

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: 14-3302 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet S<br>Parts I-III<br>Date/Time Prepared:<br>6/21/2020 11:31 am |
|--------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-------------------------------------------------------------------------|

**PART I - COST REPORT STATUS**

|                     |                                                                                                                                                          |                                                                                                                                                                              |                                                                                                                                                  |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Provider use only   | 1. <input checked="" type="checkbox"/> Electronically prepared cost report                                                                               | Date: 6/21/2020                                                                                                                                                              | Time: 11:31 am                                                                                                                                   |
|                     | 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 type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.                                                                     |                                                                                                                                                                              |                                                                                                                                                  |
| Contractor use only | 5. <input type="checkbox"/> Cost Report Status<br>(1) As Submitted<br>(2) Settled without Audit<br>(3) Settled with Audit<br>(4) Reopened<br>(5) Amended | 6. Date Received:<br>7. Contractor No.<br>8. <input type="checkbox"/> Initial Report for this Provider CCN<br>9. <input type="checkbox"/> Final Report for this Provider CCN | 10. NPR Date:<br>11. Contractor's Vendor Code: 4<br>12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9. |

**PART II - CERTIFICATION**

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SHC- CHICAGO ( 14-3302 ) 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       | 0           | 0      | 0    | -196,436  | 1.00   |
| 2.00                    | Subprovider - IPF                   | 0       | 0           | 0      |      | 0         | 2.00   |
| 3.00                    | Subprovider - IRF                   | 0       | 0           | 0      |      | 0         | 3.00   |
| 4.00                    | SUBPROVIDER I                       |         |             |        |      |           | 4.00   |
| 5.00                    | Swing Bed - SNF                     | 0       | 0           | 0      |      | 0         | 5.00   |
| 6.00                    | Swing Bed - NF                      | 0       |             |        |      | 0         | 6.00   |
| 7.00                    | SKILLED NURSING FACILITY            | 0       | 0           | 0      |      | 0         | 7.00   |
| 8.00                    | NURSING FACILITY                    | 0       |             |        |      | 0         | 8.00   |
| 9.00                    | HOME HEALTH AGENCY I                | 0       | 0           | 0      |      | 0         | 9.00   |
| 10.00                   | RURAL HEALTH CLINIC I               | 0       |             | 0      |      | 0         | 10.00  |
| 11.00                   | FEDERALLY QUALIFIED HEALTH CENTER I | 0       |             | 0      |      | 0         | 11.00  |
| 12.00                   | CMHC I                              | 0       |             | 0      |      | 0         | 12.00  |
| 200.00                  | Total                               | 0       | 0           | 0      | 0    | -196,436  | 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: 14-3302             |                                                    | Period:<br>From 01/01/2019<br>To 12/31/2019 |                                                   | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>6/21/2020 11:31 am |                           |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--|-----------------------------------|----------------------------------------------------|---------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------|---------------------------|
| 1.00                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2.00           |  | 3.00                              |                                                    | 4.00                                        |                                                   |                                                                      |                           |
| Hospital and Hospital Health Care Complex Address:            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  |                                   |                                                    |                                             |                                                   |                                                                      |                           |
| 1.00                                                          | Street: 2211 NORTH OAK PARK AVENUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |  | PO Box:                           |                                                    |                                             |                                                   | 1.00                                                                 |                           |
| 2.00                                                          | City: CHICAGO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |  | State: IL                         |                                                    | Zip Code: 60707                             |                                                   | County: COOK                                                         |                           |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Component Name |  | CCN<br>Number                     | CBSA<br>Number                                     | Provider<br>Type                            | Date<br>Certified                                 | Payment System (P,<br>T, O, or N)                                    |                           |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  |                                   |                                                    |                                             |                                                   | V                                                                    | XVIII                     |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  |                                   |                                                    |                                             |                                                   | XIX                                                                  |                           |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1.00           |  | 2.00                              | 3.00                                               | 4.00                                        | 5.00                                              | 6.00                                                                 | 7.00                      |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  |                                   |                                                    |                                             |                                                   | 8.00                                                                 |                           |
| Hospital and Hospital-Based Component Identification:         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  |                                   |                                                    |                                             |                                                   |                                                                      |                           |
| 3.00                                                          | Hospital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |  | SHC- CHICAGO                      | 143302                                             | 16974                                       | 7                                                 | 03/24/2011                                                           | N                         |
| 4.00                                                          | Subprovider - IPF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |  |                                   |                                                    |                                             |                                                   | T                                                                    | 0                         |
| 5.00                                                          | Subprovider - IRF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |  |                                   |                                                    |                                             |                                                   |                                                                      |                           |
| 6.00                                                          | Subprovider - (Other)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |  |                                   |                                                    |                                             |                                                   |                                                                      |                           |
| 7.00                                                          | Swing Beds - SNF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |  |                                   |                                                    |                                             |                                                   |                                                                      |                           |
| 8.00                                                          | Swing Beds - NF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  |                                   |                                                    |                                             |                                                   |                                                                      |                           |
| 9.00                                                          | Hospital-Based SNF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |  |                                   |                                                    |                                             |                                                   |                                                                      |                           |
| 10.00                                                         | Hospital-Based NF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |  |                                   |                                                    |                                             |                                                   |                                                                      |                           |
| 11.00                                                         | Hospital-Based OLTC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |  |                                   |                                                    |                                             |                                                   |                                                                      |                           |
| 12.00                                                         | Hospital-Based HHA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |  |                                   |                                                    |                                             |                                                   |                                                                      |                           |
| 13.00                                                         | Separately Certified ASC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |  |                                   |                                                    |                                             |                                                   |                                                                      |                           |
| 14.00                                                         | Hospital-Based Hospice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |  |                                   |                                                    |                                             |                                                   |                                                                      |                           |
| 15.00                                                         | Hospital-Based Health Clinic - RHC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |  |                                   |                                                    |                                             |                                                   |                                                                      |                           |
| 16.00                                                         | Hospital-Based Health Clinic - FQHC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |  |                                   |                                                    |                                             |                                                   |                                                                      |                           |
| 17.00                                                         | Hospital-Based (CMHC) I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |  |                                   |                                                    |                                             |                                                   |                                                                      |                           |
| 17.10                                                         | Hospital-Based (CORF) I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |  |                                   |                                                    |                                             |                                                   |                                                                      |                           |
| 18.00                                                         | Renal Dialysis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |  |                                   |                                                    |                                             |                                                   |                                                                      |                           |
| 19.00                                                         | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |  |                                   |                                                    |                                             |                                                   |                                                                      |                           |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  |                                   |                                                    |                                             | From:                                             | To:                                                                  |                           |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  |                                   |                                                    |                                             | 1.00                                              | 2.00                                                                 |                           |
| 20.00                                                         | Cost Reporting Period (mm/dd/yyyy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |  |                                   |                                                    |                                             | 01/01/2019                                        | 12/31/2019                                                           | 20.00                     |
| 21.00                                                         | Type of Control (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |  |                                   |                                                    |                                             | 1                                                 |                                                                      | 21.00                     |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  |                                   |                                                    |                                             | 1.00                                              | 2.00                                                                 | 3.00                      |
| Inpatient PPS Information                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  |                                   |                                                    |                                             |                                                   |                                                                      |                           |
| 22.00                                                         | Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                               |                |  |                                   |                                                    | N                                           | N                                                 |                                                                      | 22.00                     |
| 22.01                                                         | Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)                                                                                                                                                                                                                                   |                |  |                                   |                                                    | N                                           | N                                                 |                                                                      | 22.01                     |
| 22.02                                                         | Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.                                                                                                                                                                                                                       |                |  |                                   |                                                    | N                                           | N                                                 |                                                                      | 22.02                     |
| 22.03                                                         | Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no. |                |  |                                   |                                                    | N                                           | N                                                 | N                                                                    | 22.03                     |
| 23.00                                                         | Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                             |                |  |                                   |                                                    | 1                                           | N                                                 |                                                                      | 23.00                     |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  | 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                                 | 0                                                  | 0                                           | 0                                                 | 0                                                                    | 0                         |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                    | Provider CCN: 14-3302                    |                                                   | Period:<br>From 01/01/2019<br>To 12/31/2019     |                           | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>6/21/2020 11:31 am |       |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------|------------------------------------------|---------------------------------------------------|-------------------------------------------------|---------------------------|----------------------------------------------------------------------|-------|
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 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                      |                                                                      |       |
| 25.00                                                         | If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.                                                                                                                                                                | 0                                 | 0                                                  | 0                                        | 0                                                 | 0                                               |                           |                                                                      | 25.00 |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                    |                                          |                                                   | Urban/Rural S                                   | Date of Geogr             |                                                                      |       |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                    |                                          |                                                   | 1.00                                            | 2.00                      |                                                                      |       |
| 26.00                                                         | Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.                                                                                                                                                                                                                                                                                                              |                                   |                                                    |                                          |                                                   | 1                                               |                           |                                                                      | 26.00 |
| 27.00                                                         | Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.                                                                                                                                                                                                               |                                   |                                                    |                                          |                                                   | 1                                               |                           |                                                                      | 27.00 |
| 35.00                                                         | If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.                                                                                                                                                                                                                                                                                                                                        |                                   |                                                    |                                          |                                                   | 0                                               |                           |                                                                      | 35.00 |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                    |                                          |                                                   | Beginning:                                      | Ending:                   |                                                                      |       |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                    |                                          |                                                   | 1.00                                            | 2.00                      |                                                                      |       |
| 36.00                                                         | Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.                                                                                                                                                                                                                                                                                                                   |                                   |                                                    |                                          |                                                   |                                                 |                           |                                                                      | 36.00 |
| 37.00                                                         | If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.                                                                                                                                                                                                                                                                                                                                 |                                   |                                                    |                                          |                                                   | 0                                               |                           |                                                                      | 37.00 |
| 37.01                                                         | Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)                                                                                                                                                                                                                                                                                   |                                   |                                                    |                                          |                                                   |                                                 |                           |                                                                      | 37.01 |
| 38.00                                                         | If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.                                                                                                                                                                                                                                                                     |                                   |                                                    |                                          |                                                   |                                                 |                           |                                                                      | 38.00 |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                    |                                          |                                                   | Y/N                                             | Y/N                       |                                                                      |       |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                    |                                          |                                                   | 1.00                                            | 2.00                      |                                                                      |       |
| 39.00                                                         | Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)                                                                          |                                   |                                                    |                                          |                                                   | N                                               | N                         |                                                                      | 39.00 |
| 40.00                                                         | Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)                                                                                                                                                                                                           |                                   |                                                    |                                          |                                                   | N                                               | N                         |                                                                      | 40.00 |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                    |                                          |                                                   | V                                               | XVIII                     | XIX                                                                  |       |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                    |                                          |                                                   | 1.00                                            | 2.00                      | 3.00                                                                 |       |
| <b>Prospective Payment System (PPS)-Capital</b>               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                    |                                          |                                                   |                                                 |                           |                                                                      |       |
| 45.00                                                         | Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)                                                                                                                                                                                                                                                                                                                  |                                   |                                                    |                                          |                                                   | N                                               | N                         | N                                                                    | 45.00 |
| 46.00                                                         | Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.                                                                                                                                                                                                                                                                |                                   |                                                    |                                          |                                                   | N                                               | N                         | N                                                                    | 46.00 |
| 47.00                                                         | Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                    |                                          |                                                   | N                                               | N                         | N                                                                    | 47.00 |
| 48.00                                                         | Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                                    |                                          |                                                   | N                                               | N                         | N                                                                    | 48.00 |
| <b>Teaching Hospitals</b>                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                    |                                          |                                                   |                                                 |                           |                                                                      |       |
| 56.00                                                         | Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.                                                                                                                                                                                              |                                   |                                                    |                                          |                                                   | N                                               |                           |                                                                      | 56.00 |
| 57.00                                                         | If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. |                                   |                                                    |                                          |                                                   |                                                 |                           |                                                                      | 57.00 |
| 58.00                                                         | If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.                                                                                                                                                                                                                                                                                                |                                   |                                                    |                                          |                                                   |                                                 |                           |                                                                      | 58.00 |
| 59.00                                                         | Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                    |                                          |                                                   | N                                               |                           |                                                                      | 59.00 |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                    | NAHE 413.85<br>Y/N                       | Worksheet A<br>Line #                             | Pass-Through<br>Qualification<br>Criterion Code |                           |                                                                      |       |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                    | 1.00                                     | 2.00                                              | 3.00                                            |                           |                                                                      |       |
| 60.00                                                         | Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 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.                                                                                                                       |                                   |                                                    |                                          |                                                   | N                                               |                           |                                                                      | 60.00 |

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-2  
Part I  
Date/Time Prepared:  
6/21/2020 11:31 am

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Y/N          | IME                              | Direct GME                  | IME                               | Direct GME                      |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------|-----------------------------|-----------------------------------|---------------------------------|-------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1.00         | 2.00                             | 3.00                        | 4.00                              | 5.00                            |       |
| 61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | N            |                                  |                             | 0.00                              | 0.00                            | 61.00 |
| 61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                  |                             |                                   |                                 | 61.01 |
| 61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                  |                             |                                   |                                 | 61.02 |
| 61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                  |                             |                                   |                                 | 61.03 |
| 61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                  |                             |                                   |                                 | 61.04 |
| 61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                  |                             |                                   |                                 | 61.05 |
| 61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                  |                             |                                   |                                 | 61.06 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Program Name |                                  | Program Code                | Unweighted IME FTE Count          | Unweighted Direct GME FTE Count |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1.00         |                                  | 2.00                        | 3.00                              | 4.00                            |       |
| 61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.                                                                                                                                                                                                                                                                                      |              |                                  |                             | 0.00                              | 0.00                            | 61.10 |
| 61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.                                                                                                                                                                                                                                                                            |              |                                  |                             | 0.00                              | 0.00                            | 61.20 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                  |                             |                                   | 1.00                            |       |
| ACA Provisions Affecting the Health Resources and Services Administration (HRSA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                  |                             |                                   |                                 |       |
| 62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                  |                             |                                   | 0.00                            | 62.00 |
| 62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                  |                             |                                   | 0.00                            | 62.01 |
| Teaching Hospitals that Claim Residents in Nonprovider Settings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                  |                             |                                   |                                 |       |
| 63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                  |                             |                                   | N                               | 63.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              | Unweighted FTEs Nonprovider Site | Unweighted FTEs in Hospital | Ratio (col. 1/ (col. 1 + col. 2)) |                                 |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              | 1.00                             | 2.00                        | 3.00                              |                                 |       |
| 64.00 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. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions) |              | 0.00                             | 0.00                        | 0.000000                          |                                 | 64.00 |

Worksheet S-2  
Part I  
Date/Time Prepared:  
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|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Program Name | Program Code | Unweighted FTEs Nonprovider Site | Unweighted FTEs in Hospital | Ratio (col. 3/ (col. 3 + col. 4)) |      |   |       |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|----------------------------------|-----------------------------|-----------------------------------|------|---|-------|
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1.00         | 2.00         | 3.00                             | 4.00                        | 5.00                              |      |   |       |
| 65.00 | Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions) |              |              | 0.00                             | 0.00                        | 0.000000                          |      |   | 65.00 |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |              | Unweighted FTEs Nonprovider Site | Unweighted FTEs in Hospital | Ratio (col. 1/ (col. 1 + col. 2)) |      |   |       |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |              | 1.00                             | 2.00                        | 3.00                              |      |   |       |
| 66.00 | Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010<br>Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)                                                                                              |              |              | 0.00                             | 0.00                        | 0.000000                          |      |   | 66.00 |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Program Name | Program Code | Unweighted FTEs Nonprovider Site | Unweighted FTEs in Hospital | Ratio (col. 3/ (col. 3 + col. 4)) |      |   |       |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1.00         | 2.00         | 3.00                             | 4.00                        | 5.00                              |      |   |       |
| 67.00 | Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)                                                                                             |              |              | 0.00                             | 0.00                        | 0.000000                          |      |   | 67.00 |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |              |                                  | 1.00                        | 2.00                              | 3.00 |   |       |
| 70.00 | <b>Inpatient Psychiatric Facility PPS</b><br>Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |                                  |                             | N                                 |      |   | 70.00 |
| 71.00 | If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)                                                                                              |              |              |                                  |                             |                                   |      | 0 | 71.00 |
| 75.00 | <b>Inpatient Rehabilitation Facility PPS</b><br>Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.                                                                                                                                                                                                                                                                                                                                                                                                                  |              |              |                                  |                             | N                                 |      |   | 75.00 |
| 76.00 | If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)                                                                                                                      |              |              |                                  |                             |                                   |      | 0 | 76.00 |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA |                                                                                                                                                                                                                                                                                                                                                                                                             | Provider CCN: 14-3302 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>6/21/2020 11:31 am |             |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|----------------------------------------------------------------------|-------------|
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                             |                       | 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                     | Y                                           | 91.00                                                                |             |
| 92.00                                                         | Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.                                                                                                                                                                                                                                                 |                       | N                                           | 92.00                                                                |             |
| 93.00                                                         | Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.                                                                                                                                                                                                                                                                   | N                     | N                                           | 93.00                                                                |             |
| 94.00                                                         | Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.                                                                                                                                                                                                                                                                                                        | N                     | N                                           | 94.00                                                                |             |
| 95.00                                                         | If line 94 is "Y", enter the reduction percentage in the applicable column.                                                                                                                                                                                                                                                                                                                                 | 0.00                  | 0.00                                        | 95.00                                                                |             |
| 96.00                                                         | Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.                                                                                                                                                                                                                                                                                                        | N                     | N                                           | 96.00                                                                |             |
| 97.00                                                         | If line 96 is "Y", enter the reduction percentage in the applicable column.                                                                                                                                                                                                                                                                                                                                 | 0.00                  | 0.00                                        | 97.00                                                                |             |
| 98.00                                                         | Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                               | Y                     | Y                                           | 98.00                                                                |             |
| 98.01                                                         | Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                                                                   | Y                     | Y                                           | 98.01                                                                |             |
| 98.02                                                         | Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                                       | Y                     | Y                                           | 98.02                                                                |             |
| 98.03                                                         | Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                                  | N                     | N                                           | 98.03                                                                |             |
| 98.04                                                         | Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                                                            | N                     | N                                           | 98.04                                                                |             |
| 98.05                                                         | Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                                                      | Y                     | Y                                           | 98.05                                                                |             |
| 98.06                                                         | Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                                                              | Y                     | Y                                           | 98.06                                                                |             |
| <b>Rural Providers</b>                                        |                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                                             |                                                                      |             |
| 105.00                                                        | Does this hospital qualify as a CAH?                                                                                                                                                                                                                                                                                                                                                                        | N                     |                                             | 105.00                                                               |             |
| 106.00                                                        | If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)                                                                                                                                                                                                                                                                         |                       |                                             | 106.00                                                               |             |
| 107.00                                                        | 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)<br>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                                                               |             |
| 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.                                                                                                                                                                                                                                                |                       |                                             |                                                                      |             |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                             | 1.00                  |                                             |                                                                      |             |
| 110.00                                                        | Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.                                                                                                     |                       |                                             | N                                                                    | 110.00      |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Provider CCN: 14-3302 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>6/21/2020 11:31 am |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|----------------------------------------------------------------------|
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.00                  | 2.00                                        |                                                                      |
| 111.00                                                        | If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services. | N                     |                                             | 111.00                                                               |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.00                  | 2.00                                        | 3.00                                                                 |
| 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                     | 1                                           | 118.01                                                               |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.00                  | 2.00                                        |                                                                      |
| 118.02                                                        | Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.                                                                                                                                                                                                                                                            | N                     |                                             | 118.02                                                               |
| 119.00                                                        | DO NOT USE THIS LINE                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                             | 119.00                                                               |
| 120.00                                                        | Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.                                                            | N                     | N                                           | 120.00                                                               |
| 121.00                                                        | Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                | Y                     |                                             | 121.00                                                               |
| 122.00                                                        | Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.                                                                                                                                                                                                                      | N                     |                                             | 122.00                                                               |
| Transplant Center Information                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                                             |                                                                      |
| 125.00                                                        | Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.                                                                                                                                                                                                                                                                                                                       | N                     |                                             | 125.00                                                               |
| 126.00                                                        | If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                                                                                                                                                            |                       |                                             | 126.00                                                               |
| 127.00                                                        | If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                                                                                                                                                             |                       |                                             | 127.00                                                               |
| 128.00                                                        | If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                                                                                                                                                             |                       |                                             | 128.00                                                               |
| 129.00                                                        | If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                                                                                                                                                              |                       |                                             | 129.00                                                               |
| 130.00                                                        | If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                                                                                                                                                          |                       |                                             | 130.00                                                               |
| 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                     | HB0180                                      | 140.00                                                               |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                  |      |  | Provider CCN: 14-3302       |        | Period:<br>From 01/01/2019<br>To 12/31/2019 |           | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>6/21/2020 11:31 am |            |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--|-----------------------------|--------|---------------------------------------------|-----------|----------------------------------------------------------------------|------------|--------|
| 1.00                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                  | 2.00 |  | 3.00                        |        |                                             |           |                                                                      |            |        |
| If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.                                   |                                                                                                                                                                                                                                                                                                                  |      |  |                             |        |                                             |           |                                                                      |            |        |
| 141.00                                                                                                                                                                                                                      | Name: SHRINERS HOSPITALS FOR CHILDREN                                                                                                                                                                                                                                                                            |      |  | Contractor's Name: FCSO INC |        | Contractor's Number: 09101                  |           | 141.00                                                               |            |        |
| 142.00                                                                                                                                                                                                                      | Street: 2900 ROCKY POINT DRIVE                                                                                                                                                                                                                                                                                   |      |  | PO Box:                     |        |                                             |           | 142.00                                                               |            |        |
| 143.00                                                                                                                                                                                                                      | City: TAMPA                                                                                                                                                                                                                                                                                                      |      |  | State: FL                   |        | Zip Code: 33607                             |           | 143.00                                                               |            |        |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                  |      |  |                             |        |                                             |           | 1.00                                                                 |            |        |
| 144.00                                                                                                                                                                                                                      | Are provider based physicians' costs included in Worksheet A?                                                                                                                                                                                                                                                    |      |  |                             |        |                                             |           |                                                                      | Y          | 144.00 |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                  |      |  |                             |        |                                             |           | 1.00                                                                 | 2.00       |        |
| 145.00                                                                                                                                                                                                                      | If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.     |      |  |                             |        |                                             | N         |                                                                      | 145.00     |        |
| 146.00                                                                                                                                                                                                                      | Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.                                                                                 |      |  |                             |        |                                             |           |                                                                      | 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                                     | Title XIX |                                                                      |            |        |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                  |      |  | 1.00                        | 2.00   | 3.00                                        | 4.00      |                                                                      |            |        |
| Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13) |                                                                                                                                                                                                                                                                                                                  |      |  |                             |        |                                             |           |                                                                      |            |        |
| 155.00                                                                                                                                                                                                                      | Hospital                                                                                                                                                                                                                                                                                                         |      |  | N                           | N      | N                                           | N         |                                                                      |            |        |
| 156.00                                                                                                                                                                                                                      | Subprovider - IPF                                                                                                                                                                                                                                                                                                |      |  | N                           | N      | N                                           | N         |                                                                      |            |        |
| 157.00                                                                                                                                                                                                                      | Subprovider - IRF                                                                                                                                                                                                                                                                                                |      |  | N                           | N      | N                                           | N         |                                                                      |            |        |
| 158.00                                                                                                                                                                                                                      | SUBPROVIDER                                                                                                                                                                                                                                                                                                      |      |  |                             |        |                                             |           |                                                                      |            |        |
| 159.00                                                                                                                                                                                                                      | SNF                                                                                                                                                                                                                                                                                                              |      |  | N                           | N      | N                                           | N         |                                                                      |            |        |
| 160.00                                                                                                                                                                                                                      | HOME HEALTH AGENCY                                                                                                                                                                                                                                                                                               |      |  | N                           | N      | N                                           | N         |                                                                      |            |        |
| 161.00                                                                                                                                                                                                                      | CMHC                                                                                                                                                                                                                                                                                                             |      |  |                             | N      | N                                           | N         |                                                                      |            |        |
| 161.10                                                                                                                                                                                                                      | CORF                                                                                                                                                                                                                                                                                                             |      |  |                             | N      | N                                           | N         |                                                                      |            |        |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                  |      |  |                             |        |                                             |           | 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                                       | Zip Code  | CBSA                                                                 | FTE/Campus |        |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                  |      |  | 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.                                                                                                                                                                                                                              |      |  |                             |        |                                             |           |                                                                      | N          | 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 |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                  |      |  |                             |        | Beginning                                   | Ending    |                                                                      |            |        |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                  |      |  |                             |        | 1.00                                        | 2.00      |                                                                      |            |        |
| 170.00                                                                                                                                                                                                                      | Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)                                                                                                                                                                                               |      |  |                             |        |                                             |           |                                                                      | 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         |                                                                      | 0          |        |

| HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE                                                               |                                                                                                                                                                                                                                                                                                                                                                                                    | Provider CCN: 14-3302 |  | Period:<br>From 01/01/2019<br>To 12/31/2019 |             | Worksheet S-2<br>Part II<br>Date/Time Prepared:<br>6/21/2020 11:31 am |       |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|---------------------------------------------|-------------|-----------------------------------------------------------------------|-------|
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | Y/N                                         | Date        |                                                                       |       |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | 1.00                                        | 2.00        |                                                                       |       |
| General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format. |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  |                                             |             |                                                                       |       |
| COMPLETED BY ALL HOSPITALS                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  |                                             |             |                                                                       |       |
| Provider Organization and Operation                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  |                                             |             |                                                                       |       |
| 1.00                                                                                                                        | Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)                                                                                                                                                                                                                           |                       |  | N                                           |             |                                                                       | 1.00  |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | Y/N                                         | Date        | V/I                                                                   |       |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | 1.00                                        | 2.00        | 3.00                                                                  |       |
| 2.00                                                                                                                        | Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.                                                                                                                                                                                                                    |                       |  | N                                           |             |                                                                       | 2.00  |
| 3.00                                                                                                                        | Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions) |                       |  | Y                                           |             |                                                                       | 3.00  |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | Y/N                                         | Type        | Date                                                                  |       |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | 1.00                                        | 2.00        | 3.00                                                                  |       |
| Financial Data and Reports                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  |                                             |             |                                                                       |       |
| 4.00                                                                                                                        | Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.                                                                                                                           |                       |  | Y                                           | C           | 05/01/2019                                                            | 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.                                                                                                                                                                                                                                                       |                       |  | Y                                           |             |                                                                       | 5.00  |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | Y/N                                         | Legal Oper. |                                                                       |       |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | 1.00                                        | 2.00        |                                                                       |       |
| Approved Educational Activities                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  |                                             |             |                                                                       |       |
| 6.00                                                                                                                        | Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?                                                                                                                                                                                                                                                                            |                       |  | N                                           |             | N                                                                     | 6.00  |
| 7.00                                                                                                                        | Are costs claimed for Allied Health Programs? If "Y" see instructions.                                                                                                                                                                                                                                                                                                                             |                       |  | N                                           |             |                                                                       | 7.00  |
| 8.00                                                                                                                        | Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.                                                                                                                                                                                                                                                              |                       |  | N                                           |             |                                                                       | 8.00  |
| 9.00                                                                                                                        | Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.                                                                                                                                                                                                                                                |                       |  | N                                           |             |                                                                       | 9.00  |
| 10.00                                                                                                                       | Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.                                                                                                                                                                                                                                                               |                       |  | N                                           |             |                                                                       | 10.00 |
| 11.00                                                                                                                       | Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.                                                                                                                                                                                                                                                          |                       |  | N                                           |             |                                                                       | 11.00 |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  |                                             | Y/N         |                                                                       |       |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  |                                             | 1.00        |                                                                       |       |
| Bad Debts                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  |                                             |             |                                                                       |       |
| 12.00                                                                                                                       | Is the provider seeking reimbursement for bad debts? If yes, see instructions.                                                                                                                                                                                                                                                                                                                     |                       |  |                                             |             | N                                                                     | 12.00 |
| 13.00                                                                                                                       | If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.                                                                                                                                                                                                                                                                    |                       |  |                                             |             | N                                                                     | 13.00 |
| 14.00                                                                                                                       | If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.                                                                                                                                                                                                                                                                                                   |                       |  |                                             |             | N                                                                     | 14.00 |
| Bed Complement                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  |                                             |             |                                                                       |       |
| 15.00                                                                                                                       | Did total beds available change from the prior cost reporting period? If yes, see instructions.                                                                                                                                                                                                                                                                                                    |                       |  |                                             |             | N                                                                     | 15.00 |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | Part A                                      |             | Part B                                                                |       |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | Y/N                                         | 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)                                                                                                                                                                                        |                       |  | N                                           |             | N                                                                     | 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: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-2  
Part II  
Date/Time Prepared:  
6/21/2020 11:31 am

|                                                                                    |                                                                                                                                                                            | Description                     | Y/N               | Y/N  |       |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------|------|-------|
|                                                                                    |                                                                                                                                                                            | 0                               | 1.00              | 3.00 |       |
| 20.00                                                                              | If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:                                                              | NONE                            | 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.                                                                                  | Y                               | Y                 |      | 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                                                                                                   |                                 | N                 |      | 22.00 |
| 23.00                                                                              | Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.                              |                                 | N                 |      | 23.00 |
| 24.00                                                                              | Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions                                              |                                 | N                 |      | 24.00 |
| 25.00                                                                              | Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.                                                            |                                 | N                 |      | 25.00 |
| 26.00                                                                              | Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.                                                              |                                 | N                 |      | 26.00 |
| 27.00                                                                              | Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.                                                                    |                                 | N                 |      | 27.00 |
| Interest Expense                                                                   |                                                                                                                                                                            |                                 |                   |      |       |
| 28.00                                                                              | Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.                                          |                                 | N                 |      | 28.00 |
| 29.00                                                                              | Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions       |                                 | N                 |      | 29.00 |
| 30.00                                                                              | Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.                                                                   |                                 | N                 |      | 30.00 |
| 31.00                                                                              | Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.                                                                   |                                 | N                 |      | 31.00 |
| Purchased Services                                                                 |                                                                                                                                                                            |                                 |                   |      |       |
| 32.00                                                                              | Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.          |                                 | N                 |      | 32.00 |
| 33.00                                                                              | If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.                                                |                                 | N                 |      | 33.00 |
| Provider-Based Physicians                                                          |                                                                                                                                                                            |                                 |                   |      |       |
| 34.00                                                                              | Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.                                             |                                 | N                 |      | 34.00 |
| 35.00                                                                              | If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions. |                                 | N                 |      | 35.00 |
|                                                                                    |                                                                                                                                                                            | Y/N                             | Date              |      |       |
|                                                                                    |                                                                                                                                                                            | 1.00                            | 2.00              |      |       |
| Home Office Costs                                                                  |                                                                                                                                                                            |                                 |                   |      |       |
| 36.00                                                                              | Were home office costs claimed on the cost report?                                                                                                                         | Y                               |                   |      | 36.00 |
| 37.00                                                                              | If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.                                                            | Y                               |                   |      | 37.00 |
| 38.00                                                                              | If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.       | N                               |                   |      | 38.00 |
| 39.00                                                                              | If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.                                                                   | N                               |                   |      | 39.00 |
| 40.00                                                                              | If line 36 is yes, did the provider render services to the home office? If yes, see instructions.                                                                          | N                               |                   |      | 40.00 |
|                                                                                    |                                                                                                                                                                            | 1.00                            | 2.00              |      |       |
| Cost Report Preparer Contact Information                                           |                                                                                                                                                                            |                                 |                   |      |       |
| 41.00                                                                              | Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.                                              | DOUGLAS                         | BEAL              |      | 41.00 |
| 42.00                                                                              | Enter the employer/company name of the cost report preparer.                                                                                                               | SHRINERS HOSPITALS FOR CHILDREN |                   |      | 42.00 |
| 43.00                                                                              | Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.                                                                 | 813.281.8610                    | DREAL@SHRINET.ORG |      | 43.00 |

|                                                               |                                                                                                                               |                                     |                                             |                                                                       |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------|-----------------------------------------------------------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE |                                                                                                                               | Provider CCN: 14-3302               | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet S-2<br>Part II<br>Date/Time Prepared:<br>6/21/2020 11:31 am |
|                                                               |                                                                                                                               | 3.00                                |                                             |                                                                       |
| <b>Cost Report Preparer Contact Information</b>               |                                                                                                                               |                                     |                                             |                                                                       |
| 41.00                                                         | Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively. | CORPORATE DIRECTOR<br>REIMBURSEMENT |                                             | 41.00                                                                 |
| 42.00                                                         | Enter the employer/company name of the cost report preparer.                                                                  |                                     |                                             | 42.00                                                                 |
| 43.00                                                         | Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.                    |                                     |                                             | 43.00                                                                 |

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-3  
Part I  
Date/Time Prepared:  
6/21/2020 11:31 am

| Component                                                                                                                                                                        | Worksheet A<br>Line Number | No. of Beds | Bed Days<br>Available | CAH Hours | I/P Days / O/P<br>Visits / Trips |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------|-----------------------|-----------|----------------------------------|-------|
|                                                                                                                                                                                  |                            |             |                       |           | Title V                          |       |
|                                                                                                                                                                                  | 1.00                       | 2.00        | 3.00                  | 4.00      | 5.00                             |       |
| 1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds) | 30.00                      | 54          | 19,710                | 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)                                                                                                        |                            | 54          | 19,710                | 0.00      | 0                                | 7.00  |
| 8.00 INTENSIVE CARE UNIT                                                                                                                                                         | 31.00                      | 6           | 2,190                 | 0.00      | 0                                | 8.00  |
| 9.00 CORONARY CARE UNIT                                                                                                                                                          | 32.00                      | 0           | 0                     | 0.00      | 0                                | 9.00  |
| 10.00 BURN INTENSIVE CARE UNIT                                                                                                                                                   | 33.00                      | 0           | 0                     | 0.00      | 0                                | 10.00 |
| 11.00 SURGICAL INTENSIVE CARE UNIT                                                                                                                                               | 34.00                      | 0           | 0                     | 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)                                                                                                                                                   |                            | 60          | 21,900                | 0.00      | 0                                | 14.00 |
| 15.00 CAH visits                                                                                                                                                                 |                            |             |                       |           | 0                                | 15.00 |
| 16.00 SUBPROVIDER - IPF                                                                                                                                                          | 40.00                      | 0           | 0                     |           | 0                                | 16.00 |
| 17.00 SUBPROVIDER - IRF                                                                                                                                                          | 41.00                      | 0           | 0                     |           | 0                                | 17.00 |
| 18.00 SUBPROVIDER                                                                                                                                                                | 42.00                      | 0           | 0                     |           | 0                                | 18.00 |
| 19.00 SKILLED NURSING FACILITY                                                                                                                                                   | 44.00                      | 0           | 0                     |           | 0                                | 19.00 |
| 20.00 NURSING FACILITY                                                                                                                                                           | 45.00                      | 0           | 0                     |           | 0                                | 20.00 |
| 21.00 OTHER LONG TERM CARE                                                                                                                                                       | 46.00                      | 0           | 0                     |           |                                  | 21.00 |
| 22.00 HOME HEALTH AGENCY                                                                                                                                                         | 101.00                     |             |                       |           | 0                                | 22.00 |
| 23.00 AMBULATORY SURGICAL CENTER (D.P.)                                                                                                                                          | 115.00                     |             |                       |           |                                  | 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                                                                                                                                                                | 99.00                      |             |                       |           | 0                                | 25.00 |
| 25.10 CMHC - CORF                                                                                                                                                                | 99.10                      |             |                       |           | 0                                | 25.10 |
| 26.00 RURAL HEALTH CLINIC                                                                                                                                                        | 88.00                      |             |                       |           | 0                                | 26.00 |
| 26.25 FEDERALLY QUALIFIED HEALTH CENTER                                                                                                                                          | 89.00                      |             |                       |           | 0                                | 26.25 |
| 27.00 Total (sum of lines 14-26)                                                                                                                                                 |                            | 60          |                       |           |                                  | 27.00 |
| 28.00 Observation Bed Days                                                                                                                                                       |                            |             |                       |           | 0                                | 28.00 |
| 29.00 Ambulance Trips                                                                                                                                                            |                            |             |                       |           |                                  | 29.00 |
| 30.00 Employee discount days (see instruction)                                                                                                                                   |                            |             |                       |           |                                  | 30.00 |
| 31.00 Employee discount days - IRF                                                                                                                                               |                            |             |                       |           |                                  | 31.00 |
| 32.00 Labor & delivery days (see instructions)                                                                                                                                   |                            | 0           | 0                     |           |                                  | 32.00 |
| 32.01 Total ancillary labor & delivery room outpatient days (see instructions)                                                                                                   |                            |             |                       |           |                                  | 32.01 |
| 33.00 LTCH non-covered days                                                                                                                                                      |                            |             |                       |           |                                  | 33.00 |
| 33.01 LTCH site neutral days and discharges                                                                                                                                      |                            |             |                       |           |                                  | 33.01 |

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-3  
Part I  
Date/Time Prepared:  
6/21/2020 11:31 am

| 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) | 0                             | 52        | 2,366              |                           |                      | 1.00  |
| 2.00      | HMO and other (see instructions)                                                                                                                                            | 0                             | 412       |                    |                           |                      | 2.00  |
| 3.00      | HMO IPF Subprovider                                                                                                                                                         | 0                             | 0         |                    |                           |                      | 3.00  |
| 4.00      | HMO IRF Subprovider                                                                                                                                                         | 0                             | 0         |                    |                           |                      | 4.00  |
| 5.00      | Hospital Adults & Peds. Swing Bed SNF                                                                                                                                       | 0                             | 0         | 0                  |                           |                      | 5.00  |
| 6.00      | Hospital Adults & Peds. Swing Bed NF                                                                                                                                        |                               | 0         | 0                  |                           |                      | 6.00  |
| 7.00      | Total Adults and Peds. (exclude observation beds) (see instructions)                                                                                                        | 0                             | 52        | 2,366              |                           |                      | 7.00  |
| 8.00      | INTENSIVE CARE UNIT                                                                                                                                                         | 0                             | 19        | 440                |                           |                      | 8.00  |
| 9.00      | CORONARY CARE UNIT                                                                                                                                                          | 0                             | 0         | 0                  |                           |                      | 9.00  |
| 10.00     | BURN INTENSIVE CARE UNIT                                                                                                                                                    | 0                             | 0         | 0                  |                           |                      | 10.00 |
| 11.00     | SURGICAL INTENSIVE CARE UNIT                                                                                                                                                | 0                             | 0         | 0                  |                           |                      | 11.00 |
| 12.00     | OTHER SPECIAL CARE (SPECIFY)                                                                                                                                                |                               |           |                    |                           |                      | 12.00 |
| 13.00     | NURSERY                                                                                                                                                                     |                               | 0         | 0                  |                           |                      | 13.00 |
| 14.00     | Total (see instructions)                                                                                                                                                    | 0                             | 71        | 2,806              | 0.00                      | 260.76               | 14.00 |
| 15.00     | CAH visits                                                                                                                                                                  | 0                             | 0         | 0                  |                           |                      | 15.00 |
| 16.00     | SUBPROVIDER - IPF                                                                                                                                                           | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 16.00 |
| 17.00     | SUBPROVIDER - IRF                                                                                                                                                           | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 17.00 |
| 18.00     | SUBPROVIDER                                                                                                                                                                 | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 18.00 |
| 19.00     | SKILLED NURSING FACILITY                                                                                                                                                    | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 19.00 |
| 20.00     | NURSING FACILITY                                                                                                                                                            |                               | 0         | 0                  | 0.00                      | 0.00                 | 20.00 |
| 21.00     | OTHER LONG TERM CARE                                                                                                                                                        |                               |           | 0                  | 0.00                      | 0.00                 | 21.00 |
| 22.00     | HOME HEALTH AGENCY                                                                                                                                                          | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 22.00 |
| 23.00     | AMBULATORY SURGICAL CENTER (D.P.)                                                                                                                                           |                               |           |                    | 0.00                      | 0.00                 | 23.00 |
| 24.00     | HOSPICE                                                                                                                                                                     | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 24.00 |
| 24.10     | HOSPICE (non-distinct part)                                                                                                                                                 |                               |           | 0                  |                           |                      | 24.10 |
| 25.00     | CMHC - CMHC                                                                                                                                                                 | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 25.00 |
| 25.10     | CMHC - CORF                                                                                                                                                                 | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 25.10 |
| 26.00     | RURAL HEALTH CLINIC                                                                                                                                                         | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 26.00 |
| 26.25     | FEDERALLY QUALIFIED HEALTH CENTER                                                                                                                                           | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 26.25 |
| 27.00     | Total (sum of lines 14-26)                                                                                                                                                  |                               |           |                    | 0.00                      | 260.76               | 27.00 |
| 28.00     | Observation Bed Days                                                                                                                                                        |                               | 0         | 0                  |                           |                      | 28.00 |
| 29.00     | Ambulance Trips                                                                                                                                                             | 0                             |           |                    |                           |                      | 29.00 |
| 30.00     | Employee discount days (see instruction)                                                                                                                                    |                               |           | 0                  |                           |                      | 30.00 |
| 31.00     | Employee discount days - IRF                                                                                                                                                |                               |           | 0                  |                           |                      | 31.00 |
| 32.00     | Labor & delivery days (see instructions)                                                                                                                                    | 0                             | 0         | 0                  |                           |                      | 32.00 |
| 32.01     | Total ancillary labor & delivery room outpatient days (see instructions)                                                                                                    |                               |           | 0                  |                           |                      | 32.01 |
| 33.00     | LTCH non-covered days                                                                                                                                                       | 0                             |           |                    |                           |                      | 33.00 |
| 33.01     | LTCH site neutral days and discharges                                                                                                                                       | 0                             |           |                    |                           |                      | 33.01 |

