00                         | EMPLOYEE BENEFITS DEPARTMENT                 |                                                      |                                                     |                               |                                  |                                                     | 3.00   |
| 4.00                         | ADMINISTRATIVE & GENERAL                     |                                                      |                                                     |                               |                                  |                                                     | 4.00   |
| 5.00                         | PLANT OPERATION & MAINTENANCE                | 100                                                  |                                                     |                               |                                  |                                                     | 5.00   |
| 6.00                         | LAUNDRY & LINEN SERVICE                      | 0                                                    | 0                                                   |                               |                                  |                                                     | 6.00   |
| 7.00                         | HOUSEKEEPING                                 | 0                                                    |                                                     | 0                             |                                  |                                                     | 7.00   |
| 8.00                         | DIETARY                                      | 0                                                    |                                                     | 0                             | 421                              |                                                     | 8.00   |
| 9.00                         | NURSING ADMINISTRATION                       | 0                                                    |                                                     | 0                             |                                  | 2,810                                               | 9.00   |
| 10.00                        | ROUTINE MEDICAL SUPPLIES                     | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 10.00  |
| 11.00                        | MEDICAL RECORDS                              | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 11.00  |
| 12.00                        | STAFF TRANSPORTATION                         | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 12.00  |
| 13.00                        | VOLUNTEER SERVICE COORDINATION               | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 13.00  |
| 14.00                        | PHARMACY                                     | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 14.00  |
| 15.00                        | PHYSICIAN ADMINISTRATIVE SERVICES            | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 15.00  |
| 16.00                        | OTHER GENERAL SERVICE                        | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 16.00  |
| 17.00                        | PATIENT/RESIDENTIAL CARE SERVICES            | 0                                                    |                                                     | 0                             |                                  |                                                     | 17.00  |
| LEVEL OF CARE                |                                              |                                                      |                                                     |                               |                                  |                                                     |        |
| 50.00                        | HOSPICE CONTINUOUS HOME CARE                 |                                                      |                                                     |                               |                                  | 0                                                   | 50.00  |
| 51.00                        | HOSPICE ROUTINE HOME CARE                    |                                                      |                                                     |                               |                                  | 2,774                                               | 51.00  |
| 52.00                        | HOSPICE INPATIENT RESPITE CARE               | 5                                                    | 0                                                   | 0                             | 62                               | 3                                                   | 52.00  |
| 53.00                        | HOSPICE GENERAL INPATIENT CARE               | 95                                                   | 0                                                   | 0                             | 359                              | 33                                                  | 53.00  |
| NONREIMBURSABLE COST CENTERS |                                              |                                                      |                                                     |                               |                                  |                                                     |        |
| 60.00                        | BEREAVEMENT PROGRAM                          | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 60.00  |
| 61.00                        | VOLUNTEER PROGRAM                            | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 61.00  |
| 62.00                        | FUNDRAISING                                  | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 62.00  |
| 63.00                        | HOSPICE/PALLIATIVE MEDICINE FELLOWS          | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 63.00  |
| 64.00                        | PALLIATIVE CARE PROGRAM                      | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 64.00  |
| 65.00                        | OTHER PHYSICIAN SERVICES                     | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 65.00  |
| 66.00                        | RESIDENTIAL CARE                             | 0                                                    | 0                                                   | 0                             | 0                                | 0                                                   | 66.00  |
| 67.00                        | ADVERTISING                                  | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 67.00  |
| 68.00                        | TELEHEALTH/TELEMONITORING                    | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 68.00  |
| 69.00                        | THRIFT STORE                                 | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 69.00  |
| 70.00                        | NURSING FACILITY ROOM & BOARD                |                                                      |                                                     |                               |                                  |                                                     | 70.00  |
| 71.00                        | OTHER NONREIMBURSABLE (SPECIFY)              | 0                                                    | 0                                                   | 0                             | 0                                | 0                                                   | 71.00  |
| 99.00                        | NEGATIVE COST CENTER                         |                                                      |                                                     |                               |                                  |                                                     | 99.00  |
| 100.00                       | COST TO BE ALLOCATED (per Wkst. 0-6, Part I) | 167,957                                              | 0                                                   | 0                             | 11,077                           | 314,638                                             | 100.00 |
| 101.00                       | UNIT COST MULTIPLIER                         | 1,679.570000                                         | 0.000000                                            | 0.000000                      | 26.311164                        | 111.970819                                          | 101.00 |