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-3  
Part I  
Date/Time Prepared:  
6/21/2020 11:31 am

| 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          | 0           | 13        | 468                   | 1.00  |
| 2.00 HMO and other (see instructions)                                                                                                                                            |                          |            | 0           | 91        |                       | 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          | 0           | 13        | 468                   | 14.00 |
| 15.00 CAH visits                                                                                                                                                                 |                          |            |             |           |                       | 15.00 |
| 16.00 SUBPROVIDER - IPF                                                                                                                                                          | 0.00                     | 0          | 0           | 0         | 0                     | 16.00 |
| 17.00 SUBPROVIDER - IRF                                                                                                                                                          | 0.00                     | 0          | 0           | 0         | 0                     | 17.00 |
| 18.00 SUBPROVIDER                                                                                                                                                                | 0.00                     | 0          |             | 0         | 0                     | 18.00 |
| 19.00 SKILLED NURSING FACILITY                                                                                                                                                   | 0.00                     |            |             |           |                       | 19.00 |
| 20.00 NURSING FACILITY                                                                                                                                                           | 0.00                     |            |             |           |                       | 20.00 |
| 21.00 OTHER LONG TERM CARE                                                                                                                                                       | 0.00                     |            |             |           | 0                     | 21.00 |
| 22.00 HOME HEALTH AGENCY                                                                                                                                                         | 0.00                     |            |             |           |                       | 22.00 |
| 23.00 AMBULATORY SURGICAL CENTER (D.P.)                                                                                                                                          | 0.00                     |            |             |           |                       | 23.00 |
| 24.00 HOSPICE                                                                                                                                                                    | 0.00                     |            |             |           |                       | 24.00 |
| 24.10 HOSPICE (non-distinct part)                                                                                                                                                |                          |            |             |           |                       | 24.10 |
| 25.00 CMHC - CMHC                                                                                                                                                                | 0.00                     |            |             |           |                       | 25.00 |
| 25.10 CMHC - CORF                                                                                                                                                                | 0.00                     |            |             |           |                       | 25.10 |
| 26.00 RURAL HEALTH CLINIC                                                                                                                                                        | 0.00                     |            |             |           |                       | 26.00 |
| 26.25 FEDERALLY QUALIFIED HEALTH CENTER                                                                                                                                          | 0.00                     |            |             |           |                       | 26.25 |
| 27.00 Total (sum of lines 14-26)                                                                                                                                                 | 0.00                     |            |             |           |                       | 27.00 |
| 28.00 Observation Bed Days                                                                                                                                                       |                          |            |             |           |                       | 28.00 |
| 29.00 Ambulance Trips                                                                                                                                                            |                          |            |             |           |                       | 29.00 |
| 30.00 Employee discount days (see instruction)                                                                                                                                   |                          |            |             |           |                       | 30.00 |
| 31.00 Employee discount days - IRF                                                                                                                                               |                          |            |             |           |                       | 31.00 |
| 32.00 Labor & delivery days (see instructions)                                                                                                                                   |                          |            |             |           |                       | 32.00 |
| 32.01 Total ancillary labor & delivery room outpatient days (see instructions)                                                                                                   |                          |            |             |           |                       | 32.01 |
| 33.00 LTCH non-covered days                                                                                                                                                      |                          |            | 0           |           |                       | 33.00 |
| 33.01 LTCH site neutral days and discharges                                                                                                                                      |                          |            | 0           |           |                       | 33.01 |

## HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-3302

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

Worksheet S-10

Date/Time Prepared:  
6/21/2020 11:31 am

|                                                                                                                                                 |                                                                                                                                                                             |            |                         |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------|------------------|
|                                                                                                                                                 |                                                                                                                                                                             |            | 1.00                    |                  |
| <b>Uncompensated and indigent care cost computation</b>                                                                                         |                                                                                                                                                                             |            |                         |                  |
| 1.00                                                                                                                                            | Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)                                                                                   |            | 0.647038                | 1.00             |
| <b>Medicaid (see instructions for each line)</b>                                                                                                |                                                                                                                                                                             |            |                         |                  |
| 2.00                                                                                                                                            | Net revenue from Medicaid                                                                                                                                                   |            | 316,105                 | 2.00             |
| 3.00                                                                                                                                            | Did you receive DSH or supplemental payments from Medicaid?                                                                                                                 |            | Y                       | 3.00             |
| 4.00                                                                                                                                            | If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?                                                                                   |            | N                       | 4.00             |
| 5.00                                                                                                                                            | If line 4 is no, then enter DSH and/or supplemental payments from Medicaid                                                                                                  |            | 588,050                 | 5.00             |
| 6.00                                                                                                                                            | Medicaid charges                                                                                                                                                            |            | 1,550,401               | 6.00             |
| 7.00                                                                                                                                            | Medicaid cost (line 1 times line 6)                                                                                                                                         |            | 1,003,168               | 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)                                                |            | 99,013                  | 8.00             |
| <b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>                                                              |                                                                                                                                                                             |            |                         |                  |
| 9.00                                                                                                                                            | Net revenue from stand-alone CHIP                                                                                                                                           |            | 0                       | 9.00             |
| 10.00                                                                                                                                           | Stand-alone CHIP charges                                                                                                                                                    |            | 0                       | 10.00            |
| 11.00                                                                                                                                           | Stand-alone CHIP cost (line 1 times line 10)                                                                                                                                |            | 0                       | 11.00            |
| 12.00                                                                                                                                           | Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)                                                             |            | 0                       | 12.00            |
| <b>Other state or local government indigent care program (see instructions for each line)</b>                                                   |                                                                                                                                                                             |            |                         |                  |
| 13.00                                                                                                                                           | Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)                                                                                     |            | 0                       | 13.00            |
| 14.00                                                                                                                                           | Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)                                                                     |            | 0                       | 14.00            |
| 15.00                                                                                                                                           | State or local indigent care program cost (line 1 times line 14)                                                                                                            |            | 0                       | 15.00            |
| 16.00                                                                                                                                           | Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)                                        |            | 0                       | 16.00            |
| <b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b> |                                                                                                                                                                             |            |                         |                  |
| 17.00                                                                                                                                           | Private grants, donations, or endowment income restricted to funding charity care                                                                                           |            | 0                       | 17.00            |
| 18.00                                                                                                                                           | Government grants, appropriations or transfers for support of hospital operations                                                                                           |            | 0                       | 18.00            |
| 19.00                                                                                                                                           | Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)                                                           |            | 99,013                  | 19.00            |
|                                                                                                                                                 |                                                                                                                                                                             |            | Uninsured patients      | Insured patients |
|                                                                                                                                                 |                                                                                                                                                                             |            | 1.00                    | 2.00             |
|                                                                                                                                                 |                                                                                                                                                                             |            | Total (col. 1 + col. 2) | 3.00             |
| <b>Uncompensated Care (see instructions for each line)</b>                                                                                      |                                                                                                                                                                             |            |                         |                  |
| 20.00                                                                                                                                           | Charity care charges and uninsured discounts for the entire facility (see instructions)                                                                                     | 17,914,733 | 0                       | 17,914,733       |
| 21.00                                                                                                                                           | Cost of patients approved for charity care and uninsured discounts (see instructions)                                                                                       | 11,591,513 | 0                       | 11,591,513       |
| 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)                                                                                                                                | 11,591,513 | 0                       | 11,591,513       |
|                                                                                                                                                 |                                                                                                                                                                             |            | 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? |            |                         | 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)                                                                                                   |            | 0                       | 26.00            |
| 27.00                                                                                                                                           | Medicare reimbursable bad debts for the entire hospital complex (see instructions)                                                                                          |            | 0                       | 27.00            |
| 27.01                                                                                                                                           | Medicare allowable bad debts for the entire hospital complex (see instructions)                                                                                             |            | 0                       | 27.01            |
| 28.00                                                                                                                                           | Non-Medicare bad debt expense (see instructions)                                                                                                                            |            | 0                       | 28.00            |
| 29.00                                                                                                                                           | Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)                                                                                      |            | 0                       | 29.00            |
| 30.00                                                                                                                                           | Cost of uncompensated care (line 23 column 3 plus line 29)                                                                                                                  |            | 11,591,513              | 30.00            |
| 31.00                                                                                                                                           | Total unreimbursed and uncompensated care cost (line 19 plus line 30)                                                                                                       |            | 11,690,526              | 31.00            |

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-3302

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

Worksheet A

Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description                       |       |                                      | Salaries  | Other     | Total (col. 1<br>+ col. 2) | Reclassificati<br>ons (See A-6) | Reclassified<br>Trial Balance<br>(col. 3 +-<br>col. 4) |       |
|-----------------------------------------------|-------|--------------------------------------|-----------|-----------|----------------------------|---------------------------------|--------------------------------------------------------|-------|
|                                               |       |                                      | 1.00      | 2.00      | 3.00                       | 4.00                            | 5.00                                                   |       |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                      |           |           |                            |                                 |                                                        |       |
| 1.00                                          | 00100 | CAP REL COSTS-BLDG & FIXT            |           | 3,264,459 | 3,264,459                  | -1,568,572                      | 1,695,887                                              | 1.00  |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP            |           | 0         | 0                          | 1,568,572                       | 1,568,572                                              | 2.00  |
| 3.00                                          | 00300 | OTHER CAP REL COSTS                  |           | 0         | 0                          | 0                               | 0                                                      | 3.00  |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT         | 387,025   | 6,665,202 | 7,052,227                  | 0                               | 7,052,227                                              | 4.00  |
| 5.00                                          | 00500 | ADMINISTRATIVE & GENERAL             | 3,875,947 | 382,359   | 4,258,306                  | -774,645                        | 3,483,661                                              | 5.00  |
| 6.00                                          | 00600 | MAINTENANCE & REPAIRS                | 0         | 0         | 0                          | 0                               | 0                                                      | 6.00  |
| 7.00                                          | 00700 | OPERATION OF PLANT                   | 26,492    | 2,376,123 | 2,402,615                  | 0                               | 2,402,615                                              | 7.00  |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE              | 77,760    | 49,151    | 126,911                    | 0                               | 126,911                                                | 8.00  |
| 9.00                                          | 00900 | HOUSEKEEPING                         | 561,704   | 96,446    | 658,150                    | 0                               | 658,150                                                | 9.00  |
| 10.00                                         | 01000 | DIETARY                              | 555,085   | 351,417   | 906,502                    | 0                               | 906,502                                                | 10.00 |
| 11.00                                         | 01100 | CAFETERIA                            | 0         | 0         | 0                          | 0                               | 0                                                      | 11.00 |
| 12.00                                         | 01200 | MAINTENANCE OF PERSONNEL             | 0         | 0         | 0                          | 0                               | 0                                                      | 12.00 |
| 13.00                                         | 01300 | NURSING ADMINISTRATION               | 1,042,176 | 20,786    | 1,062,962                  | 0                               | 1,062,962                                              | 13.00 |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY            | 237,962   | 81,942    | 319,904                    | 0                               | 319,904                                                | 14.00 |
| 15.00                                         | 01500 | PHARMACY                             | 0         | 0         | 0                          | 0                               | 0                                                      | 15.00 |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY            | 178,489   | 11,592    | 190,081                    | 0                               | 190,081                                                | 16.00 |
| 17.00                                         | 01700 | SOCIAL SERVICE                       | 675,820   | 90,724    | 766,544                    | 0                               | 766,544                                                | 17.00 |
| 18.00                                         | 01850 | OTHER GENERAL SERVICE (SPECIFY)      | 0         | 0         | 0                          | 0                               | 0                                                      | 18.00 |
| 19.00                                         | 01900 | NONPHYSICIAN ANESTHETISTS            | 0         | 0         | 0                          | 0                               | 0                                                      | 19.00 |
| 20.00                                         | 02000 | NURSING SCHOOL                       | 0         | 0         | 0                          | 0                               | 0                                                      | 20.00 |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0         | 0         | 0                          | 0                               | 0                                                      | 21.00 |
| 22.00                                         | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0         | 0         | 0                          | 0                               | 0                                                      | 22.00 |
| 23.00                                         | 02300 | PARAMED ED PRGM-(SPECIFY)            | 0         | 0         | 0                          | 0                               | 0                                                      | 23.00 |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                      |           |           |                            |                                 |                                                        |       |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                  | 3,642,110 | 1,154,327 | 4,796,437                  | -295,283                        | 4,501,154                                              | 30.00 |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                  | 712,451   | 38,172    | 750,623                    | 0                               | 750,623                                                | 31.00 |
| 32.00                                         | 03200 | CORONARY CARE UNIT                   | 0         | 0         | 0                          | 0                               | 0                                                      | 32.00 |
| 33.00                                         | 03300 | BURN INTENSIVE CARE UNIT             | 0         | 0         | 0                          | 0                               | 0                                                      | 33.00 |
| 34.00                                         | 03400 | SURGICAL INTENSIVE CARE UNIT         | 0         | 0         | 0                          | 0                               | 0                                                      | 34.00 |
| 40.00                                         | 04000 | SUBPROVIDER - IPF                    | 0         | 0         | 0                          | 0                               | 0                                                      | 40.00 |
| 41.00                                         | 04100 | SUBPROVIDER - IRF                    | 0         | 0         | 0                          | 0                               | 0                                                      | 41.00 |
| 42.00                                         | 04200 | SUBPROVIDER                          | 0         | 0         | 0                          | 0                               | 0                                                      | 42.00 |
| 43.00                                         | 04300 | NURSERY                              | 0         | 0         | 0                          | 0                               | 0                                                      | 43.00 |
| 44.00                                         | 04400 | SKILLED NURSING FACILITY             | 0         | 0         | 0                          | 0                               | 0                                                      | 44.00 |
| 45.00                                         | 04500 | NURSING FACILITY                     | 0         | 0         | 0                          | 0                               | 0                                                      | 45.00 |
| 46.00                                         | 04600 | OTHER LONG TERM CARE                 | 0         | 0         | 0                          | 0                               | 0                                                      | 46.00 |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                      |           |           |                            |                                 |                                                        |       |
| 50.00                                         | 05000 | OPERATING ROOM                       | 5,403,356 | 4,993,346 | 10,396,702                 | -3,535,714                      | 6,860,988                                              | 50.00 |
| 51.00                                         | 05100 | RECOVERY ROOM                        | 539,270   | 69        | 539,339                    | 0                               | 539,339                                                | 51.00 |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM           | 0         | 0         | 0                          | 0                               | 0                                                      | 52.00 |
| 53.00                                         | 05300 | ANESTHESIOLOGY                       | 73,593    | 2,502,643 | 2,576,236                  | 0                               | 2,576,236                                              | 53.00 |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                 | 462,702   | 683,656   | 1,146,358                  | -485,094                        | 661,264                                                | 54.00 |
| 55.00                                         | 05500 | RADIOLOGY-THERAPEUTIC                | 0         | 0         | 0                          | 0                               | 0                                                      | 55.00 |
| 56.00                                         | 05600 | RADIOISOTOPE                         | 0         | 0         | 0                          | 0                               | 0                                                      | 56.00 |
| 57.00                                         | 05700 | CT SCAN                              | 0         | 0         | 0                          | 0                               | 0                                                      | 57.00 |
| 58.00                                         | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0         | 0         | 0                          | 0                               | 0                                                      | 58.00 |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION              | 0         | 0         | 0                          | 0                               | 0                                                      | 59.00 |
| 60.00                                         | 06000 | LABORATORY                           | 273,302   | 336,597   | 609,899                    | -88,105                         | 521,794                                                | 60.00 |
| 60.01                                         | 06001 | BLOOD LABORATORY                     | 0         | 0         | 0                          | 0                               | 0                                                      | 60.01 |
| 61.00                                         | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY  | 0         | 0         | 0                          | 0                               | 0                                                      | 61.00 |
| 62.00                                         | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0         | 0         | 0                          | 0                               | 0                                                      | 62.00 |
| 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                  | 275,503   | 19,395    | 294,898                    | 0                               | 294,898                                                | 65.00 |
| 66.00                                         | 06600 | PHYSICAL THERAPY                     | 803,755   | 33,582    | 837,337                    | 0                               | 837,337                                                | 66.00 |
| 67.00                                         | 06700 | OCCUPATIONAL THERAPY                 | 1,284,380 | 113,014   | 1,397,394                  | 0                               | 1,397,394                                              | 67.00 |
| 68.00                                         | 06800 | SPEECH PATHOLOGY                     | 0         | 0         | 0                          | 0                               | 0                                                      | 68.00 |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                    | 0         | 0         | 0                          | 0                               | 0                                                      | 69.00 |
| 70.00                                         | 07000 | ELECTROENCEPHALOGRAPHY               | 0         | 0         | 0                          | 0                               | 0                                                      | 70.00 |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0         | 0         | 0                          | 759,218                         | 759,218                                                | 71.00 |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 0         | 0         | 0                          | 3,051,163                       | 3,051,163                                              | 72.00 |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS            | 315,561   | 429,042   | 744,603                    | 0                               | 744,603                                                | 73.00 |
| 74.00                                         | 07400 | RENAL DIALYSIS                       | 0         | 0         | 0                          | 0                               | 0                                                      | 74.00 |
| 75.00                                         | 07500 | ASC (NON-DISTINCT PART)              | 0         | 0         | 0                          | 0                               | 0                                                      | 75.00 |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                      |           |           |                            |                                 |                                                        |       |
| 88.00                                         | 08800 | RURAL HEALTH CLINIC                  | 0         | 0         | 0                          | 0                               | 0                                                      | 88.00 |
| 89.00                                         | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0         | 0         | 0                          | 0                               | 0                                                      | 89.00 |
| 90.00                                         | 09000 | CLINIC                               | 1,405,341 | 166,438   | 1,571,779                  | -9,795                          | 1,561,984                                              | 90.00 |
| 91.00                                         | 09100 | EMERGENCY                            | 0         | 0         | 0                          | 0                               | 0                                                      | 91.00 |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0         | 0         | 0                          | 0                               | 0                                                      | 92.00 |

| RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES |                                 |                                        |            |            | Provider CCN: 14-3302      |                                   | Period:<br>From 01/01/2019<br>To 12/31/2019            |        | Worksheet A<br>Date/Time Prepared:<br>6/21/2020 11:31 am |  |
|---------------------------------------------------------------|---------------------------------|----------------------------------------|------------|------------|----------------------------|-----------------------------------|--------------------------------------------------------|--------|----------------------------------------------------------|--|
| Cost Center Description                                       |                                 |                                        | Salaries   | Other      | Total (col. 1<br>+ col. 2) | Reclassification<br>ons (See A-6) | Reclassified<br>Trial Balance<br>(col. 3 +<br>-col. 4) |        |                                                          |  |
|                                                               |                                 |                                        | 1.00       | 2.00       | 3.00                       | 4.00                              | 5.00                                                   |        |                                                          |  |
|                                                               | OTHER REIMBURSABLE COST CENTERS |                                        |            |            |                            |                                   |                                                        |        |                                                          |  |
| 94.00                                                         | 09400                           | HOME PROGRAM DIALYSIS                  | 0          | 0          | 0                          | 0                                 | 0                                                      | 94.00  |                                                          |  |
| 95.00                                                         | 09500                           | AMBULANCE SERVICES                     | 0          | 0          | 0                          | 0                                 | 0                                                      | 95.00  |                                                          |  |
| 96.00                                                         | 09600                           | DURABLE MEDICAL EQUIP-RENTED           | 0          | 0          | 0                          | 0                                 | 0                                                      | 96.00  |                                                          |  |
| 97.00                                                         | 09700                           | DURABLE MEDICAL EQUIP-SOLD             | 0          | 0          | 0                          | 0                                 | 0                                                      | 97.00  |                                                          |  |
| 98.00                                                         | 09850                           | OTHER REIMBURSABLE COST CENTERS        | 0          | 0          | 0                          | 0                                 | 0                                                      | 98.00  |                                                          |  |
| 99.00                                                         | 09900                           | CMHC                                   | 0          | 0          | 0                          | 0                                 | 0                                                      | 99.00  |                                                          |  |
| 99.10                                                         | 09910                           | CORF                                   | 0          | 0          | 0                          | 0                                 | 0                                                      | 99.10  |                                                          |  |
| 100.00                                                        | 10000                           | I&R SERVICES-NOT APPRVD PRGM           | 0          | 0          | 0                          | 0                                 | 0                                                      | 100.00 |                                                          |  |
| 101.00                                                        | 10100                           | HOME HEALTH AGENCY                     | 0          | 0          | 0                          | 0                                 | 0                                                      | 101.00 |                                                          |  |
|                                                               | SPECIAL PURPOSE COST CENTERS    |                                        |            |            |                            |                                   |                                                        |        |                                                          |  |
| 105.00                                                        | 10500                           | KIDNEY ACQUISITION                     | 0          | 0          | 0                          | 0                                 | 0                                                      | 105.00 |                                                          |  |
| 106.00                                                        | 10600                           | HEART ACQUISITION                      | 0          | 0          | 0                          | 0                                 | 0                                                      | 106.00 |                                                          |  |
| 107.00                                                        | 10700                           | LIVER ACQUISITION                      | 0          | 0          | 0                          | 0                                 | 0                                                      | 107.00 |                                                          |  |
| 108.00                                                        | 10800                           | LUNG ACQUISITION                       | 0          | 0          | 0                          | 0                                 | 0                                                      | 108.00 |                                                          |  |
| 109.00                                                        | 10900                           | PANCREAS ACQUISITION                   | 0          | 0          | 0                          | 0                                 | 0                                                      | 109.00 |                                                          |  |
| 110.00                                                        | 11000                           | INTESTINAL ACQUISITION                 | 0          | 0          | 0                          | 0                                 | 0                                                      | 110.00 |                                                          |  |
| 111.00                                                        | 11100                           | ISLET ACQUISITION                      | 0          | 0          | 0                          | 0                                 | 0                                                      | 111.00 |                                                          |  |
| 113.00                                                        | 11300                           | INTEREST EXPENSE                       | 0          | 0          | 0                          | 0                                 | 0                                                      | 113.00 |                                                          |  |
| 114.00                                                        | 11400                           | UTILIZATION REVIEW-SNF                 | 0          | 0          | 0                          | 0                                 | 0                                                      | 114.00 |                                                          |  |
| 115.00                                                        | 11500                           | AMBULATORY SURGICAL CENTER (D.P.)      | 0          | 0          | 0                          | 0                                 | 0                                                      | 115.00 |                                                          |  |
| 116.00                                                        | 11600                           | HOSPICE                                | 0          | 0          | 0                          | 0                                 | 0                                                      | 116.00 |                                                          |  |
| 118.00                                                        |                                 | SUBTOTALS (SUM OF LINES 1 through 117) | 22,809,784 | 23,860,482 | 46,670,266                 | -1,378,255                        | 45,292,011                                             | 118.00 |                                                          |  |
|                                                               | NONREIMBURSABLE COST CENTERS    |                                        |            |            |                            |                                   |                                                        |        |                                                          |  |
| 190.00                                                        | 19000                           | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0          | 0          | 0                          | 0                                 | 0                                                      | 190.00 |                                                          |  |
| 191.00                                                        | 19100                           | RESEARCH                               | 699,692    | 408,477    | 1,108,169                  | 0                                 | 1,108,169                                              | 191.00 |                                                          |  |
| 191.01                                                        | 19101                           | RESEARCH                               | 0          | 0          | 0                          | 0                                 | 0                                                      | 191.01 |                                                          |  |
| 192.00                                                        | 19200                           | PHYSICIANS' PRIVATE OFFICES            | 55,544     | 55         | 55,599                     | 0                                 | 55,599                                                 | 192.00 |                                                          |  |
| 193.00                                                        | 19300                           | NONPAID WORKERS                        | 0          | 0          | 0                          | 0                                 | 0                                                      | 193.00 |                                                          |  |
| 194.00                                                        | 07950                           | ORTHOTICS & PROSTHETICS                | 0          | 3,136      | 3,136                      | 0                                 | 3,136                                                  | 194.00 |                                                          |  |
| 194.01                                                        | 07951                           | PATIENT & FAMILY SUPPORT               | 7,609      | 95,763     | 103,372                    | 1,378,255                         | 1,481,627                                              | 194.01 |                                                          |  |
| 194.02                                                        | 07952                           | DONOR DEVELOPMENT                      | 737,906    | 337,691    | 1,075,597                  | 0                                 | 1,075,597                                              | 194.02 |                                                          |  |
| 194.03                                                        | 07953                           | LEASED SPACE-SPINA BIFIDA              | 0          | 0          | 0                          | 0                                 | 0                                                      | 194.03 |                                                          |  |
| 200.00                                                        |                                 | TOTAL (SUM OF LINES 118 through 199)   | 24,310,535 | 24,705,604 | 49,016,139                 | 0                                 | 49,016,139                                             | 200.00 |                                                          |  |

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-3302

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

Worksheet A

Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description                       |       |                                      | Adjustments<br>(See A-8) | Net Expenses<br>For Allocation |       |
|-----------------------------------------------|-------|--------------------------------------|--------------------------|--------------------------------|-------|
|                                               |       |                                      | 6.00                     | 7.00                           |       |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                      |                          |                                |       |
| 1.00                                          | 00100 | CAP REL COSTS-BLDG & FIXT            | 0                        | 1,695,887                      | 1.00  |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP            | 0                        | 1,568,572                      | 2.00  |
| 3.00                                          | 00300 | OTHER CAP REL COSTS                  | 0                        | 0                              | 3.00  |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT         | 0                        | 7,052,227                      | 4.00  |
| 5.00                                          | 00500 | ADMINISTRATIVE & GENERAL             | 6,706,975                | 10,190,636                     | 5.00  |
| 6.00                                          | 00600 | MAINTENANCE & REPAIRS                | 0                        | 0                              | 6.00  |
| 7.00                                          | 00700 | OPERATION OF PLANT                   | -4,710                   | 2,397,905                      | 7.00  |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE              | 0                        | 126,911                        | 8.00  |
| 9.00                                          | 00900 | HOUSEKEEPING                         | 0                        | 658,150                        | 9.00  |
| 10.00                                         | 01000 | DIETARY                              | -324,255                 | 582,247                        | 10.00 |
| 11.00                                         | 01100 | CAFETERIA                            | 0                        | 0                              | 11.00 |
| 12.00                                         | 01200 | MAINTENANCE OF PERSONNEL             | 0                        | 0                              | 12.00 |
| 13.00                                         | 01300 | NURSING ADMINISTRATION               | -148,460                 | 914,502                        | 13.00 |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY            | 0                        | 319,904                        | 14.00 |
| 15.00                                         | 01500 | PHARMACY                             | 0                        | 0                              | 15.00 |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY            | -3,504                   | 186,577                        | 16.00 |
| 17.00                                         | 01700 | SOCIAL SERVICE                       | 0                        | 766,544                        | 17.00 |
| 18.00                                         | 01850 | OTHER GENERAL SERVICE (SPECIFY)      | 0                        | 0                              | 18.00 |
| 19.00                                         | 01900 | NONPHYSICIAN ANESTHETISTS            | 0                        | 0                              | 19.00 |
| 20.00                                         | 02000 | NURSING SCHOOL                       | 0                        | 0                              | 20.00 |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0                        | 0                              | 21.00 |
| 22.00                                         | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0                        | 0                              | 22.00 |
| 23.00                                         | 02300 | PARAMED ED PRGM- (SPECIFY)           | 0                        | 0                              | 23.00 |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                      |                          |                                |       |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                  | -2,043,507               | 2,457,647                      | 30.00 |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                  | 0                        | 750,623                        | 31.00 |
| 32.00                                         | 03200 | CORONARY CARE UNIT                   | 0                        | 0                              | 32.00 |
| 33.00                                         | 03300 | BURN INTENSIVE CARE UNIT             | 0                        | 0                              | 33.00 |
| 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 |
| 42.00                                         | 04200 | SUBPROVIDER                          | 0                        | 0                              | 42.00 |
| 43.00                                         | 04300 | NURSERY                              | 0                        | 0                              | 43.00 |
| 44.00                                         | 04400 | SKILLED NURSING FACILITY             | 0                        | 0                              | 44.00 |
| 45.00                                         | 04500 | NURSING FACILITY                     | 0                        | 0                              | 45.00 |
| 46.00                                         | 04600 | OTHER LONG TERM CARE                 | 0                        | 0                              | 46.00 |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                      |                          |                                |       |
| 50.00                                         | 05000 | OPERATING ROOM                       | -6,630,145               | 230,843                        | 50.00 |
| 51.00                                         | 05100 | RECOVERY ROOM                        | 0                        | 539,339                        | 51.00 |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM           | 0                        | 0                              | 52.00 |
| 53.00                                         | 05300 | ANESTHESIOLOGY                       | -2,377,602               | 198,634                        | 53.00 |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                 | -13,488                  | 647,776                        | 54.00 |
| 55.00                                         | 05500 | RADIOLOGY-THERAPEUTIC                | 0                        | 0                              | 55.00 |
| 56.00                                         | 05600 | RADIOISOTOPE                         | 0                        | 0                              | 56.00 |
| 57.00                                         | 05700 | CT SCAN                              | 0                        | 0                              | 57.00 |
| 58.00                                         | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0                        | 0                              | 58.00 |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION              | 0                        | 0                              | 59.00 |
| 60.00                                         | 06000 | LABORATORY                           | -95                      | 521,699                        | 60.00 |
| 60.01                                         | 06001 | BLOOD LABORATORY                     | 0                        | 0                              | 60.01 |
| 61.00                                         | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY  | 0                        | 0                              | 61.00 |
| 62.00                                         | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0                        | 0                              | 62.00 |
| 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                        | 294,898                        | 65.00 |
| 66.00                                         | 06600 | PHYSICAL THERAPY                     | -180                     | 837,157                        | 66.00 |
| 67.00                                         | 06700 | OCCUPATIONAL THERAPY                 | 0                        | 1,397,394                      | 67.00 |
| 68.00                                         | 06800 | SPEECH PATHOLOGY                     | 0                        | 0                              | 68.00 |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                    | 0                        | 0                              | 69.00 |
| 70.00                                         | 07000 | ELECTROENCEPHALOGRAPHY               | 0                        | 0                              | 70.00 |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0                        | 759,218                        | 71.00 |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 0                        | 3,051,163                      | 72.00 |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS            | -2,913                   | 741,690                        | 73.00 |
| 74.00                                         | 07400 | RENAL DIALYSIS                       | 0                        | 0                              | 74.00 |
| 75.00                                         | 07500 | ASC (NON-DISTINCT PART)              | 0                        | 0                              | 75.00 |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                      |                          |                                |       |
| 88.00                                         | 08800 | RURAL HEALTH CLINIC                  | 0                        | 0                              | 88.00 |
| 89.00                                         | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                        | 0                              | 89.00 |
| 90.00                                         | 09000 | CLINIC                               | -3,081                   | 1,558,903                      | 90.00 |
| 91.00                                         | 09100 | EMERGENCY                            | 0                        | 0                              | 91.00 |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                        | 0                              | 92.00 |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |       |                                      |                          |                                |       |
| 94.00                                         | 09400 | HOME PROGRAM DIALYSIS                | 0                        | 0                              | 94.00 |
| 95.00                                         | 09500 | AMBULANCE SERVICES                   | 0                        | 0                              | 95.00 |

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-3302

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

Worksheet A

Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description      |       |                                        | Adjustments<br>(See A-8)<br>6.00 | Net Expenses<br>For Allocation<br>7.00 |  |        |
|------------------------------|-------|----------------------------------------|----------------------------------|----------------------------------------|--|--------|
| 96.00                        | 09600 | DURABLE MEDICAL EQUIP-RENTED           | 0                                | 0                                      |  | 96.00  |
| 97.00                        | 09700 | DURABLE MEDICAL EQUIP-SOLD             | 0                                | 0                                      |  | 97.00  |
| 98.00                        | 09850 | OTHER REIMBURSABLE COST CENTERS        | 0                                | 0                                      |  | 98.00  |
| 99.00                        | 09900 | CMHC                                   | 0                                | 0                                      |  | 99.00  |
| 99.10                        | 09910 | CORF                                   | 0                                | 0                                      |  | 99.10  |
| 100.00                       | 10000 | I&R SERVICES-NOT APPRVD PRGM           | 0                                | 0                                      |  | 100.00 |
| 101.00                       | 10100 | HOME HEALTH AGENCY                     | 0                                | 0                                      |  | 101.00 |
| SPECIAL PURPOSE COST CENTERS |       |                                        |                                  |                                        |  |        |
| 105.00                       | 10500 | KIDNEY ACQUISITION                     | 0                                | 0                                      |  | 105.00 |
| 106.00                       | 10600 | HEART ACQUISITION                      | 0                                | 0                                      |  | 106.00 |
| 107.00                       | 10700 | LIVER ACQUISITION                      | 0                                | 0                                      |  | 107.00 |
| 108.00                       | 10800 | LUNG ACQUISITION                       | 0                                | 0                                      |  | 108.00 |
| 109.00                       | 10900 | PANCREAS ACQUISITION                   | 0                                | 0                                      |  | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                 | 0                                | 0                                      |  | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                      | 0                                | 0                                      |  | 111.00 |
| 113.00                       | 11300 | INTEREST EXPENSE                       | 0                                | 0                                      |  | 113.00 |
| 114.00                       | 11400 | UTILIZATION REVIEW-SNF                 | 0                                | 0                                      |  | 114.00 |
| 115.00                       | 11500 | AMBULATORY SURGICAL CENTER (D.P.)      | 0                                | 0                                      |  | 115.00 |
| 116.00                       | 11600 | HOSPICE                                | 0                                | 0                                      |  | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117) | -4,844,965                       | 40,447,046                             |  | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                        |                                  |                                        |  |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0                                | 0                                      |  | 190.00 |
| 191.00                       | 19100 | RESEARCH                               | 0                                | 1,108,169                              |  | 191.00 |
| 191.01                       | 19101 | RESEARCH                               | 0                                | 0                                      |  | 191.01 |
| 192.00                       | 19200 | PHYSICIANS' PRIVATE OFFICES            | 0                                | 55,599                                 |  | 192.00 |
| 193.00                       | 19300 | NONPAID WORKERS                        | 0                                | 0                                      |  | 193.00 |
| 194.00                       | 07950 | ORTHOTICS & PROSTHETICS                | 0                                | 3,136                                  |  | 194.00 |
| 194.01                       | 07951 | PATIENT & FAMILY SUPPORT               | 0                                | 1,481,627                              |  | 194.01 |
| 194.02                       | 07952 | DONOR DEVELOPMENT                      | 0                                | 1,075,597                              |  | 194.02 |
| 194.03                       | 07953 | LEASED SPACE-SPINA BIFIDA              | 0                                | 0                                      |  | 194.03 |
| 200.00                       |       | TOTAL (SUM OF LINES 118 through 199)   | -4,844,965                       | 44,171,174                             |  | 200.00 |

## RECLASSIFICATIONS

Provider CCN: 14-3302

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

Worksheet A-6

Date/Time Prepared:  
6/21/2020 11:31 am

|        | Increases                            |        |         |           |        |      |
|--------|--------------------------------------|--------|---------|-----------|--------|------|
|        | Cost Center                          | Line # | Salary  | Other     |        |      |
|        | 2.00                                 | 3.00   | 4.00    | 5.00      |        |      |
| 1.00   | A - CHIEF OF STAFF                   |        |         |           |        | 1.00 |
|        | OPERATING ROOM                       | 50.00  | 771,079 | 3,566     |        |      |
|        | 0                                    |        | 771,079 | 3,566     |        |      |
| 1.00   | B - MEDICAL SUPPLIES                 |        |         |           |        | 1.00 |
|        | MEDICAL SUPPLIES CHARGED TO PATIENTS | 71.00  | 0       | 759,218   |        |      |
|        | 0                                    |        | 0       | 759,218   |        |      |
| 1.00   | C - IMPLANTS & DEVICES               |        |         |           |        | 1.00 |
|        | IMPL. DEV. CHARGED TO PATIENTS       | 72.00  | 0       | 3,051,163 |        |      |
|        | 0                                    |        | 0       | 3,051,163 |        |      |
| 1.00   | D - DEPRECIATION                     |        |         |           |        | 1.00 |
|        | CAP REL COSTS-MVBLE EQUIP            | 2.00   | 0       | 1,443,886 |        |      |
|        | 0                                    |        | 0       | 1,443,886 |        |      |
| 1.00   | E - INSURANCE                        |        |         |           |        | 1.00 |
|        | CAP REL COSTS-MVBLE EQUIP            | 2.00   | 0       | 124,686   |        |      |
|        | 0                                    |        | 0       | 124,686   |        |      |
| 1.00   | F - PURCHASED MEDICAL SERVICE        |        |         |           |        | 1.00 |
|        | PATIENT & FAMILY SUPPORT             | 194.01 | 0       | 1,378,255 |        |      |
|        | 0                                    |        | 0       | 1,378,255 |        |      |
| 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   |      |
| 500.00 | Grand Total: Increases               |        | 771,079 | 6,760,774 | 500.00 |      |

## RECLASSIFICATIONS

Provider CCN: 14-3302

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

Worksheet A-6

Date/Time Prepared:  
6/21/2020 11:31 am

|        | Decreases                     |        |         |           |                |  |        |
|--------|-------------------------------|--------|---------|-----------|----------------|--|--------|
|        | Cost Center                   | Line # | Salary  | Other     | Wkst. A-7 Ref. |  |        |
|        | 6.00                          | 7.00   | 8.00    | 9.00      | 10.00          |  |        |
| 1.00   | A - CHIEF OF STAFF            |        |         |           |                |  | 1.00   |
|        | ADMINISTRATIVE & GENERAL      | 5.00   | 771,079 | 3,566     | 0              |  |        |
|        | 0                             |        | 771,079 | 3,566     |                |  |        |
| 1.00   | B - MEDICAL SUPPLIES          |        |         |           |                |  | 1.00   |
|        | OPERATING ROOM                | 50.00  | 0       | 759,218   | 0              |  |        |
|        | 0                             |        | 0       | 759,218   |                |  |        |
| 1.00   | C - IMPLANTS & DEVICES        |        |         |           |                |  | 1.00   |
|        | OPERATING ROOM                | 50.00  | 0       | 3,051,163 | 0              |  |        |
|        | 0                             |        | 0       | 3,051,163 |                |  |        |
| 1.00   | D - DEPRECIATION              |        |         |           |                |  | 1.00   |
|        | CAP REL COSTS-BLDG & FIXT     | 1.00   | 0       | 1,443,886 | 9              |  |        |
|        | 0                             |        | 0       | 1,443,886 |                |  |        |
| 1.00   | E - INSURANCE                 |        |         |           |                |  | 1.00   |
|        | CAP REL COSTS-BLDG & FIXT     | 1.00   | 0       | 124,686   | 9              |  |        |
|        | 0                             |        | 0       | 124,686   |                |  |        |
| 1.00   | F - PURCHASED MEDICAL SERVICE |        |         |           |                |  | 1.00   |
|        | ADULTS & PEDIATRICS           | 30.00  | 0       | 295,283   | 0              |  |        |
| 2.00   | OPERATING ROOM                | 50.00  | 0       | 499,978   | 0              |  |        |
| 3.00   | RADIOLOGY-DIAGNOSTIC          | 54.00  | 0       | 485,094   | 0              |  |        |
| 4.00   | LABORATORY                    | 60.00  | 0       | 88,105    | 0              |  |        |
| 5.00   | CLINIC                        | 90.00  | 0       | 9,795     | 0              |  |        |
|        | 0                             |        | 0       | 1,378,255 |                |  |        |
| 500.00 | Grand Total: Decreases        |        | 771,079 | 6,760,774 |                |  | 500.00 |

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet A-7  
Part I  
Date/Time Prepared:  
6/21/2020 11:31 am

|       |                                                        | Beginning<br>Balances | Acquisitions                   |          |           | Disposals and<br>Retirements |       |  |
|-------|--------------------------------------------------------|-----------------------|--------------------------------|----------|-----------|------------------------------|-------|--|
|       |                                                        |                       | Purchases                      | Donation | Total     |                              |       |  |
|       |                                                        |                       |                                |          |           |                              |       |  |
|       |                                                        | 1.00                  | 2.00                           | 3.00     | 4.00      | 5.00                         |       |  |
|       | PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES |                       |                                |          |           |                              |       |  |
| 1.00  | Land                                                   | 137,292               | 0                              | 0        | 0         | 0                            | 1.00  |  |
| 2.00  | Land Improvements                                      | 1,021,716             | 35,080                         | 0        | 35,080    | 0                            | 2.00  |  |
| 3.00  | Buildings and Fixtures                                 | 48,223,941            | 265,365                        | 0        | 265,365   | 0                            | 3.00  |  |
| 4.00  | Building Improvements                                  | 0                     | 0                              | 0        | 0         | 0                            | 4.00  |  |
| 5.00  | Fixed Equipment                                        | 3,218,566             | 0                              | 0        | 0         | 0                            | 5.00  |  |
| 6.00  | Movable Equipment                                      | 15,163,925            | 855,059                        | 0        | 855,059   | 0                            | 6.00  |  |
| 7.00  | HIT designated Assets                                  | 0                     | 0                              | 0        | 0         | 0                            | 7.00  |  |
| 8.00  | Subtotal (sum of lines 1-7)                            | 67,765,440            | 1,155,504                      | 0        | 1,155,504 | 0                            | 8.00  |  |
| 9.00  | Reconciling Items                                      | 0                     | 0                              | 0        | 0         | 0                            | 9.00  |  |
| 10.00 | Total (line 8 minus line 9)                            | 67,765,440            | 1,155,504                      | 0        | 1,155,504 | 0                            | 10.00 |  |
|       |                                                        | Ending Balance        | Fully<br>Depreciated<br>Assets |          |           |                              |       |  |
|       |                                                        |                       |                                |          |           |                              |       |  |
|       |                                                        | 6.00                  | 7.00                           |          |           |                              |       |  |
|       | PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES |                       |                                |          |           |                              |       |  |
| 1.00  | Land                                                   | 137,292               | 0                              |          |           |                              | 1.00  |  |
| 2.00  | Land Improvements                                      | 1,056,796             | 0                              |          |           |                              | 2.00  |  |
| 3.00  | Buildings and Fixtures                                 | 48,489,306            | 752,536                        |          |           |                              | 3.00  |  |
| 4.00  | Building Improvements                                  | 0                     | 0                              |          |           |                              | 4.00  |  |
| 5.00  | Fixed Equipment                                        | 3,218,566             | 35,460                         |          |           |                              | 5.00  |  |
| 6.00  | Movable Equipment                                      | 16,018,984            | 1,323,833                      |          |           |                              | 6.00  |  |
| 7.00  | HIT designated Assets                                  | 0                     | 0                              |          |           |                              | 7.00  |  |
| 8.00  | Subtotal (sum of lines 1-7)                            | 68,920,944            | 2,111,829                      |          |           |                              | 8.00  |  |
| 9.00  | Reconciling Items                                      | 0                     | 0                              |          |           |                              | 9.00  |  |
| 10.00 | Total (line 8 minus line 9)                            | 68,920,944            | 2,111,829                      |          |           |                              | 10.00 |  |

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet A-7  
Part II  
Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description |                                                                               | SUMMARY OF CAPITAL |                |          |                              |                          |      |
|-------------------------|-------------------------------------------------------------------------------|--------------------|----------------|----------|------------------------------|--------------------------|------|
|                         |                                                                               | Depreciation       | Lease          | Interest | Insurance (see instructions) | Taxes (see instructions) |      |
|                         |                                                                               | 9.00               | 10.00          | 11.00    | 12.00                        | 13.00                    |      |
|                         | PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2 |                    |                |          |                              |                          |      |
| 1.00                    | CAP REL COSTS-BLDG & FIXT                                                     | 3,264,459          | 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)                                                      | 3,264,459          | 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                  | 3,264,459      |          |                              |                          | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                                                     | 0                  | 0              |          |                              |                          | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                                                      | 0                  | 3,264,459      |          |                              |                          | 3.00 |

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet A-7  
Part III  
Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description |                                                    | COMPUTATION OF RATIOS       |                              |                                          | ALLOCATION OF OTHER CAPITAL                    |                                       |      |
|-------------------------|----------------------------------------------------|-----------------------------|------------------------------|------------------------------------------|------------------------------------------------|---------------------------------------|------|
|                         |                                                    | Gross Assets                | Capitalized Leases           | Gross Assets for Ratio (col. 1 - col. 2) | Ratio (see instructions)                       | Insurance                             |      |
|                         |                                                    | 1.00                        | 2.00                         | 3.00                                     | 4.00                                           | 5.00                                  |      |
|                         | PART III - RECONCILIATION OF CAPITAL COSTS CENTERS |                             |                              |                                          |                                                |                                       |      |
| 1.00                    | CAP REL COSTS-BLDG & FIXT                          | 0                           | 0                            | 0                                        | 1.000000                                       | 0                                     | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                          | 0                           | 0                            | 0                                        | 0.000000                                       | 0                                     | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                           | 0                           | 0                            | 0                                        | 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                                        | 1,695,887                                      | 0                                     | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                          | 0                           | 0                            | 0                                        | 1,568,572                                      | 0                                     | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                           | 0                           | 0                            | 0                                        | 3,264,459                                      | 0                                     | 3.00 |
| Cost Center Description |                                                    | SUMMARY OF CAPITAL          |                              |                                          |                                                |                                       |      |
|                         |                                                    | Interest                    | Insurance (see instructions) | Taxes (see instructions)                 | Other Capital-Related Costs (see instructions) | Total (2) (sum of cols. 9 through 14) |      |
|                         |                                                    | 11.00                       | 12.00                        | 13.00                                    | 14.00                                          | 15.00                                 |      |
|                         | PART III - RECONCILIATION OF CAPITAL COSTS CENTERS |                             |                              |                                          |                                                |                                       |      |
| 1.00                    | CAP REL COSTS-BLDG & FIXT                          | 0                           | 0                            | 0                                        | 0                                              | 1,695,887                             | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                          | 0                           | 0                            | 0                                        | 0                                              | 1,568,572                             | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                           | 0                           | 0                            | 0                                        | 0                                              | 3,264,459                             | 3.00 |

## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-3302

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

Worksheet A-8

Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description |                                                                                         | Basis/Code (2) | Amount      | Expense Classification on Worksheet A<br>To/From Which the Amount is to be Adjusted |        | Wkst. A-7 Ref. |       |
|-------------------------|-----------------------------------------------------------------------------------------|----------------|-------------|-------------------------------------------------------------------------------------|--------|----------------|-------|
|                         |                                                                                         |                |             | Cost Center                                                                         | Line # |                |       |
|                         |                                                                                         | 1.00           | 2.00        | 3.00                                                                                | 4.00   | 5.00           |       |
| 1.00                    | Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)                               |                |             | 0CAP REL COSTS-BLDG & FIXT                                                          | 1.00   | 0              | 1.00  |
| 2.00                    | Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)                               |                |             | 0CAP REL COSTS-MVBLE EQUIP                                                          | 2.00   | 0              | 2.00  |
| 3.00                    | Investment income - other (chapter 2)                                                   |                | 0           |                                                                                     | 0.00   | 0              | 3.00  |
| 4.00                    | Trade, quantity, and time discounts (chapter 8)                                         |                | 0           |                                                                                     | 0.00   | 0              | 4.00  |
| 5.00                    | Refunds and rebates of expenses (chapter 8)                                             |                | 0           |                                                                                     | 0.00   | 0              | 5.00  |
| 6.00                    | Rental of provider space by suppliers (chapter 8)                                       |                | 0           |                                                                                     | 0.00   | 0              | 6.00  |
| 7.00                    | Telephone services (pay stations excluded) (chapter 21)                                 |                | 0           |                                                                                     | 0.00   | 0              | 7.00  |
| 8.00                    | Television and radio service (chapter 21)                                               |                | 0           |                                                                                     | 0.00   | 0              | 8.00  |
| 9.00                    | Parking lot (chapter 21)                                                                |                | 0           |                                                                                     | 0.00   | 0              | 9.00  |
| 10.00                   | Provider-based physician adjustment                                                     | A-8-2          | -11,010,191 |                                                                                     |        | 0              | 10.00 |
| 11.00                   | Sale of scrap, waste, etc. (chapter 23)                                                 | B              | -2,843      | RADIOLOGY-DIAGNOSTIC                                                                | 54.00  | 0              | 11.00 |
| 12.00                   | Related organization transactions (chapter 10)                                          | A-8-1          | 6,716,010   |                                                                                     |        | 0              | 12.00 |
| 13.00                   | Laundry and linen service                                                               |                | 0           |                                                                                     | 0.00   | 0              | 13.00 |
| 14.00                   | Cafeteria-employees and guests                                                          | B              | -324,255    | DIETARY                                                                             | 10.00  | 0              | 14.00 |
| 15.00                   | Rental of quarters to employee and others                                               |                | 0           |                                                                                     | 0.00   | 0              | 15.00 |
| 16.00                   | Sale of medical and surgical supplies to other than patients                            |                | 0           |                                                                                     | 0.00   | 0              | 16.00 |
| 17.00                   | Sale of drugs to other than patients                                                    |                | 0           |                                                                                     | 0.00   | 0              | 17.00 |
| 18.00                   | Sale of medical records and abstracts                                                   | B              | -3,504      | MEDICAL RECORDS & LIBRARY                                                           | 16.00  | 0              | 18.00 |
| 19.00                   | Nursing and allied health education (tuition, fees, books, etc.)                        |                | 0           |                                                                                     | 0.00   | 0              | 19.00 |
| 20.00                   | Vending machines                                                                        |                | 0           |                                                                                     | 0.00   | 0              | 20.00 |
| 21.00                   | Income from imposition of interest, finance or penalty charges (chapter 21)             |                | 0           |                                                                                     | 0.00   | 0              | 21.00 |
| 22.00                   | Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments |                | 0           |                                                                                     | 0.00   | 0              | 22.00 |
| 23.00                   | Adjustment for respiratory therapy costs in excess of limitation (chapter 14)           | A-8-3          | 0           | RESPIRATORY THERAPY                                                                 | 65.00  |                | 23.00 |
| 24.00                   | Adjustment for physical therapy costs in excess of limitation (chapter 14)              | A-8-3          | 0           | PHYSICAL THERAPY                                                                    | 66.00  |                | 24.00 |
| 25.00                   | Utilization review - physicians' compensation (chapter 21)                              |                | 0           | UTILIZATION REVIEW-SNF                                                              | 114.00 |                | 25.00 |
| 26.00                   | Depreciation - CAP REL COSTS-BLDG & FIXT                                                |                | 0           | CAP REL COSTS-BLDG & FIXT                                                           | 1.00   | 0              | 26.00 |
| 27.00                   | Depreciation - CAP REL COSTS-MVBLE EQUIP                                                |                | 0           | CAP REL COSTS-MVBLE EQUIP                                                           | 2.00   | 0              | 27.00 |
| 28.00                   | Non-physician Anesthetist                                                               |                | 0           | NONPHYSICIAN ANESTHETISTS                                                           | 19.00  |                | 28.00 |
| 29.00                   | Physicians' assistant                                                                   | A              | -148,460    | NURSING ADMINISTRATION                                                              | 13.00  | 0              | 29.00 |
| 30.00                   | Adjustment for occupational therapy costs in excess of limitation (chapter 14)          | A-8-3          | 0           | OCCUPATIONAL THERAPY                                                                | 67.00  |                | 30.00 |
| 30.99                   | Hospice (non-distinct) (see instructions)                                               |                | 0           | ADULTS & PEDIATRICS                                                                 | 30.00  |                | 30.99 |
| 31.00                   | Adjustment for speech pathology costs in excess of limitation (chapter 14)              | A-8-3          | 0           | SPEECH PATHOLOGY                                                                    | 68.00  |                | 31.00 |
| 32.00                   | CAH HIT Adjustment for Depreciation and Interest                                        |                | 0           |                                                                                     | 0.00   | 0              | 32.00 |
| 33.00                   | OTHER INCOME                                                                            | B              | -1,360      | ADMINISTRATIVE & GENERAL                                                            | 5.00   | 0              | 33.00 |

## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-3302

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

Worksheet A-8

Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description |                                                                                     | Basis/Code (2) | Amount     | Expense Classification on Worksheet A<br>To/From Which the Amount is to be Adjusted |        | Wkst. A-7 Ref. |       |
|-------------------------|-------------------------------------------------------------------------------------|----------------|------------|-------------------------------------------------------------------------------------|--------|----------------|-------|
|                         |                                                                                     |                |            | Cost Center                                                                         | Line # |                |       |
|                         |                                                                                     | 1.00           | 2.00       | 3.00                                                                                | 4.00   | 5.00           |       |
| 33.01                   | ORTHO SURGEONS                                                                      | B              | -26,063    | OPERATING ROOM                                                                      | 50.00  | 0              | 33.01 |
| 33.02                   | UTILITIES                                                                           | B              | -4,710     | OPERATION OF PLANT                                                                  | 7.00   | 0              | 33.02 |
| 33.03                   | FINANCIAL SERVICES                                                                  | B              | -120       | ADMINISTRATIVE & GENERAL                                                            | 5.00   | 0              | 33.03 |
| 33.04                   | NUEROLOGISTS                                                                        | B              | -15,000    | ADULTS & PEDIATRICS                                                                 | 30.00  | 0              | 33.04 |
| 33.05                   | PHARMACY                                                                            | B              | -2,900     | DRUGS CHARGED TO PATIENTS                                                           | 73.00  | 0              | 33.05 |
| 33.06                   | LOBBYING EXPENSE                                                                    | A              | -7,555     | ADMINISTRATIVE & GENERAL                                                            | 5.00   | 0              | 33.06 |
| 33.07                   | RESEARCH                                                                            | A              | -10,645    | RADIOLOGY-DIAGNOSTIC                                                                | 54.00  | 0              | 33.07 |
| 33.08                   | RESEARCH                                                                            | A              | -95        | LABORATORY                                                                          | 60.00  | 0              | 33.08 |
| 33.09                   | RESEARCH                                                                            | A              | -180       | PHYSICAL THERAPY                                                                    | 66.00  | 0              | 33.09 |
| 33.10                   | RESEARCH                                                                            | A              | -13        | DRUGS CHARGED TO PATIENTS                                                           | 73.00  | 0              | 33.10 |
| 33.11                   | RESEARCH                                                                            | A              | -3,081     | CLINIC                                                                              | 90.00  | 0              | 33.11 |
| 33.12                   | REBATES                                                                             | A              | 0          | MEDICAL RECORDS & LIBRARY                                                           | 16.00  | 0              | 33.12 |
| 33.13                   | REBATES                                                                             | A              | 0          | ADULTS & PEDIATRICS                                                                 | 30.00  | 0              | 33.13 |
| 33.14                   | REBATES                                                                             | A              | 0          | OPERATING ROOM                                                                      | 50.00  | 0              | 33.14 |
| 33.15                   | REBATES                                                                             | A              | 0          | ANESTHESIOLOGY                                                                      | 53.00  | 0              | 33.15 |
| 33.16                   | REBATES                                                                             | A              | 0          | DRUGS CHARGED TO PATIENTS                                                           | 73.00  | 0              | 33.16 |
| 33.17                   | CLEFT LIP PALATE                                                                    | B              | 0          | CLINIC                                                                              | 90.00  | 0              | 33.17 |
| 33.18                   | HUMAN RESOURCES                                                                     | B              | 0          | EMPLOYEE BENEFITS DEPARTMENT                                                        | 4.00   | 0              | 33.18 |
| 50.00                   | TOTAL (sum of lines 1 thru 49)<br>(Transfer to Worksheet A,<br>column 6, line 200.) |                | -4,844,965 |                                                                                     |        |                | 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: 14-3302

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

Worksheet A-8-1

Date/Time Prepared:  
6/21/2020 11:31 am

|      | Line No.                                                                                                                        | Cost Center | Expense Items                | Amount of Allowable Cost | Amount Included in wks. A, column 5 |                |
|------|---------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------|--------------------------|-------------------------------------|----------------|
|      | 1.00                                                                                                                            | 2.00        | 3.00                         | 4.00                     | 5.00                                |                |
|      | A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS: |             |                              |                          |                                     |                |
| 1.00 |                                                                                                                                 | 1.00        | CAP REL COSTS-BLDG & FIXT    | 68000 INSURANCE          | 134,807                             | 134,807 1.00   |
| 2.00 |                                                                                                                                 | 2.00        | CAP REL COSTS-MVBLE EQUIP    | 68000 INSURANCE          | 124,686                             | 124,686 2.00   |
| 3.00 |                                                                                                                                 | 4.00        | EMPLOYEE BENEFITS DEPARTMENT | 69000 ALLOCATED BENEFITS | 5,164,904                           | 5,164,904 3.00 |
| 4.00 |                                                                                                                                 | 5.00        | ADMINISTRATIVE & GENERAL     | HOME OFFICE              | 6,716,010                           | 0 4.00         |
| 5.00 | 0                                                                                                                               |             | 0                            | 12,140,407               | 5,424,397                           | 5.00           |

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

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

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

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

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

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

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

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

Provider CCN: 14-3302

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

Worksheet A-8-1

Date/Time Prepared:  
6/21/2020 11:31 am

|                                                                                                                                 | Net<br>Adjustments<br>(col. 4 minus<br>col. 5)* | Wkst. A-7 Ref. |  |      |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------|--|------|
|                                                                                                                                 | 6.00                                            | 7.00           |  |      |
| A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS: |                                                 |                |  |      |
| 1.00                                                                                                                            | 0                                               | 12             |  | 1.00 |
| 2.00                                                                                                                            | 0                                               | 12             |  | 2.00 |
| 3.00                                                                                                                            | 0                                               | 0              |  | 3.00 |
| 4.00                                                                                                                            | 6,716,010                                       | 0              |  | 4.00 |
| 5.00                                                                                                                            | 6,716,010                                       |                |  | 5.00 |

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

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

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

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

|        |             |  |        |
|--------|-------------|--|--------|
| 6.00   | HOME OFFICE |  | 6.00   |
| 7.00   |             |  | 7.00   |
| 8.00   |             |  | 8.00   |
| 9.00   |             |  | 9.00   |
| 10.00  |             |  | 10.00  |
| 100.00 |             |  | 100.00 |