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS  
STATISTICAL BASIS

Provider CCN: 14-0209

Period:

Worksheet 0-6

Hospice CCN: 14-1537

From 01/01/2019  
To 12/31/2019Part II  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Descriptions            |                                              | ROUTINE<br>MEDICAL<br>SUPPLIES<br>(PATIENT DAYS) |          | MEDICAL<br>RECORDS<br>(PATIENT DAYS) | STAFF<br>TRANSPORTATION<br>(MILEAGE) | VOLUNTEER<br>SERVICE<br>COORDINATION<br>(HOURS OF<br>SERVICE) | PHARMACY<br>(CHARGES) |        |
|-------------------------------------|----------------------------------------------|--------------------------------------------------|----------|--------------------------------------|--------------------------------------|---------------------------------------------------------------|-----------------------|--------|
|                                     |                                              | 10.00                                            |          | 11.00                                | 12.00                                | 13.00                                                         | 14.00                 |        |
| <b>GENERAL SERVICE COST CENTERS</b> |                                              |                                                  |          |                                      |                                      |                                                               |                       |        |
| 1.00                                | CAP REL COSTS-BLDG & FIXT                    |                                                  |          |                                      |                                      |                                                               |                       | 1.00   |
| 2.00                                | CAP REL COSTS-MVBLE EQUIP                    |                                                  |          |                                      |                                      |                                                               |                       | 2.00   |
| 3.00                                | EMPLOYEE BENEFITS DEPARTMENT                 |                                                  |          |                                      |                                      |                                                               |                       | 3.00   |
| 4.00                                | ADMINISTRATIVE & GENERAL                     |                                                  |          |                                      |                                      |                                                               |                       | 4.00   |
| 5.00                                | PLANT OPERATION & MAINTENANCE                |                                                  |          |                                      |                                      |                                                               |                       | 5.00   |
| 6.00                                | LAUNDRY & LINEN SERVICE                      |                                                  |          |                                      |                                      |                                                               |                       | 6.00   |
| 7.00                                | HOUSEKEEPING                                 |                                                  |          |                                      |                                      |                                                               |                       | 7.00   |
| 8.00                                | DIETARY                                      |                                                  |          |                                      |                                      |                                                               |                       | 8.00   |
| 9.00                                | NURSING ADMINISTRATION                       |                                                  |          |                                      |                                      |                                                               |                       | 9.00   |
| 10.00                               | ROUTINE MEDICAL SUPPLIES                     | 30,546                                           |          |                                      |                                      |                                                               |                       | 10.00  |
| 11.00                               | MEDICAL RECORDS                              |                                                  | 0        |                                      |                                      |                                                               |                       | 11.00  |
| 12.00                               | STAFF TRANSPORTATION                         |                                                  |          |                                      | 123,937                              |                                                               |                       | 12.00  |
| 13.00                               | VOLUNTEER SERVICE COORDINATION               |                                                  |          |                                      | 0                                    | 0                                                             |                       | 13.00  |
| 14.00                               | PHARMACY                                     |                                                  |          |                                      | 0                                    | 0                                                             | 5,876,223             | 14.00  |
| 15.00                               | PHYSICIAN ADMINISTRATIVE SERVICES            |                                                  |          |                                      | 0                                    | 0                                                             | 0                     | 15.00  |
| 16.00                               | OTHER GENERAL SERVICE                        |                                                  |          |                                      | 0                                    | 0                                                             | 0                     | 16.00  |
| 17.00                               | PATIENT/RESIDENTIAL CARE SERVICES            |                                                  |          |                                      |                                      |                                                               |                       | 17.00  |
| <b>LEVEL OF CARE</b>                |                                              |                                                  |          |                                      |                                      |                                                               |                       |        |
| 50.00                               | HOSPICE CONTINUOUS HOME CARE                 | 0                                                | 0        | 0                                    | 0                                    | 0                                                             | 0                     | 50.00  |
| 51.00                               | HOSPICE ROUTINE HOME CARE                    | 30,125                                           | 0        | 0                                    | 122,328                              | 0                                                             | 5,800,000             | 51.00  |
| 52.00                               | HOSPICE INPATIENT RESPITE CARE               | 62                                               | 0        | 0                                    | 145                                  | 0                                                             | 6,863                 | 52.00  |
| 53.00                               | HOSPICE GENERAL INPATIENT CARE               | 359                                              | 0        | 0                                    | 1,464                                | 0                                                             | 69,360                | 53.00  |
| <b>NONREIMBURSABLE COST CENTERS</b> |                                              |                                                  |          |                                      |                                      |                                                               |                       |        |
| 60.00                               | BEREAVEMENT PROGRAM                          |                                                  |          |                                      | 0                                    | 0                                                             | 0                     | 60.00  |
| 61.00                               | VOLUNTEER PROGRAM                            |                                                  |          |                                      | 0                                    | 0                                                             | 0                     | 61.00  |
| 62.00                               | FUNDRAISING                                  |                                                  |          |                                      | 0                                    | 0                                                             | 0                     | 62.00  |
| 63.00                               | HOSPICE/PALLIATIVE MEDICINE FELLOWS          |                                                  |          |                                      | 0                                    | 0                                                             | 0                     | 63.00  |
| 64.00                               | PALLIATIVE CARE PROGRAM                      |                                                  |          |                                      | 0                                    | 0                                                             | 0                     | 64.00  |
| 65.00                               | OTHER PHYSICIAN SERVICES                     |                                                  |          |                                      | 0                                    | 0                                                             | 0                     | 65.00  |
| 66.00                               | RESIDENTIAL CARE                             |                                                  |          |                                      | 0                                    | 0                                                             | 0                     | 66.00  |
| 67.00                               | ADVERTISING                                  |                                                  |          |                                      | 0                                    | 0                                                             | 0                     | 67.00  |
| 68.00                               | TELEHEALTH/TELEMONITORING                    |                                                  |          |                                      | 0                                    | 0                                                             | 0                     | 68.00  |
| 69.00                               | THRIFT STORE                                 |                                                  |          |                                      | 0                                    | 0                                                             | 0                     | 69.00  |
| 70.00                               | NURSING FACILITY ROOM & BOARD                |                                                  |          |                                      | 0                                    | 0                                                             | 0                     | 70.00  |
| 71.00                               | OTHER NONREIMBURSABLE (SPECIFY)              |                                                  |          |                                      | 0                                    | 0                                                             | 0                     | 71.00  |
| 99.00                               | NEGATIVE COST CENTER                         |                                                  |          |                                      |                                      |                                                               |                       | 99.00  |
| 100.00                              | COST TO BE ALLOCATED (per Wkst. 0-6, Part I) | 252,181                                          | 0        |                                      | 219,165                              | 0                                                             | 961,173               | 100.00 |
| 101.00                              | UNIT COST MULTIPLIER                         | 8.255778                                         | 0.000000 |                                      | 1.768358                             | 0.000000                                                      | 0.163570              | 101.00 |