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

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

## PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-3302

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

Worksheet A-8-2

Date/Time Prepared:  
6/21/2020 11:31 am

|        | Wkst. A Line # | Cost Center/Physician Identifier | Total Remuneration                  | Professional Component            | Provider Component                         | RCE Amount                          | Physician/Provider Component Hours      |        |
|--------|----------------|----------------------------------|-------------------------------------|-----------------------------------|--------------------------------------------|-------------------------------------|-----------------------------------------|--------|
|        | 1.00           | 2.00                             | 3.00                                | 4.00                              | 5.00                                       | 6.00                                | 7.00                                    |        |
| 1.00   | 30.00          | ADULTS & PEDIATRICS              | 2,028,507                           | 2,028,507                         | 0                                          | 0                                   | 0                                       | 1.00   |
| 2.00   | 50.00          | OPERATING ROOM                   | 6,823,617                           | 6,068,641                         | 754,976                                    | 246,400                             | 1,850                                   | 2.00   |
| 3.00   | 53.00          | ANESTHESIOLOGY                   | 2,377,602                           | 2,377,602                         | 0                                          | 0                                   | 0                                       | 3.00   |
| 4.00   | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 4.00   |
| 5.00   | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 5.00   |
| 6.00   | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 6.00   |
| 7.00   | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 7.00   |
| 8.00   | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 8.00   |
| 9.00   | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 9.00   |
| 10.00  | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 10.00  |
| 200.00 |                |                                  | 11,229,726                          | 10,474,750                        | 754,976                                    |                                     | 1,850                                   | 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   | 50.00          | OPERATING ROOM                   | 219,154                             | 10,958                            | 3,446                                      | 381                                 | 0                                       | 2.00   |
| 3.00   | 53.00          | ANESTHESIOLOGY                   | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 3.00   |
| 4.00   | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 4.00   |
| 5.00   | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 5.00   |
| 6.00   | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 6.00   |
| 7.00   | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 7.00   |
| 8.00   | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 8.00   |
| 9.00   | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 9.00   |
| 10.00  | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 10.00  |
| 200.00 |                |                                  | 219,154                             | 10,958                            | 3,446                                      | 381                                 | 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                                          | 2,028,507                           |                                         | 1.00   |
| 2.00   | 50.00          | OPERATING ROOM                   | 0                                   | 219,535                           | 535,441                                    | 6,604,082                           |                                         | 2.00   |
| 3.00   | 53.00          | ANESTHESIOLOGY                   | 0                                   | 0                                 | 0                                          | 2,377,602                           |                                         | 3.00   |
| 4.00   | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   |                                         | 4.00   |
| 5.00   | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   |                                         | 5.00   |
| 6.00   | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   |                                         | 6.00   |
| 7.00   | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   |                                         | 7.00   |
| 8.00   | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   |                                         | 8.00   |
| 9.00   | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   |                                         | 9.00   |
| 10.00  | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   |                                         | 10.00  |
| 200.00 |                |                                  | 0                                   | 219,535                           | 535,441                                    | 11,010,191                          |                                         | 200.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description                |       |                                      | CAPITAL RELATED COSTS                                             |             | EMPLOYEE<br>BENEFITS<br>DEPARTMENT | Subtotal  |            |
|----------------------------------------|-------|--------------------------------------|-------------------------------------------------------------------|-------------|------------------------------------|-----------|------------|
|                                        |       |                                      | Net Expenses<br>for Cost<br>Allocation<br>(from Wkst A<br>col. 7) | BLDG & FIXT | MVBLE EQUIP                        |           |            |
|                                        |       |                                      | 0                                                                 | 1.00        | 2.00                               | 4.00      | 4A         |
| GENERAL SERVICE COST CENTERS           |       |                                      |                                                                   |             |                                    |           |            |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT            | 1,695,887                                                         | 1,695,887   |                                    |           | 1.00       |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            | 1,568,572                                                         |             | 1,568,572                          |           | 2.00       |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         | 7,052,227                                                         | 19,126      | 17,690                             | 7,089,043 | 4.00       |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL             | 10,190,636                                                        | 456,158     | 421,916                            | 920,038   | 11,988,748 |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 7.00                                   | 00700 | OPERATION OF PLANT                   | 2,397,905                                                         | 281,630     | 260,487                            | 7,850     | 2,947,872  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              | 126,911                                                           | 21,122      | 19,537                             | 23,042    | 190,612    |
| 9.00                                   | 00900 | HOUSEKEEPING                         | 658,150                                                           | 15,920      | 14,725                             | 166,445   | 855,240    |
| 10.00                                  | 01000 | DIETARY                              | 582,247                                                           | 32,483      | 30,044                             | 164,483   | 809,257    |
| 11.00                                  | 01100 | CAFETERIA                            | 0                                                                 | 39,428      | 36,468                             | 0         | 75,896     |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL             | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               | 914,502                                                           | 17,697      | 16,368                             | 308,819   | 1,257,386  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            | 319,904                                                           | 21,528      | 19,912                             | 70,513    | 431,857    |
| 15.00                                  | 01500 | PHARMACY                             | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 186,577                                                           | 28,017      | 25,913                             | 52,890    | 293,397    |
| 17.00                                  | 01700 | SOCIAL SERVICE                       | 766,544                                                           | 12,342      | 11,415                             | 200,260   | 990,561    |
| 18.00                                  | 01850 | OTHER GENERAL SERVICE (SPECIFY)      | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)            | 0                                                                 | 0           | 0                                  | 0         | 0          |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                                                                   |             |                                    |           |            |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 2,457,647                                                         | 163,557     | 151,279                            | 1,079,234 | 3,851,717  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 750,623                                                           | 24,557      | 22,713                             | 211,114   | 1,009,007  |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT         | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                    | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 43.00                                  | 04300 | NURSERY                              | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 46.00                                  | 04600 | OTHER LONG TERM CARE                 | 0                                                                 | 0           | 0                                  | 0         | 0          |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                                                                   |             |                                    |           |            |
| 50.00                                  | 05000 | OPERATING ROOM                       | 230,843                                                           | 110,535     | 102,237                            | 1,829,620 | 2,273,235  |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 539,339                                                           | 46,365      | 42,884                             | 159,797   | 788,385    |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 198,634                                                           | 4,746       | 4,389                              | 21,807    | 229,576    |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 647,776                                                           | 28,617      | 26,469                             | 137,108   | 839,970    |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 57.00                                  | 05700 | CT SCAN                              | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 60.00                                  | 06000 | LABORATORY                           | 521,699                                                           | 31,527      | 29,160                             | 80,985    | 663,371    |
| 60.01                                  | 06001 | BLOOD LABORATORY                     | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 61.00                                  | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY  | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                  | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 294,898                                                           | 821         | 759                                | 81,637    | 378,115    |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 837,157                                                           | 50,552      | 46,757                             | 238,169   | 1,172,635  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 1,397,394                                                         | 75,388      | 69,728                             | 380,589   | 1,923,099  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 759,218                                                           | 0           | 0                                  | 0         | 759,218    |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 3,051,163                                                         | 0           | 0                                  | 0         | 3,051,163  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 741,690                                                           | 4,576       | 4,233                              | 93,507    | 844,006    |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 0                                                                 | 0           | 0                                  | 0         | 0          |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                                                                   |             |                                    |           |            |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 90.00                                  | 09000 | CLINIC                               | 1,558,903                                                         | 135,676     | 125,490                            | 416,432   | 2,236,501  |
| 91.00                                  | 09100 | EMERGENCY                            | 0                                                                 | 0           | 0                                  | 0         | 0          |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description |       |                                        | CAPITAL RELATED COSTS                                             |             | EMPLOYEE<br>BENEFITS<br>DEPARTMENT | Subtotal  |            |
|-------------------------|-------|----------------------------------------|-------------------------------------------------------------------|-------------|------------------------------------|-----------|------------|
|                         |       |                                        | Net Expenses<br>for Cost<br>Allocation<br>(from Wkst A<br>col. 7) | BLDG & FIXT | MVBLE EQUIP                        |           |            |
|                         |       |                                        | 0                                                                 | 1.00        | 2.00                               | 4.00      | 4A         |
| 92.00                   | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)   |                                                                   |             |                                    |           | 0          |
|                         |       | OTHER REIMBURSABLE COST CENTERS        |                                                                   |             |                                    |           |            |
| 94.00                   | 09400 | HOME PROGRAM DIALYSIS                  | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 95.00                   | 09500 | AMBULANCE SERVICES                     | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 96.00                   | 09600 | DURABLE MEDICAL EQUIP-RENTED           | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 97.00                   | 09700 | DURABLE MEDICAL EQUIP-SOLD             | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 98.00                   | 09850 | OTHER REIMBURSABLE COST CENTERS        | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 99.00                   | 09900 | CMHC                                   | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 99.10                   | 09910 | CORF                                   | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 100.00                  | 10000 | I&R SERVICES-NOT APPRVD PRGM           | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 101.00                  | 10100 | HOME HEALTH AGENCY                     | 0                                                                 | 0           | 0                                  | 0         | 0          |
|                         |       | SPECIAL PURPOSE COST CENTERS           |                                                                   |             |                                    |           |            |
| 105.00                  | 10500 | KIDNEY ACQUISITION                     | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 106.00                  | 10600 | HEART ACQUISITION                      | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 107.00                  | 10700 | LIVER ACQUISITION                      | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 108.00                  | 10800 | LUNG ACQUISITION                       | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 109.00                  | 10900 | PANCREAS ACQUISITION                   | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 110.00                  | 11000 | INTESTINAL ACQUISITION                 | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 111.00                  | 11100 | ISLET ACQUISITION                      | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 113.00                  | 11300 | INTEREST EXPENSE                       |                                                                   |             |                                    |           |            |
| 114.00                  | 11400 | UTILIZATION REVIEW-SNF                 |                                                                   |             |                                    |           |            |
| 115.00                  | 11500 | AMBULATORY SURGICAL CENTER (D.P.)      | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 116.00                  | 11600 | HOSPICE                                | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 118.00                  |       | SUBTOTALS (SUM OF LINES 1 through 117) | 40,447,046                                                        | 1,622,368   | 1,500,573                          | 6,644,339 | 39,860,824 |
|                         |       | NONREIMBURSABLE COST CENTERS           |                                                                   |             |                                    |           |            |
| 190.00                  | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 191.00                  | 19100 | RESEARCH                               | 1,108,169                                                         | 19,346      | 17,894                             | 207,333   | 1,352,742  |
| 191.01                  | 19101 | RESEARCH                               | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 192.00                  | 19200 | PHYSICIANS' PRIVATE OFFICES            | 55,599                                                            | 0           | 0                                  | 16,459    | 72,058     |
| 193.00                  | 19300 | NONPAID WORKERS                        | 0                                                                 | 0           | 0                                  | 0         | 0          |
| 194.00                  | 07950 | ORTHOTICS & PROSTHETICS                | 3,136                                                             | 12,308      | 11,384                             | 0         | 26,828     |
| 194.01                  | 07951 | PATIENT & FAMILY SUPPORT               | 1,481,627                                                         | 23,931      | 22,134                             | 2,255     | 1,529,947  |
| 194.02                  | 07952 | DONOR DEVELOPMENT                      | 1,075,597                                                         | 15,396      | 14,240                             | 218,657   | 1,323,890  |
| 194.03                  | 07953 | LEASED SPACE-SPINA BIFIDA              | 0                                                                 | 2,538       | 2,347                              | 0         | 4,885      |
| 200.00                  |       | Cross Foot Adjustments                 |                                                                   |             |                                    |           | 0          |
| 201.00                  |       | Negative Cost Centers                  |                                                                   | 0           | 0                                  | 0         | 0          |
| 202.00                  |       | TOTAL (sum lines 118 through 201)      | 44,171,174                                                        | 1,695,887   | 1,568,572                          | 7,089,043 | 44,171,174 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description                |       |                                      | ADMINISTRATIVE<br>& GENERAL | MAINTENANCE &<br>REPAIRS | OPERATION OF<br>PLANT | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPING |       |
|----------------------------------------|-------|--------------------------------------|-----------------------------|--------------------------|-----------------------|----------------------------|--------------|-------|
|                                        |       |                                      | 5.00                        | 6.00                     | 7.00                  | 8.00                       | 9.00         |       |
| GENERAL SERVICE COST CENTERS           |       |                                      |                             |                          |                       |                            |              |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT            |                             |                          |                       |                            |              | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |                             |                          |                       |                            |              | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         |                             |                          |                       |                            |              | 4.00  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL             | 11,988,748                  |                          |                       |                            |              | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                | 0                           | 0                        |                       |                            |              | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                   | 1,098,156                   | 0                        | 4,046,028             |                            |              | 7.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              | 71,008                      | 0                        | 91,017                | 352,637                    |              | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         | 318,598                     | 0                        | 68,600                | 19,680                     | 1,262,118    | 9.00  |
| 10.00                                  | 01000 | DIETARY                              | 301,468                     | 0                        | 139,969               | 19,605                     | 446          | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            | 28,273                      | 0                        | 169,895               | 0                          | 10,983       | 11.00 |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL             | 0                           | 0                        | 0                     | 0                          | 0            | 12.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               | 468,408                     | 0                        | 76,254                | 0                          | 26,655       | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            | 160,878                     | 0                        | 92,766                | 0                          | 32,427       | 14.00 |
| 15.00                                  | 01500 | PHARMACY                             | 0                           | 0                        | 0                     | 0                          | 0            | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 109,298                     | 0                        | 120,724               | 0                          | 42,199       | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                       | 369,009                     | 0                        | 53,181                | 0                          | 18,590       | 17.00 |
| 18.00                                  | 01850 | OTHER GENERAL SERVICE (SPECIFY)      | 0                           | 0                        | 0                     | 0                          | 0            | 18.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0                           | 0                        | 0                     | 0                          | 0            | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0                           | 0                        | 0                     | 0                          | 0            | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0                           | 0                        | 0                     | 0                          | 0            | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0                           | 0                        | 0                     | 0                          | 0            | 22.00 |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)            | 0                           | 0                        | 0                     | 0                          | 0            | 23.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                             |                          |                       |                            |              |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 1,434,851                   | 0                        | 704,767               | 122,176                    | 246,851      | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 375,880                     | 0                        | 105,815               | 42,549                     | 36,988       | 31.00 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   | 0                           | 0                        | 0                     | 0                          | 0            | 32.00 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             | 0                           | 0                        | 0                     | 0                          | 0            | 33.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT         | 0                           | 0                        | 0                     | 0                          | 0            | 34.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                    | 0                           | 0                        | 0                     | 0                          | 0            | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                           | 0                        | 0                     | 0                          | 0            | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                           | 0                        | 0                     | 0                          | 0            | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 0                           | 0                        | 0                     | 0                          | 0            | 43.00 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             | 0                           | 0                        | 0                     | 0                          | 0            | 44.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                           | 0                        | 0                     | 0                          | 0            | 45.00 |
| 46.00                                  | 04600 | OTHER LONG TERM CARE                 | 0                           | 0                        | 0                     | 0                          | 0            | 46.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                             |                          |                       |                            |              |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 846,837                     | 0                        | 476,297               | 74,983                     | 166,491      | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 293,693                     | 0                        | 199,784               | 0                          | 69,835       | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0                           | 0                        | 0                     | 0                          | 0            | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 85,523                      | 0                        | 20,449                | 0                          | 7,148        | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 312,910                     | 0                        | 123,312               | 6,116                      | 43,104       | 54.00 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 0                           | 0                        | 0                     | 0                          | 0            | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0                           | 0                        | 0                     | 0                          | 0            | 56.00 |
| 57.00                                  | 05700 | CT SCAN                              | 0                           | 0                        | 0                     | 0                          | 0            | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0                           | 0                        | 0                     | 0                          | 0            | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0                           | 0                        | 0                     | 0                          | 0            | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 247,122                     | 0                        | 135,851               | 0                          | 47,487       | 60.00 |
| 60.01                                  | 06001 | BLOOD LABORATORY                     | 0                           | 0                        | 0                     | 0                          | 0            | 60.01 |
| 61.00                                  | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY  | 0                           | 0                        | 0                     | 0                          | 0            | 61.00 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0                           | 0                        | 0                     | 0                          | 0            | 62.00 |
| 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                  | 140,857                     | 0                        | 3,536                 | 0                          | 1,236        | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 436,836                     | 0                        | 217,827               | 14,439                     | 76,142       | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 716,402                     | 0                        | 324,846               | 14,517                     | 113,551      | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0                           | 0                        | 0                     | 0                          | 0            | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0                           | 0                        | 0                     | 0                          | 0            | 69.00 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0                           | 0                        | 0                     | 0                          | 0            | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 282,828                     | 0                        | 0                     | 0                          | 0            | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 1,136,634                   | 0                        | 0                     | 0                          | 0            | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 314,413                     | 0                        | 19,720                | 144                        | 6,893        | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0                           | 0                        | 0                     | 0                          | 0            | 74.00 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 0                           | 0                        | 0                     | 0                          | 0            | 75.00 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                             |                          |                       |                            |              |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                           | 0                        | 0                     | 0                          | 0            | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                           | 0                        | 0                     | 0                          | 0            | 89.00 |
| 90.00                                  | 09000 | CLINIC                               | 833,153                     | 0                        | 584,628               | 23,834                     | 204,358      | 90.00 |
| 91.00                                  | 09100 | EMERGENCY                            | 0                           | 0                        | 0                     | 0                          | 0            | 91.00 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                           | 0                        | 0                     | 0                          | 0            | 92.00 |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                             |                          |                       |                            |              |       |
| 94.00                                  | 09400 | HOME PROGRAM DIALYSIS                | 0                           | 0                        | 0                     | 0                          | 0            | 94.00 |
| 95.00                                  | 09500 | AMBULANCE SERVICES                   | 0                           | 0                        | 0                     | 0                          | 0            | 95.00 |
| 96.00                                  | 09600 | DURABLE MEDICAL EQUIP-RENTED         | 0                           | 0                        | 0                     | 0                          | 0            | 96.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description      |       |                                        | ADMINISTRATIVE<br>& GENERAL | MAINTENANCE &<br>REPAIRS | OPERATION OF<br>PLANT | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPING |        |
|------------------------------|-------|----------------------------------------|-----------------------------|--------------------------|-----------------------|----------------------------|--------------|--------|
|                              |       |                                        | 5.00                        | 6.00                     | 7.00                  | 8.00                       | 9.00         |        |
| 97.00                        | 09700 | DURABLE MEDICAL EQUIP-SOLD             | 0                           | 0                        | 0                     | 0                          | 0            | 97.00  |
| 98.00                        | 09850 | OTHER REIMBURSABLE COST CENTERS        | 0                           | 0                        | 0                     | 0                          | 0            | 98.00  |
| 99.00                        | 09900 | CMHC                                   | 0                           | 0                        | 0                     | 0                          | 0            | 99.00  |
| 99.10                        | 09910 | CORF                                   | 0                           | 0                        | 0                     | 0                          | 0            | 99.10  |
| 100.00                       | 10000 | I&R SERVICES-NOT APPRVD PRGM           | 0                           | 0                        | 0                     | 0                          | 0            | 100.00 |
| 101.00                       | 10100 | HOME HEALTH AGENCY                     | 0                           | 0                        | 0                     | 0                          | 0            | 101.00 |
| SPECIAL PURPOSE COST CENTERS |       |                                        |                             |                          |                       |                            |              |        |
| 105.00                       | 10500 | KIDNEY ACQUISITION                     | 0                           | 0                        | 0                     | 0                          | 0            | 105.00 |
| 106.00                       | 10600 | HEART ACQUISITION                      | 0                           | 0                        | 0                     | 0                          | 0            | 106.00 |
| 107.00                       | 10700 | LIVER ACQUISITION                      | 0                           | 0                        | 0                     | 0                          | 0            | 107.00 |
| 108.00                       | 10800 | LUNG ACQUISITION                       | 0                           | 0                        | 0                     | 0                          | 0            | 108.00 |
| 109.00                       | 10900 | PANCREAS ACQUISITION                   | 0                           | 0                        | 0                     | 0                          | 0            | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                 | 0                           | 0                        | 0                     | 0                          | 0            | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                      | 0                           | 0                        | 0                     | 0                          | 0            | 111.00 |
| 113.00                       | 11300 | INTEREST EXPENSE                       |                             |                          |                       |                            |              | 113.00 |
| 114.00                       | 11400 | UTILIZATION REVIEW-SNF                 |                             |                          |                       |                            |              | 114.00 |
| 115.00                       | 11500 | AMBULATORY SURGICAL CENTER (D.P.)      | 0                           | 0                        | 0                     | 0                          | 0            | 115.00 |
| 116.00                       | 11600 | HOSPICE                                | 0                           | 0                        | 0                     | 0                          | 0            | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117) | 10,383,035                  | 0                        | 3,729,238             | 338,043                    | 1,151,384    | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                        |                             |                          |                       |                            |              |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0                           | 0                        | 0                     | 0                          | 0            | 190.00 |
| 191.00                       | 19100 | RESEARCH                               | 503,930                     | 0                        | 83,362                | 0                          | 29,139       | 191.00 |
| 191.01                       | 19101 | RESEARCH                               | 0                           | 0                        | 0                     | 0                          | 0            | 191.01 |
| 192.00                       | 19200 | PHYSICIANS' PRIVATE OFFICES            | 26,843                      | 0                        | 0                     | 0                          | 0            | 192.00 |
| 193.00                       | 19300 | NONPAID WORKERS                        | 0                           | 0                        | 0                     | 0                          | 0            | 193.00 |
| 194.00                       | 07950 | ORTHOTICS & PROSTHETICS                | 9,994                       | 0                        | 53,035                | 0                          | 18,539       | 194.00 |
| 194.01                       | 07951 | PATIENT & FAMILY SUPPORT               | 569,944                     | 0                        | 103,118               | 14,594                     | 36,045       | 194.01 |
| 194.02                       | 07952 | DONOR DEVELOPMENT                      | 493,182                     | 0                        | 66,340                | 0                          | 23,189       | 194.02 |
| 194.03                       | 07953 | LEASED SPACE-SPINA BIFIDA              | 1,820                       | 0                        | 10,935                | 0                          | 3,822        | 194.03 |
| 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)      | 11,988,748                  | 0                        | 4,046,028             | 352,637                    | 1,262,118    | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description                |       |                                      | DIETARY   | CAFETERIA | MAINTENANCE OF PERSONNEL | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY |       |
|----------------------------------------|-------|--------------------------------------|-----------|-----------|--------------------------|------------------------|---------------------------|-------|
|                                        |       |                                      | 10.00     | 11.00     | 12.00                    | 13.00                  | 14.00                     |       |
| GENERAL SERVICE COST CENTERS           |       |                                      |           |           |                          |                        |                           |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT            |           |           |                          |                        |                           | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |           |           |                          |                        |                           | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         |           |           |                          |                        |                           | 4.00  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL             |           |           |                          |                        |                           | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                |           |           |                          |                        |                           | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                   |           |           |                          |                        |                           | 7.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              |           |           |                          |                        |                           | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         |           |           |                          |                        |                           | 9.00  |
| 10.00                                  | 01000 | DIETARY                              | 1,270,745 |           |                          |                        |                           | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            | 1,049,069 | 1,334,116 |                          |                        |                           | 11.00 |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL             | 0         | 0         | 0                        |                        |                           | 12.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               | 0         | 68,720    | 0                        | 1,897,423              |                           | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            | 0         | 32,114    | 0                        | 0                      | 750,042                   | 14.00 |
| 15.00                                  | 01500 | PHARMACY                             | 0         | 0         | 0                        | 0                      | 0                         | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 0         | 29,388    | 0                        | 0                      | 0                         | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                       | 0         | 63,122    | 0                        | 0                      | 0                         | 17.00 |
| 18.00                                  | 01850 | OTHER GENERAL SERVICE (SPECIFY)      | 0         | 0         | 0                        | 0                      | 0                         | 18.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0         | 0         | 0                        | 0                      | 0                         | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0         | 0         | 0                        | 0                      | 0                         | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0         | 0         | 0                        | 0                      | 0                         | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0         | 0         | 0                        | 0                      | 0                         | 22.00 |
| 23.00                                  | 02300 | PARAMED ED PRGM- (SPECIFY)           | 0         | 0         | 0                        | 0                      | 0                         | 23.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |           |           |                          |                        |                           |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 164,167   | 247,188   | 0                        | 725,422                | 0                         | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 25,331    | 53,768    | 0                        | 157,794                | 0                         | 31.00 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   | 0         | 0         | 0                        | 0                      | 0                         | 32.00 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             | 0         | 0         | 0                        | 0                      | 0                         | 33.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT         | 0         | 0         | 0                        | 0                      | 0                         | 34.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                    | 0         | 0         | 0                        | 0                      | 0                         | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0         | 0         | 0                        | 0                      | 0                         | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0         | 0         | 0                        | 0                      | 0                         | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 0         | 0         | 0                        | 0                      | 0                         | 43.00 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             | 0         | 0         | 0                        | 0                      | 0                         | 44.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0         | 0         | 0                        | 0                      | 0                         | 45.00 |
| 46.00                                  | 04600 | OTHER LONG TERM CARE                 | 0         | 0         | 0                        | 0                      | 0                         | 46.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |           |           |                          |                        |                           |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 0         | 155,633   | 0                        | 456,739                | 0                         | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 0         | 43,972    | 0                        | 129,046                | 0                         | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0         | 0         | 0                        | 0                      | 0                         | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 0         | 12,742    | 0                        | 37,395                 | 0                         | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 0         | 44,930    | 0                        | 0                      | 0                         | 54.00 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 0         | 0         | 0                        | 0                      | 0                         | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0         | 0         | 0                        | 0                      | 0                         | 56.00 |
| 57.00                                  | 05700 | CT SCAN                              | 0         | 0         | 0                        | 0                      | 0                         | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0         | 0         | 0                        | 0                      | 0                         | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0         | 0         | 0                        | 0                      | 0                         | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 0         | 24,380    | 0                        | 0                      | 0                         | 60.00 |
| 60.01                                  | 06001 | BLOOD LABORATORY                     | 0         | 0         | 0                        | 0                      | 0                         | 60.01 |
| 61.00                                  | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY  | 0         | 0         | 0                        | 0                      | 0                         | 61.00 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0         | 0         | 0                        | 0                      | 0                         | 62.00 |
| 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         | 26,148    | 0                        | 0                      | 0                         | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 0         | 75,423    | 0                        | 0                      | 0                         | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0         | 122,930   | 0                        | 0                      | 0                         | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0         | 0         | 0                        | 0                      | 0                         | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0         | 0         | 0                        | 0                      | 0                         | 69.00 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0         | 0         | 0                        | 0                      | 0                         | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0         | 0         | 0                        | 0                      | 150,008                   | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 0         | 0         | 0                        | 0                      | 600,034                   | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0         | 24,012    | 0                        | 0                      | 0                         | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0         | 0         | 0                        | 0                      | 0                         | 74.00 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 0         | 0         | 0                        | 0                      | 0                         | 75.00 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |           |           |                          |                        |                           |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0         | 0         | 0                        | 0                      | 0                         | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0         | 0         | 0                        | 0                      | 0                         | 89.00 |
| 90.00                                  | 09000 | CLINIC                               | 0         | 133,242   | 0                        | 391,027                | 0                         | 90.00 |
| 91.00                                  | 09100 | EMERGENCY                            | 0         | 0         | 0                        | 0                      | 0                         | 91.00 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0         | 0         | 0                        | 0                      | 0                         | 92.00 |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |           |           |                          |                        |                           |       |
| 94.00                                  | 09400 | HOME PROGRAM DIALYSIS                | 0         | 0         | 0                        | 0                      | 0                         | 94.00 |
| 95.00                                  | 09500 | AMBULANCE SERVICES                   | 0         | 0         | 0                        | 0                      | 0                         | 95.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description      |       |                                        | DIETARY   | CAFETERIA | MAINTENANCE OF PERSONNEL | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY |        |
|------------------------------|-------|----------------------------------------|-----------|-----------|--------------------------|------------------------|---------------------------|--------|
|                              |       |                                        | 10.00     | 11.00     | 12.00                    | 13.00                  | 14.00                     |        |
| 96.00                        | 09600 | DURABLE MEDICAL EQUIP-RENTED           | 0         | 0         | 0                        | 0                      | 0                         | 96.00  |
| 97.00                        | 09700 | DURABLE MEDICAL EQUIP-SOLD             | 0         | 0         | 0                        | 0                      | 0                         | 97.00  |
| 98.00                        | 09850 | OTHER REIMBURSABLE COST CENTERS        | 0         | 0         | 0                        | 0                      | 0                         | 98.00  |
| 99.00                        | 09900 | CMHC                                   | 0         | 0         | 0                        | 0                      | 0                         | 99.00  |
| 99.10                        | 09910 | CORF                                   | 0         | 0         | 0                        | 0                      | 0                         | 99.10  |
| 100.00                       | 10000 | I&R SERVICES-NOT APPRVD PRGM           | 0         | 0         | 0                        | 0                      | 0                         | 100.00 |
| 101.00                       | 10100 | HOME HEALTH AGENCY                     | 0         | 0         | 0                        | 0                      | 0                         | 101.00 |
| SPECIAL PURPOSE COST CENTERS |       |                                        |           |           |                          |                        |                           |        |
| 105.00                       | 10500 | KIDNEY ACQUISITION                     | 0         | 0         | 0                        | 0                      | 0                         | 105.00 |
| 106.00                       | 10600 | HEART ACQUISITION                      | 0         | 0         | 0                        | 0                      | 0                         | 106.00 |
| 107.00                       | 10700 | LIVER ACQUISITION                      | 0         | 0         | 0                        | 0                      | 0                         | 107.00 |
| 108.00                       | 10800 | LUNG ACQUISITION                       | 0         | 0         | 0                        | 0                      | 0                         | 108.00 |
| 109.00                       | 10900 | PANCREAS ACQUISITION                   | 0         | 0         | 0                        | 0                      | 0                         | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                 | 0         | 0         | 0                        | 0                      | 0                         | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                      | 0         | 0         | 0                        | 0                      | 0                         | 111.00 |
| 113.00                       | 11300 | INTEREST EXPENSE                       |           |           |                          |                        |                           | 113.00 |
| 114.00                       | 11400 | UTILIZATION REVIEW-SNF                 |           |           |                          |                        |                           | 114.00 |
| 115.00                       | 11500 | AMBULATORY SURGICAL CENTER (D.P.)      | 0         | 0         | 0                        | 0                      | 0                         | 115.00 |
| 116.00                       | 11600 | HOSPICE                                | 0         | 0         | 0                        | 0                      | 0                         | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117) | 1,238,567 | 1,157,712 | 0                        | 1,897,423              | 750,042                   | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                        |           |           |                          |                        |                           |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0         | 0         | 0                        | 0                      | 0                         | 190.00 |
| 191.00                       | 19100 | RESEARCH                               | 0         | 32,482    | 0                        | 0                      | 0                         | 191.00 |
| 191.01                       | 19101 | RESEARCH                               | 0         | 0         | 0                        | 0                      | 0                         | 191.01 |
| 192.00                       | 19200 | PHYSICIANS' PRIVATE OFFICES            | 0         | 0         | 0                        | 0                      | 0                         | 192.00 |
| 193.00                       | 19300 | NONPAID WORKERS                        | 32,178    | 0         | 0                        | 0                      | 0                         | 193.00 |
| 194.00                       | 07950 | ORTHOTICS & PROSTHETICS                | 0         | 50,601    | 0                        | 0                      | 0                         | 194.00 |
| 194.01                       | 07951 | PATIENT & FAMILY SUPPORT               | 0         | 26,958    | 0                        | 0                      | 0                         | 194.01 |
| 194.02                       | 07952 | DONOR DEVELOPMENT                      | 0         | 66,363    | 0                        | 0                      | 0                         | 194.02 |
| 194.03                       | 07953 | LEASED SPACE-SPINA BIFIDA              | 0         | 0         | 0                        | 0                      | 0                         | 194.03 |
| 200.00                       |       | Cross Foot Adjustments                 |           |           |                          |                        |                           | 200.00 |
| 201.00                       |       | Negative Cost Centers                  | 0         | 0         | 0                        | 0                      | 0                         | 201.00 |
| 202.00                       |       | TOTAL (sum lines 118 through 201)      | 1,270,745 | 1,334,116 | 0                        | 1,897,423              | 750,042                   | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description                |       |                                      | PHARMACY | MEDICAL<br>RECORDS &<br>LIBRARY | SOCIAL SERVICE | OTHER GENERAL<br>SERVICE<br>(SPECIFY) | NONPHYSICIAN<br>ANESTHETISTS |       |
|----------------------------------------|-------|--------------------------------------|----------|---------------------------------|----------------|---------------------------------------|------------------------------|-------|
|                                        |       |                                      | 15.00    | 16.00                           | 17.00          | 18.00                                 | 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  |