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS  
STATISTICAL BASIS

Provider CCN: 14-0209

Period:

Worksheet 0-6

Hospice CCN: 14-1537

From 01/01/2019  
To 12/31/2019Part II  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Cost Center Descriptions     |                                              | PHYSICIAN<br>ADMINISTRATIVE<br>SERVICES<br>(PATIENT DAYS) | OTHER GENERAL<br>SERVICE<br>(SPECIFY<br>BASIS) | PATIENT/<br>RESIDENTIAL<br>CARE SERVICES<br>(IN-FACILITY<br>DAYS) | Hospice I |        |
|------------------------------|----------------------------------------------|-----------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|-----------|--------|
|                              |                                              | 15.00                                                     | 16.00                                          | 17.00                                                             |           |        |
| GENERAL SERVICE COST CENTERS |                                              |                                                           |                                                |                                                                   |           |        |
| 1.00                         | CAP REL COSTS-BLDG & FIXT                    |                                                           |                                                |                                                                   |           | 1.00   |
| 2.00                         | CAP REL COSTS-MVBLE EQUIP                    |                                                           |                                                |                                                                   |           | 2.00   |
| 3.00                         | EMPLOYEE BENEFITS DEPARTMENT                 |                                                           |                                                |                                                                   |           | 3.00   |
| 4.00                         | ADMINISTRATIVE & GENERAL                     |                                                           |                                                |                                                                   |           | 4.00   |
| 5.00                         | PLANT OPERATION & MAINTENANCE                |                                                           |                                                |                                                                   |           | 5.00   |
| 6.00                         | LAUNDRY & LINEN SERVICE                      |                                                           |                                                |                                                                   |           | 6.00   |
| 7.00                         | HOUSEKEEPING                                 |                                                           |                                                |                                                                   |           | 7.00   |
| 8.00                         | DIETARY                                      |                                                           |                                                |                                                                   |           | 8.00   |
| 9.00                         | NURSING ADMINISTRATION                       |                                                           |                                                |                                                                   |           | 9.00   |
| 10.00                        | ROUTINE MEDICAL SUPPLIES                     |                                                           |                                                |                                                                   |           | 10.00  |
| 11.00                        | MEDICAL RECORDS                              |                                                           |                                                |                                                                   |           | 11.00  |
| 12.00                        | STAFF TRANSPORTATION                         |                                                           |                                                |                                                                   |           | 12.00  |
| 13.00                        | VOLUNTEER SERVICE COORDINATION               |                                                           |                                                |                                                                   |           | 13.00  |
| 14.00                        | PHARMACY                                     |                                                           |                                                |                                                                   |           | 14.00  |
| 15.00                        | PHYSICIAN ADMINISTRATIVE SERVICES            | 30,546                                                    |                                                |                                                                   |           | 15.00  |
| 16.00                        | OTHER GENERAL SERVICE                        |                                                           | 30,546                                         |                                                                   |           | 16.00  |
| 17.00                        | PATIENT/RESIDENTIAL CARE SERVICES            |                                                           |                                                | 0                                                                 |           | 17.00  |
| LEVEL OF CARE                |                                              |                                                           |                                                |                                                                   |           |        |
| 50.00                        | HOSPICE CONTINUOUS HOME CARE                 | 0                                                         | 0                                              |                                                                   |           | 50.00  |
| 51.00                        | HOSPICE ROUTINE HOME CARE                    | 30,125                                                    | 30,125                                         |                                                                   |           | 51.00  |
| 52.00                        | HOSPICE INPATIENT RESPITE CARE               | 62                                                        | 62                                             | 0                                                                 |           | 52.00  |
| 53.00                        | HOSPICE GENERAL INPATIENT CARE               | 359                                                       | 359                                            | 0                                                                 |           | 53.00  |
| NONREIMBURSABLE COST CENTERS |                                              |                                                           |                                                |                                                                   |           |        |
| 60.00                        | BEREAVEMENT PROGRAM                          |                                                           | 0                                              |                                                                   |           | 60.00  |
| 61.00                        | VOLUNTEER PROGRAM                            |                                                           | 0                                              |                                                                   |           | 61.00  |
| 62.00                        | FUNDRAISING                                  |                                                           | 0                                              |                                                                   |           | 62.00  |
| 63.00                        | HOSPICE/PALLIATIVE MEDICINE FELLOWS          |                                                           | 0                                              |                                                                   |           | 63.00  |
| 64.00                        | PALLIATIVE CARE PROGRAM                      |                                                           | 0                                              |                                                                   |           | 64.00  |
| 65.00                        | OTHER PHYSICIAN SERVICES                     |                                                           | 0                                              |                                                                   |           | 65.00  |
| 66.00                        | RESIDENTIAL CARE                             | 0                                                         | 0                                              | 0                                                                 |           | 66.00  |
| 67.00                        | ADVERTISING                                  |                                                           | 0                                              |                                                                   |           | 67.00  |
| 68.00                        | TELEHEALTH/TELEMONITORING                    |                                                           | 0                                              |                                                                   |           | 68.00  |
| 69.00                        | THRIFT STORE                                 |                                                           | 0                                              |                                                                   |           | 69.00  |
| 70.00                        | NURSING FACILITY ROOM & BOARD                |                                                           | 0                                              |                                                                   |           | 70.00  |
| 71.00                        | OTHER NONREIMBURSABLE (SPECIFY)              | 0                                                         | 0                                              | 0                                                                 |           | 71.00  |
| 99.00                        | NEGATIVE COST CENTER                         |                                                           |                                                |                                                                   |           | 99.00  |
| 100.00                       | COST TO BE ALLOCATED (per Wkst. 0-6, Part I) | 0                                                         | 0                                              | 0                                                                 |           | 100.00 |
| 101.00                       | UNIT COST MULTIPLIER                         | 0.000000                                                  | 0.000000                                       | 0.000000                                                          |           | 101.00 |