| 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                             | 0        |                                 |                |                                       |                              | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 0        | 595,006                         |                |                                       |                              | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                       | 0        | 0                               | 1,494,463      |                                       |                              | 17.00 |
| 18.00                                  | 01850 | OTHER GENERAL SERVICE (SPECIFY)      | 0        | 0                               | 0              | 0                                     |                              | 18.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0        | 0                               | 0              | 0                                     | 0                            | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0        | 0                               | 0              | 0                                     | 0                            | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0        | 0                               | 0              | 0                                     | 0                            | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0        | 0                               | 0              | 0                                     | 0                            | 22.00 |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)            | 0        | 0                               | 0              | 0                                     | 0                            | 23.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |          |                                 |                |                                       |                              |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 0        | 51,263                          | 1,260,121      | 0                                     | 0                            | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 0        | 28,427                          | 234,342        | 0                                     | 0                            | 31.00 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   | 0        | 0                               | 0              | 0                                     | 0                            | 32.00 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             | 0        | 0                               | 0              | 0                                     | 0                            | 33.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT         | 0        | 0                               | 0              | 0                                     | 0                            | 34.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                    | 0        | 0                               | 0              | 0                                     | 0                            | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0        | 0                               | 0              | 0                                     | 0                            | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0        | 0                               | 0              | 0                                     | 0                            | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 0        | 0                               | 0              | 0                                     | 0                            | 43.00 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             | 0        | 0                               | 0              | 0                                     | 0                            | 44.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0        | 0                               | 0              | 0                                     | 0                            | 45.00 |
| 46.00                                  | 04600 | OTHER LONG TERM CARE                 | 0        | 0                               | 0              | 0                                     | 0                            | 46.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |          |                                 |                |                                       |                              |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 0        | 182,015                         | 0              | 0                                     | 0                            | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 0        | 13,300                          | 0              | 0                                     | 0                            | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0        | 0                               | 0              | 0                                     | 0                            | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 0        | 60,648                          | 0              | 0                                     | 0                            | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 0        | 26,570                          | 0              | 0                                     | 0                            | 54.00 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 0        | 0                               | 0              | 0                                     | 0                            | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0        | 0                               | 0              | 0                                     | 0                            | 56.00 |
| 57.00                                  | 05700 | CT SCAN                              | 0        | 0                               | 0              | 0                                     | 0                            | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0        | 0                               | 0              | 0                                     | 0                            | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0        | 0                               | 0              | 0                                     | 0                            | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 0        | 11,411                          | 0              | 0                                     | 0                            | 60.00 |
| 60.01                                  | 06001 | BLOOD LABORATORY                     | 0        | 0                               | 0              | 0                                     | 0                            | 60.01 |
| 61.00                                  | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY  | 0        | 0                               | 0              | 0                                     | 0                            | 61.00 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0        | 0                               | 0              | 0                                     | 0                            | 62.00 |
| 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        | 1,461                           | 0              | 0                                     | 0                            | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 0        | 31,223                          | 0              | 0                                     | 0                            | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0        | 28,342                          | 0              | 0                                     | 0                            | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0        | 0                               | 0              | 0                                     | 0                            | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0        | 0                               | 0              | 0                                     | 0                            | 69.00 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0        | 0                               | 0              | 0                                     | 0                            | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0        | 19,122                          | 0              | 0                                     | 0                            | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 0        | 67,038                          | 0              | 0                                     | 0                            | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0        | 44,047                          | 0              | 0                                     | 0                            | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0        | 0                               | 0              | 0                                     | 0                            | 74.00 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 0        | 0                               | 0              | 0                                     | 0                            | 75.00 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |          |                                 |                |                                       |                              |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0        | 0                               | 0              | 0                                     | 0                            | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0        | 0                               | 0              | 0                                     | 0                            | 89.00 |
| 90.00                                  | 09000 | CLINIC                               | 0        | 30,139                          | 0              | 0                                     | 0                            | 90.00 |
| 91.00                                  | 09100 | EMERGENCY                            | 0        | 0                               | 0              | 0                                     | 0                            | 91.00 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0        | 0                               | 0              | 0                                     | 0                            | 92.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description         |       |                                        | PHARMACY | MEDICAL<br>RECORDS &<br>LIBRARY | SOCIAL SERVICE | OTHER GENERAL<br>SERVICE<br>(SPECIFY) | NONPHYSICIAN<br>ANESTHETISTS |        |
|---------------------------------|-------|----------------------------------------|----------|---------------------------------|----------------|---------------------------------------|------------------------------|--------|
|                                 |       |                                        | 15.00    | 16.00                           | 17.00          | 18.00                                 | 19.00                        |        |
| OTHER REIMBURSABLE COST CENTERS |       |                                        |          |                                 |                |                                       |                              |        |
| 94.00                           | 09400 | HOME PROGRAM DIALYSIS                  | 0        | 0                               | 0              | 0                                     | 0                            | 94.00  |
| 95.00                           | 09500 | AMBULANCE SERVICES                     | 0        | 0                               | 0              | 0                                     | 0                            | 95.00  |
| 96.00                           | 09600 | DURABLE MEDICAL EQUIP-RENTED           | 0        | 0                               | 0              | 0                                     | 0                            | 96.00  |
| 97.00                           | 09700 | DURABLE MEDICAL EQUIP-SOLD             | 0        | 0                               | 0              | 0                                     | 0                            | 97.00  |
| 98.00                           | 09850 | OTHER REIMBURSABLE COST CENTERS        | 0        | 0                               | 0              | 0                                     | 0                            | 98.00  |
| 99.00                           | 09900 | CMHC                                   | 0        | 0                               | 0              | 0                                     | 0                            | 99.00  |
| 99.10                           | 09910 | CORF                                   | 0        | 0                               | 0              | 0                                     | 0                            | 99.10  |
| 100.00                          | 10000 | I&R SERVICES-NOT APPRVD PRGM           | 0        | 0                               | 0              | 0                                     | 0                            | 100.00 |
| 101.00                          | 10100 | HOME HEALTH AGENCY                     | 0        | 0                               | 0              | 0                                     | 0                            | 101.00 |
| SPECIAL PURPOSE COST CENTERS    |       |                                        |          |                                 |                |                                       |                              |        |
| 105.00                          | 10500 | KIDNEY ACQUISITION                     | 0        | 0                               | 0              | 0                                     | 0                            | 105.00 |
| 106.00                          | 10600 | HEART ACQUISITION                      | 0        | 0                               | 0              | 0                                     | 0                            | 106.00 |
| 107.00                          | 10700 | LIVER ACQUISITION                      | 0        | 0                               | 0              | 0                                     | 0                            | 107.00 |
| 108.00                          | 10800 | LUNG ACQUISITION                       | 0        | 0                               | 0              | 0                                     | 0                            | 108.00 |
| 109.00                          | 10900 | PANCREAS ACQUISITION                   | 0        | 0                               | 0              | 0                                     | 0                            | 109.00 |
| 110.00                          | 11000 | INTESTINAL ACQUISITION                 | 0        | 0                               | 0              | 0                                     | 0                            | 110.00 |
| 111.00                          | 11100 | ISLET ACQUISITION                      | 0        | 0                               | 0              | 0                                     | 0                            | 111.00 |
| 113.00                          | 11300 | INTEREST EXPENSE                       |          |                                 |                |                                       |                              | 113.00 |
| 114.00                          | 11400 | UTILIZATION REVIEW-SNF                 |          |                                 |                |                                       |                              | 114.00 |
| 115.00                          | 11500 | AMBULATORY SURGICAL CENTER (D.P.)      | 0        | 0                               | 0              | 0                                     | 0                            | 115.00 |
| 116.00                          | 11600 | HOSPICE                                | 0        | 0                               | 0              | 0                                     | 0                            | 116.00 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117) | 0        | 595,006                         | 1,494,463      | 0                                     | 0                            | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                        |          |                                 |                |                                       |                              |        |
| 190.00                          | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0        | 0                               | 0              | 0                                     | 0                            | 190.00 |
| 191.00                          | 19100 | RESEARCH                               | 0        | 0                               | 0              | 0                                     | 0                            | 191.00 |
| 191.01                          | 19101 | RESEARCH                               | 0        | 0                               | 0              | 0                                     | 0                            | 191.01 |
| 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 | ORTHOTICS & PROSTHETICS                | 0        | 0                               | 0              | 0                                     | 0                            | 194.00 |
| 194.01                          | 07951 | PATIENT & FAMILY SUPPORT               | 0        | 0                               | 0              | 0                                     | 0                            | 194.01 |
| 194.02                          | 07952 | DONOR DEVELOPMENT                      | 0        | 0                               | 0              | 0                                     | 0                            | 194.02 |
| 194.03                          | 07953 | LEASED SPACE-SPINA BIFIDA              | 0        | 0                               | 0              | 0                                     | 0                            | 194.03 |
| 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)      | 0        | 595,006                         | 1,494,463      | 0                                     | 0                            | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description                |       |                                      | INTERNS & RESIDENTS |                |                | PARAMED ED PRGM | Subtotal  |       |
|----------------------------------------|-------|--------------------------------------|---------------------|----------------|----------------|-----------------|-----------|-------|
|                                        |       |                                      | NURSING SCHOOL      | SERVICES-SALAR | SERVICES-OTHER |                 |           |       |
|                                        |       |                                      |                     | Y & FRINGES    | PRGM COSTS     |                 |           |       |
|                                        |       |                                      | 20.00               | 21.00          | 22.00          | 23.00           | 24.00     |       |
| GENERAL SERVICE COST CENTERS           |       |                                      |                     |                |                |                 |           |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT            |                     |                |                |                 |           | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |                     |                |                |                 |           | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         |                     |                |                |                 |           | 4.00  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL             |                     |                |                |                 |           | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                |                     |                |                |                 |           | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                   |                     |                |                |                 |           | 7.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              |                     |                |                |                 |           | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         |                     |                |                |                 |           | 9.00  |
| 10.00                                  | 01000 | DIETARY                              |                     |                |                |                 |           | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            |                     |                |                |                 |           | 11.00 |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL             |                     |                |                |                 |           | 12.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               |                     |                |                |                 |           | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            |                     |                |                |                 |           | 14.00 |
| 15.00                                  | 01500 | PHARMACY                             |                     |                |                |                 |           | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            |                     |                |                |                 |           | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                       |                     |                |                |                 |           | 17.00 |
| 18.00                                  | 01850 | OTHER GENERAL SERVICE (SPECIFY)      |                     |                |                |                 |           | 18.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            |                     |                |                |                 |           | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0                   |                |                |                 |           | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD |                     | 0              |                |                 |           | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD |                     |                | 0              |                 |           | 22.00 |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)            |                     |                |                | 0               |           | 23.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                     |                |                |                 |           |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 0                   | 0              | 0              | 0               | 8,808,523 | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 0                   | 0              | 0              | 0               | 2,069,901 | 31.00 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   | 0                   | 0              | 0              | 0               | 0         | 32.00 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             | 0                   | 0              | 0              | 0               | 0         | 33.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT         | 0                   | 0              | 0              | 0               | 0         | 34.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                    | 0                   | 0              | 0              | 0               | 0         | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                   | 0              | 0              | 0               | 0         | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                   | 0              | 0              | 0               | 0         | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 0                   | 0              | 0              | 0               | 0         | 43.00 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             | 0                   | 0              | 0              | 0               | 0         | 44.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                   | 0              | 0              | 0               | 0         | 45.00 |
| 46.00                                  | 04600 | OTHER LONG TERM CARE                 | 0                   | 0              | 0              | 0               | 0         | 46.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                     |                |                |                 |           |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 0                   | 0              | 0              | 0               | 4,632,230 | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 0                   | 0              | 0              | 0               | 1,538,015 | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0                   | 0              | 0              | 0               | 0         | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 0                   | 0              | 0              | 0               | 453,481   | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 0                   | 0              | 0              | 0               | 1,396,912 | 54.00 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 0                   | 0              | 0              | 0               | 0         | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0                   | 0              | 0              | 0               | 0         | 56.00 |
| 57.00                                  | 05700 | CT SCAN                              | 0                   | 0              | 0              | 0               | 0         | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0                   | 0              | 0              | 0               | 0         | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0                   | 0              | 0              | 0               | 0         | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 0                   | 0              | 0              | 0               | 1,129,622 | 60.00 |
| 60.01                                  | 06001 | BLOOD LABORATORY                     | 0                   | 0              | 0              | 0               | 0         | 60.01 |
| 61.00                                  | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY  | 0                   | 0              | 0              | 0               | 0         | 61.00 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0                   | 0              | 0              | 0               | 0         | 62.00 |
| 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               | 551,353   | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 0                   | 0              | 0              | 0               | 2,024,525 | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0                   | 0              | 0              | 0               | 3,243,687 | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0                   | 0              | 0              | 0               | 0         | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0                   | 0              | 0              | 0               | 0         | 69.00 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0                   | 0              | 0              | 0               | 0         | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0                   | 0              | 0              | 0               | 1,211,176 | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 0                   | 0              | 0              | 0               | 4,854,869 | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0                   | 0              | 0              | 0               | 1,253,235 | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0                   | 0              | 0              | 0               | 0         | 74.00 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 0                   | 0              | 0              | 0               | 0         | 75.00 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                     |                |                |                 |           |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                   | 0              | 0              | 0               | 0         | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                   | 0              | 0              | 0               | 0         | 89.00 |
| 90.00                                  | 09000 | CLINIC                               | 0                   | 0              | 0              | 0               | 4,436,882 | 90.00 |
| 91.00                                  | 09100 | EMERGENCY                            | 0                   | 0              | 0              | 0               | 0         | 91.00 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                   | 0              | 0              | 0               | 0         | 92.00 |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                     |                |                |                 |           |       |
| 94.00                                  | 09400 | HOME PROGRAM DIALYSIS                | 0                   | 0              | 0              | 0               | 0         | 94.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description      |       |                                        | INTERNS & RESIDENTS |                |                | PARAMED ED<br>PRGM | Subtotal   |        |
|------------------------------|-------|----------------------------------------|---------------------|----------------|----------------|--------------------|------------|--------|
|                              |       |                                        | NURSING SCHOOL      | SERVICES-SALAR | SERVICES-OTHER |                    |            |        |
|                              |       |                                        |                     | Y & FRINGES    | PRGM COSTS     |                    |            |        |
|                              |       |                                        | 20.00               | 21.00          | 22.00          | 23.00              | 24.00      |        |
| 95.00                        | 09500 | AMBULANCE SERVICES                     | 0                   | 0              | 0              | 0                  | 0          | 95.00  |
| 96.00                        | 09600 | DURABLE MEDICAL EQUIP-RENTED           | 0                   | 0              | 0              | 0                  | 0          | 96.00  |
| 97.00                        | 09700 | DURABLE MEDICAL EQUIP-SOLD             | 0                   | 0              | 0              | 0                  | 0          | 97.00  |
| 98.00                        | 09850 | OTHER REIMBURSABLE COST CENTERS        | 0                   | 0              | 0              | 0                  | 0          | 98.00  |
| 99.00                        | 09900 | CMHC                                   | 0                   | 0              | 0              | 0                  | 0          | 99.00  |
| 99.10                        | 09910 | CORF                                   | 0                   | 0              | 0              | 0                  | 0          | 99.10  |
| 100.00                       | 10000 | I&R SERVICES-NOT APPRVD PRGM           | 0                   | 0              | 0              | 0                  | 0          | 100.00 |
| 101.00                       | 10100 | HOME HEALTH AGENCY                     | 0                   | 0              | 0              | 0                  | 0          | 101.00 |
| SPECIAL PURPOSE COST CENTERS |       |                                        |                     |                |                |                    |            |        |
| 105.00                       | 10500 | KIDNEY ACQUISITION                     | 0                   | 0              | 0              | 0                  | 0          | 105.00 |
| 106.00                       | 10600 | HEART ACQUISITION                      | 0                   | 0              | 0              | 0                  | 0          | 106.00 |
| 107.00                       | 10700 | LIVER ACQUISITION                      | 0                   | 0              | 0              | 0                  | 0          | 107.00 |
| 108.00                       | 10800 | LUNG ACQUISITION                       | 0                   | 0              | 0              | 0                  | 0          | 108.00 |
| 109.00                       | 10900 | PANCREAS ACQUISITION                   | 0                   | 0              | 0              | 0                  | 0          | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                 | 0                   | 0              | 0              | 0                  | 0          | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                      | 0                   | 0              | 0              | 0                  | 0          | 111.00 |
| 113.00                       | 11300 | INTEREST EXPENSE                       |                     |                |                |                    |            | 113.00 |
| 114.00                       | 11400 | UTILIZATION REVIEW-SNF                 |                     |                |                |                    |            | 114.00 |
| 115.00                       | 11500 | AMBULATORY SURGICAL CENTER (D.P.)      | 0                   | 0              | 0              | 0                  | 0          | 115.00 |
| 116.00                       | 11600 | HOSPICE                                | 0                   |                |                | 0                  | 0          | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117) | 0                   | 0              | 0              | 0                  | 37,604,411 | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                        |                     |                |                |                    |            |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0                   | 0              | 0              | 0                  | 0          | 190.00 |
| 191.00                       | 19100 | RESEARCH                               | 0                   | 0              | 0              | 0                  | 2,001,655  | 191.00 |
| 191.01                       | 19101 | RESEARCH                               | 0                   | 0              | 0              | 0                  | 0          | 191.01 |
| 192.00                       | 19200 | PHYSICIANS' PRIVATE OFFICES            | 0                   | 0              | 0              | 0                  | 98,901     | 192.00 |
| 193.00                       | 19300 | NONPAID WORKERS                        | 0                   | 0              | 0              | 0                  | 32,178     | 193.00 |
| 194.00                       | 07950 | ORTHOTICS & PROSTHETICS                | 0                   | 0              | 0              | 0                  | 158,997    | 194.00 |
| 194.01                       | 07951 | PATIENT & FAMILY SUPPORT               | 0                   | 0              | 0              | 0                  | 2,280,606  | 194.01 |
| 194.02                       | 07952 | DONOR DEVELOPMENT                      | 0                   | 0              | 0              | 0                  | 1,972,964  | 194.02 |
| 194.03                       | 07953 | LEASED SPACE-SPINA BIFIDA              | 0                   | 0              | 0              | 0                  | 21,462     | 194.03 |
| 200.00                       |       | Cross Foot Adjustments                 | 0                   | 0              | 0              | 0                  | 0          | 200.00 |
| 201.00                       |       | Negative Cost Centers                  | 0                   | 0              | 0              | 0                  | 0          | 201.00 |
| 202.00                       |       | TOTAL (sum lines 118 through 201)      | 0                   | 0              | 0              | 0                  | 44,171,174 | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description                |       |                                      | Intern &<br>Residents Cost<br>& Post<br>Stepdown<br>Adjustments | Total     |       |
|----------------------------------------|-------|--------------------------------------|-----------------------------------------------------------------|-----------|-------|
|                                        |       |                                      | 25.00                                                           | 26.00     |       |
| GENERAL SERVICE COST CENTERS           |       |                                      |                                                                 |           |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT            |                                                                 |           | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |                                                                 |           | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         |                                                                 |           | 4.00  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL             |                                                                 |           | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                |                                                                 |           | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                   |                                                                 |           | 7.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              |                                                                 |           | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         |                                                                 |           | 9.00  |
| 10.00                                  | 01000 | DIETARY                              |                                                                 |           | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            |                                                                 |           | 11.00 |
| 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 |
| 18.00                                  | 01850 | OTHER GENERAL SERVICE (SPECIFY)      |                                                                 |           | 18.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            |                                                                 |           | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       |                                                                 |           | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD |                                                                 |           | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD |                                                                 |           | 22.00 |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)            |                                                                 |           | 23.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                                                                 |           |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 0                                                               | 8,808,523 | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 0                                                               | 2,069,901 | 31.00 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   | 0                                                               | 0         | 32.00 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             | 0                                                               | 0         | 33.00 |
| 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 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                                                               | 0         | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 0                                                               | 0         | 43.00 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             | 0                                                               | 0         | 44.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                                                               | 0         | 45.00 |
| 46.00                                  | 04600 | OTHER LONG TERM CARE                 | 0                                                               | 0         | 46.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                                                                 |           |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 0                                                               | 4,632,230 | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 0                                                               | 1,538,015 | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0                                                               | 0         | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 0                                                               | 453,481   | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 0                                                               | 1,396,912 | 54.00 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 0                                                               | 0         | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0                                                               | 0         | 56.00 |
| 57.00                                  | 05700 | CT SCAN                              | 0                                                               | 0         | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0                                                               | 0         | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0                                                               | 0         | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 0                                                               | 1,129,622 | 60.00 |
| 60.01                                  | 06001 | BLOOD LABORATORY                     | 0                                                               | 0         | 60.01 |
| 61.00                                  | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY  | 0                                                               | 0         | 61.00 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0                                                               | 0         | 62.00 |
| 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                                                               | 551,353   | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 0                                                               | 2,024,525 | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0                                                               | 3,243,687 | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0                                                               | 0         | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0                                                               | 0         | 69.00 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0                                                               | 0         | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0                                                               | 1,211,176 | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 0                                                               | 4,854,869 | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0                                                               | 1,253,235 | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0                                                               | 0         | 74.00 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 0                                                               | 0         | 75.00 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                                                                 |           |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                                                               | 0         | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                                               | 0         | 89.00 |
| 90.00                                  | 09000 | CLINIC                               | 0                                                               | 4,436,882 | 90.00 |
| 91.00                                  | 09100 | EMERGENCY                            | 0                                                               | 0         | 91.00 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                                                               | 0         | 92.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description         |       |                                        | Intern &<br>Residents Cost<br>& Post<br>Stepdown<br>Adjustments | Total      |        |
|---------------------------------|-------|----------------------------------------|-----------------------------------------------------------------|------------|--------|
|                                 |       |                                        | 25.00                                                           | 26.00      |        |
| OTHER REIMBURSABLE COST CENTERS |       |                                        |                                                                 |            |        |
| 94.00                           | 09400 | HOME PROGRAM DIALYSIS                  | 0                                                               | 0          | 94.00  |
| 95.00                           | 09500 | AMBULANCE SERVICES                     | 0                                                               | 0          | 95.00  |
| 96.00                           | 09600 | DURABLE MEDICAL EQUIP-RENTED           | 0                                                               | 0          | 96.00  |
| 97.00                           | 09700 | DURABLE MEDICAL EQUIP-SOLD             | 0                                                               | 0          | 97.00  |
| 98.00                           | 09850 | OTHER REIMBURSABLE COST CENTERS        | 0                                                               | 0          | 98.00  |
| 99.00                           | 09900 | CMHC                                   | 0                                                               | 0          | 99.00  |
| 99.10                           | 09910 | CORF                                   | 0                                                               | 0          | 99.10  |
| 100.00                          | 10000 | I&R SERVICES-NOT APPRVD PRGM           | 0                                                               | 0          | 100.00 |
| 101.00                          | 10100 | HOME HEALTH AGENCY                     | 0                                                               | 0          | 101.00 |
| SPECIAL PURPOSE COST CENTERS    |       |                                        |                                                                 |            |        |
| 105.00                          | 10500 | KIDNEY ACQUISITION                     | 0                                                               | 0          | 105.00 |
| 106.00                          | 10600 | HEART ACQUISITION                      | 0                                                               | 0          | 106.00 |
| 107.00                          | 10700 | LIVER ACQUISITION                      | 0                                                               | 0          | 107.00 |
| 108.00                          | 10800 | LUNG ACQUISITION                       | 0                                                               | 0          | 108.00 |
| 109.00                          | 10900 | PANCREAS ACQUISITION                   | 0                                                               | 0          | 109.00 |
| 110.00                          | 11000 | INTESTINAL ACQUISITION                 | 0                                                               | 0          | 110.00 |
| 111.00                          | 11100 | ISLET ACQUISITION                      | 0                                                               | 0          | 111.00 |
| 113.00                          | 11300 | INTEREST EXPENSE                       |                                                                 |            | 113.00 |
| 114.00                          | 11400 | UTILIZATION REVIEW-SNF                 |                                                                 |            | 114.00 |
| 115.00                          | 11500 | AMBULATORY SURGICAL CENTER (D.P.)      | 0                                                               | 0          | 115.00 |
| 116.00                          | 11600 | HOSPICE                                | 0                                                               | 0          | 116.00 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117) | 0                                                               | 37,604,411 | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                        |                                                                 |            |        |
| 190.00                          | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0                                                               | 0          | 190.00 |
| 191.00                          | 19100 | RESEARCH                               | 0                                                               | 2,001,655  | 191.00 |
| 191.01                          | 19101 | RESEARCH                               | 0                                                               | 0          | 191.01 |
| 192.00                          | 19200 | PHYSICIANS' PRIVATE OFFICES            | 0                                                               | 98,901     | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                        | 0                                                               | 32,178     | 193.00 |
| 194.00                          | 07950 | ORTHOTICS & PROSTHETICS                | 0                                                               | 158,997    | 194.00 |
| 194.01                          | 07951 | PATIENT & FAMILY SUPPORT               | 0                                                               | 2,280,606  | 194.01 |
| 194.02                          | 07952 | DONOR DEVELOPMENT                      | 0                                                               | 1,972,964  | 194.02 |
| 194.03                          | 07953 | LEASED SPACE-SPINA BIFIDA              | 0                                                               | 21,462     | 194.03 |
| 200.00                          |       | Cross Foot Adjustments                 | 0                                                               | 0          | 200.00 |
| 201.00                          |       | Negative Cost Centers                  | 0                                                               | 0          | 201.00 |
| 202.00                          |       | TOTAL (sum lines 118 through 201)      | 0                                                               | 44,171,174 | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description                |       |                                      | CAPITAL RELATED COSTS                       |             | Subtotal    | EMPLOYEE BENEFITS DEPARTMENT |       |
|----------------------------------------|-------|--------------------------------------|---------------------------------------------|-------------|-------------|------------------------------|-------|
|                                        |       |                                      | Directly Assigned New Capital Related Costs | BLDG & FIXT | MVBLE EQUIP |                              |       |
|                                        |       |                                      | 0                                           | 1.00        | 2.00        | 2A                           | 4.00  |
| GENERAL SERVICE COST CENTERS           |       |                                      |                                             |             |             |                              |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT            |                                             |             |             |                              | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |                                             |             |             |                              | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         | 0                                           | 19,126      | 17,690      | 36,816                       | 4.00  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL             | 0                                           | 456,158     | 421,916     | 878,074                      | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                | 0                                           | 0           | 0           | 0                            | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                   | 0                                           | 281,630     | 260,487     | 542,117                      | 7.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              | 0                                           | 21,122      | 19,537      | 40,659                       | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         | 0                                           | 15,920      | 14,725      | 30,645                       | 9.00  |
| 10.00                                  | 01000 | DIETARY                              | 0                                           | 32,483      | 30,044      | 62,527                       | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            | 0                                           | 39,428      | 36,468      | 75,896                       | 11.00 |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL             | 0                                           | 0           | 0           | 0                            | 12.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               | 0                                           | 17,697      | 16,368      | 34,065                       | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            | 0                                           | 21,528      | 19,912      | 41,440                       | 14.00 |
| 15.00                                  | 01500 | PHARMACY                             | 0                                           | 0           | 0           | 0                            | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 0                                           | 28,017      | 25,913      | 53,930                       | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                       | 0                                           | 12,342      | 11,415      | 23,757                       | 17.00 |
| 18.00                                  | 01850 | OTHER GENERAL SERVICE (SPECIFY)      | 0                                           | 0           | 0           | 0                            | 18.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0                                           | 0           | 0           | 0                            | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0                                           | 0           | 0           | 0                            | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0                                           | 0           | 0           | 0                            | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0                                           | 0           | 0           | 0                            | 22.00 |
| 23.00                                  | 02300 | PARAMED ED PRGM- (SPECIFY)           | 0                                           | 0           | 0           | 0                            | 23.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                                             |             |             |                              |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 0                                           | 163,557     | 151,279     | 314,836                      | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 0                                           | 24,557      | 22,713      | 47,270                       | 31.00 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   | 0                                           | 0           | 0           | 0                            | 32.00 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             | 0                                           | 0           | 0           | 0                            | 33.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT         | 0                                           | 0           | 0           | 0                            | 34.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                    | 0                                           | 0           | 0           | 0                            | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                                           | 0           | 0           | 0                            | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                                           | 0           | 0           | 0                            | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 0                                           | 0           | 0           | 0                            | 43.00 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             | 0                                           | 0           | 0           | 0                            | 44.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                                           | 0           | 0           | 0                            | 45.00 |
| 46.00                                  | 04600 | OTHER LONG TERM CARE                 | 0                                           | 0           | 0           | 0                            | 46.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                                             |             |             |                              |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 0                                           | 110,535     | 102,237     | 212,772                      | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 0                                           | 46,365      | 42,884      | 89,249                       | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0                                           | 0           | 0           | 0                            | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 0                                           | 4,746       | 4,389       | 9,135                        | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 0                                           | 28,617      | 26,469      | 55,086                       | 54.00 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 0                                           | 0           | 0           | 0                            | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0                                           | 0           | 0           | 0                            | 56.00 |
| 57.00                                  | 05700 | CT SCAN                              | 0                                           | 0           | 0           | 0                            | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0                                           | 0           | 0           | 0                            | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0                                           | 0           | 0           | 0                            | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 0                                           | 31,527      | 29,160      | 60,687                       | 60.00 |
| 60.01                                  | 06001 | BLOOD LABORATORY                     | 0                                           | 0           | 0           | 0                            | 60.01 |
| 61.00                                  | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY  | 0                                           | 0           | 0           | 0                            | 61.00 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0                                           | 0           | 0           | 0                            | 62.00 |
| 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                                           | 821         | 759         | 1,580                        | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 0                                           | 50,552      | 46,757      | 97,309                       | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0                                           | 75,388      | 69,728      | 145,116                      | 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 CHARGED TO PATIENTS | 0                                           | 0           | 0           | 0                            | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 0                                           | 0           | 0           | 0                            | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0                                           | 4,576       | 4,233       | 8,809                        | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0                                           | 0           | 0           | 0                            | 74.00 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 0                                           | 0           | 0           | 0                            | 75.00 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                                             |             |             |                              |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                                           | 0           | 0           | 0                            | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                           | 0           | 0           | 0                            | 89.00 |
| 90.00                                  | 09000 | CLINIC                               | 0                                           | 135,676     | 125,490     | 261,166                      | 90.00 |
| 91.00                                  | 09100 | EMERGENCY                            | 0                                           | 0           | 0           | 0                            | 91.00 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                                           | 0           | 0           | 0                            | 92.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
6/21/2020 11:31 am