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY  
LEVEL OF CARE

Provider CCN: 14-0209

Period:

Worksheet 0-7

Hospice CCN: 14-1537

From 01/01/2019  
To 12/31/2019

Date/Time Prepared:  
8/5/2020 1:45 pm

Hospice I

| Cost Center Descriptions |                                      | From Wkst. C,<br>Part I, Col. 9<br>line      | Cost to Charge<br>Ratio     | Charges by LOC (from Provider Records) |                           |                           |       |
|--------------------------|--------------------------------------|----------------------------------------------|-----------------------------|----------------------------------------|---------------------------|---------------------------|-------|
|                          |                                      |                                              |                             | HCHC                                   | HRHC                      | HIRC                      |       |
|                          |                                      |                                              |                             | 2.00                                   | 3.00                      | 4.00                      |       |
|                          | ANCILLARY SERVICE COST CENTERS       | 0                                            | 1.00                        | 2.00                                   | 3.00                      | 4.00                      |       |
| 1.00                     | PHYSICAL THERAPY                     | 66.00                                        | 0.248282                    | 0                                      | 0                         | 0                         | 1.00  |
| 2.00                     | OCCUPATIONAL THERAPY                 | 67.00                                        | 0.236999                    | 0                                      | 0                         | 0                         | 2.00  |
| 3.00                     | SPEECH PATHOLOGY                     | 68.00                                        | 0.297604                    | 0                                      | 0                         | 0                         | 3.00  |
| 4.00                     | DRUGS CHARGED TO PATIENTS            | 73.00                                        | 0.257727                    | 0                                      | 0                         | 0                         | 4.00  |
| 5.00                     | DURABLE MEDICAL EQUIP-RENTED         | 96.00                                        |                             |                                        |                           |                           | 5.00  |
| 6.00                     | LABORATORY                           | 60.00                                        | 0.171790                    | 0                                      | 0                         | 0                         | 6.00  |
| 6.01                     | NORTHSIDE LAB                        | 60.01                                        | 0.000000                    | 0                                      | 0                         | 0                         | 6.01  |
| 7.00                     | MEDICAL SUPPLIES CHRGD TO PATIENTS   | 71.00                                        | 0.024559                    | 0                                      | 0                         | 0                         | 7.00  |
| 8.00                     | OTHER OUTPATIENT SERVICE COST CENTER | 93.00                                        |                             |                                        |                           |                           | 8.00  |
| 9.00                     | RADIOLOGY-THERAPEUTIC                | 55.00                                        | 0.138979                    | 0                                      | 0                         | 0                         | 9.00  |
| 10.00                    | PSYCHIATRIC/PSYCHOLOGICAL SERVICES   | 76.00                                        | 0.362735                    | 0                                      | 0                         | 0                         | 10.00 |
| 10.01                    | GASTRO INTESTINAL SERVICES           | 76.01                                        | 0.067136                    | 0                                      | 0                         | 0                         | 10.01 |
| 10.02                    | CARDIOLOGY                           | 76.02                                        | 0.104556                    | 0                                      | 0                         | 0                         | 10.02 |
| 10.03                    | PULMONARY FUNCTION TESTING           | 76.03                                        | 0.066315                    | 0                                      | 0                         | 0                         | 10.03 |
| 10.97                    | CARDIAC REHABILITATION               | 76.97                                        | 1.065509                    | 0                                      | 0                         | 0                         | 10.97 |
| 10.98                    | HYPERBARIC OXYGEN THERAPY            | 76.98                                        | 0.737314                    | 0                                      | 0                         | 0                         | 10.98 |
| 10.99                    | LITHOTRIPSY                          | 76.99                                        | 0.000000                    | 0                                      | 0                         | 0                         | 10.99 |
| 11.00                    | Totals (sum of lines 1-11)           |                                              |                             |                                        |                           |                           | 11.00 |
| Cost Center Descriptions |                                      | Charges by LOC<br>(from Provider<br>Records) | Shared Service Costs by LOC |                                        |                           |                           |       |
|                          |                                      | HGIP                                         | HCHC (col. 1 x<br>col. 2)   | HRHC (col. 1 x<br>col. 3)              | HIRC (col. 1 x<br>col. 4) | HGIP (col. 1 x<br>col. 5) |       |
|                          |                                      | 5.00                                         | 6.00                        | 7.00                                   | 8.00                      | 9.00                      |       |
|                          | ANCILLARY SERVICE COST CENTERS       |                                              |                             |                                        |                           |                           |       |
| 1.00                     | PHYSICAL THERAPY                     | 0                                            | 0                           | 0                                      | 0                         | 0                         | 1.00  |
| 2.00                     | OCCUPATIONAL THERAPY                 | 0                                            | 0                           | 0                                      | 0                         | 0                         | 2.00  |
| 3.00                     | SPEECH PATHOLOGY                     | 0                                            | 0                           | 0                                      | 0                         | 0                         | 3.00  |
| 4.00                     | DRUGS CHARGED TO PATIENTS            | 0                                            | 0                           | 0                                      | 0                         | 0                         | 4.00  |
| 5.00                     | DURABLE MEDICAL EQUIP-RENTED         |                                              |                             |                                        |                           |                           | 5.00  |
| 6.00                     | LABORATORY                           | 0                                            | 0                           | 0                                      | 0                         | 0                         | 6.00  |
| 6.01                     | NORTHSIDE LAB                        | 0                                            | 0                           | 0                                      | 0                         | 0                         | 6.01  |
| 7.00                     | MEDICAL SUPPLIES CHRGD TO PATIENTS   | 0                                            | 0                           | 0                                      | 0                         | 0                         | 7.00  |
| 8.00                     | OTHER OUTPATIENT SERVICE COST CENTER |                                              |                             |                                        |                           |                           | 8.00  |
| 9.00                     | RADIOLOGY-THERAPEUTIC                | 0                                            | 0                           | 0                                      | 0                         | 0                         | 9.00  |
| 10.00                    | PSYCHIATRIC/PSYCHOLOGICAL SERVICES   | 0                                            | 0                           | 0                                      | 0                         | 0                         | 10.00 |
| 10.01                    | GASTRO INTESTINAL SERVICES           | 0                                            | 0                           | 0                                      | 0                         | 0                         | 10.01 |
| 10.02                    | CARDIOLOGY                           | 0                                            | 0                           | 0                                      | 0                         | 0                         | 10.02 |
| 10.03                    | PULMONARY FUNCTION TESTING           | 0                                            | 0                           | 0                                      | 0                         | 0                         | 10.03 |
| 10.97                    | CARDIAC REHABILITATION               | 0                                            | 0                           | 0                                      | 0                         | 0                         | 10.97 |
| 10.98                    | HYPERBARIC OXYGEN THERAPY            | 0                                            | 0                           | 0                                      | 0                         | 0                         | 10.98 |
| 10.99                    | LITHOTRIPSY                          | 0                                            | 0                           | 0                                      | 0                         | 0                         | 10.99 |
| 11.00                    | Totals (sum of lines 1-11)           |                                              | 0                           | 0                                      | 0                         | 0                         | 11.00 |

## CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0209

Period:

Worksheet 0-8

Hospice CCN: 14-1537

From 01/01/2019  
To 12/31/2019Date/Time Prepared:  
8/5/2020 1:45 pm

|                                       |                                                                                  | Hospice I               |                       |           |       |
|---------------------------------------|----------------------------------------------------------------------------------|-------------------------|-----------------------|-----------|-------|
|                                       |                                                                                  | TITLE XVIII<br>MEDICARE | TITLE XIX<br>MEDICAID | TOTAL     |       |
|                                       |                                                                                  | 1.00                    | 2.00                  | 3.00      |       |
| <b>HOSPICE CONTINUOUS HOME CARE</b>   |                                                                                  |                         |                       |           |       |
| 1.00                                  | Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11) |                         |                       | 0         | 1.00  |
| 2.00                                  | Total unduplicated days (Wkst. S-9, col. 4, line 10)                             |                         |                       | 0         | 2.00  |
| 3.00                                  | Total average cost per diem (line 1 divided by line 2)                           |                         |                       | 0.00      | 3.00  |
| 4.00                                  | Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)               | 0                       | 0                     |           | 4.00  |
| 5.00                                  | Program cost (line 3 times line 4)                                               | 0                       | 0                     |           | 5.00  |
| <b>HOSPICE ROUTINE HOME CARE</b>      |                                                                                  |                         |                       |           |       |
| 6.00                                  | Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11) |                         |                       | 5,820,497 | 6.00  |
| 7.00                                  | Total unduplicated days (Wkst. S-9, col. 4, line 11)                             |                         |                       | 30,125    | 7.00  |
| 8.00                                  | Total average cost per diem (line 6 divided by line 7)                           |                         |                       | 193.21    | 8.00  |
| 9.00                                  | Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)              | 30,125                  | 0                     |           | 9.00  |
| 10.00                                 | Program cost (line 8 times line 9)                                               | 5,820,451               | 0                     |           | 10.00 |
| <b>HOSPICE INPATIENT RESPITE CARE</b> |                                                                                  |                         |                       |           |       |
| 11.00                                 | Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11) |                         |                       | 18,127    | 11.00 |
| 12.00                                 | Total unduplicated days (Wkst. S-9, col. 4, line 12)                             |                         |                       | 62        | 12.00 |
| 13.00                                 | Total average cost per diem (line 11 divided by line 12)                         |                         |                       | 292.37    | 13.00 |
| 14.00                                 | Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)              | 62                      | 0                     |           | 14.00 |
| 15.00                                 | Program cost (line 13 times line 14)                                             | 18,127                  | 0                     |           | 15.00 |
| <b>HOSPICE GENERAL INPATIENT CARE</b> |                                                                                  |                         |                       |           |       |
| 16.00                                 | Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11) |                         |                       | 267,320   | 16.00 |
| 17.00                                 | Total unduplicated days (Wkst. S-9, col. 4, line 13)                             |                         |                       | 359       | 17.00 |
| 18.00                                 | Total average cost per diem (line 16 divided by line 17)                         |                         |                       | 744.62    | 18.00 |
| 19.00                                 | Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)              | 359                     | 0                     |           | 19.00 |
| 20.00                                 | Program cost (line 18 times line 19)                                             | 267,319                 | 0                     |           | 20.00 |
| <b>TOTAL HOSPICE CARE</b>             |                                                                                  |                         |                       |           |       |
| 21.00                                 | Total cost (sum of line 1 + line 6 + line 11 + line 16)                          |                         |                       | 6,105,944 | 21.00 |
| 22.00                                 | Total unduplicated days (Wkst. S-9, col. 4, line 14)                             |                         |                       | 30,546    | 22.00 |
| 23.00                                 | Average cost per diem (line 21 divided by line 22)                               |                         |                       | 199.89    | 23.00 |

## CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0209

Period:  
From 01/01/2019  
To 12/31/2019Worksheet L  
Parts I-III  
Date/Time Prepared:  
8/5/2020 1:45 pm

| Title XVIII                                         |                                                                                                                                                              | Hospital  | PPS   |       |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|-------|
|                                                     |                                                                                                                                                              | Urban     | Rural |       |
|                                                     |                                                                                                                                                              | 1.00      | 1.01  |       |
| <b>PART I - FULLY PROSPECTIVE METHOD</b>            |                                                                                                                                                              |           |       |       |
| <b>CAPITAL FEDERAL AMOUNT</b>                       |                                                                                                                                                              |           |       |       |
| 1.00                                                | Capital DRG other than outlier                                                                                                                               | 2,896,244 | 0     | 1.00  |
| 1.01                                                | Model 4 BPCI Capital DRG other than outlier                                                                                                                  | 0         | 0     | 1.01  |
| 2.00                                                | Capital DRG outlier payments                                                                                                                                 | 60,444    |       | 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)                                                               | 142.71    |       | 3.00  |
| 4.00                                                | Number of interns & residents (see instructions)                                                                                                             | 27.80     |       | 4.00  |
| 5.00                                                | Indirect medical education percentage (see instructions)                                                                                                     | 5.65      |       | 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)                                 | 163,638   |       | 6.00  |
| 7.00                                                | Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)                                    | 3.93      |       | 7.00  |
| 8.00                                                | Percentage of Medicaid patient days to total days (see instructions)                                                                                         | 26.24     |       | 8.00  |
| 9.00                                                | Sum of lines 7 and 8                                                                                                                                         | 30.17     |       | 9.00  |
| 10.00                                               | Allowable disproportionate share percentage (see instructions)                                                                                               | 6.30      |       | 10.00 |
| 11.00                                               | Disproportionate share adjustment (see instructions)                                                                                                         | 182,463   |       | 11.00 |
| 12.00                                               | Total prospective capital payments (see instructions)                                                                                                        | 3,302,789 |       | 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 |