| 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   |
| OTHER REIMBURSABLE COST CENTERS |       |                                        |                                                      |             |             |                                    |        |
| 94.00                           | 09400 | HOME PROGRAM DIALYSIS                  | 0                                                    | 0           | 0           | 0                                  | 94.00  |
| 95.00                           | 09500 | AMBULANCE SERVICES                     | 0                                                    | 0           | 0           | 0                                  | 95.00  |
| 96.00                           | 09600 | DURABLE MEDICAL EQUIP-RENTED           | 0                                                    | 0           | 0           | 0                                  | 96.00  |
| 97.00                           | 09700 | DURABLE MEDICAL EQUIP-SOLD             | 0                                                    | 0           | 0           | 0                                  | 97.00  |
| 98.00                           | 09850 | OTHER REIMBURSABLE COST CENTERS        | 0                                                    | 0           | 0           | 0                                  | 98.00  |
| 99.00                           | 09900 | CMHC                                   | 0                                                    | 0           | 0           | 0                                  | 99.00  |
| 99.10                           | 09910 | CORF                                   | 0                                                    | 0           | 0           | 0                                  | 99.10  |
| 100.00                          | 10000 | I&R SERVICES-NOT APPRVD PRGM           | 0                                                    | 0           | 0           | 0                                  | 100.00 |
| 101.00                          | 10100 | HOME HEALTH AGENCY                     | 0                                                    | 0           | 0           | 0                                  | 101.00 |
| SPECIAL PURPOSE COST CENTERS    |       |                                        |                                                      |             |             |                                    |        |
| 105.00                          | 10500 | KIDNEY ACQUISITION                     | 0                                                    | 0           | 0           | 0                                  | 105.00 |
| 106.00                          | 10600 | HEART ACQUISITION                      | 0                                                    | 0           | 0           | 0                                  | 106.00 |
| 107.00                          | 10700 | LIVER ACQUISITION                      | 0                                                    | 0           | 0           | 0                                  | 107.00 |
| 108.00                          | 10800 | LUNG ACQUISITION                       | 0                                                    | 0           | 0           | 0                                  | 108.00 |
| 109.00                          | 10900 | PANCREAS ACQUISITION                   | 0                                                    | 0           | 0           | 0                                  | 109.00 |
| 110.00                          | 11000 | INTESTINAL ACQUISITION                 | 0                                                    | 0           | 0           | 0                                  | 110.00 |
| 111.00                          | 11100 | ISLET ACQUISITION                      | 0                                                    | 0           | 0           | 0                                  | 111.00 |
| 113.00                          | 11300 | INTEREST EXPENSE                       |                                                      |             |             |                                    | 113.00 |
| 114.00                          | 11400 | UTILIZATION REVIEW-SNF                 |                                                      |             |             |                                    | 114.00 |
| 115.00                          | 11500 | AMBULATORY SURGICAL CENTER (D.P.)      | 0                                                    | 0           | 0           | 0                                  | 115.00 |
| 116.00                          | 11600 | HOSPICE                                | 0                                                    | 0           | 0           | 0                                  | 116.00 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117) | 0                                                    | 1,622,368   | 1,500,573   | 3,122,941                          | 34,506 |
| NONREIMBURSABLE COST CENTERS    |       |                                        |                                                      |             |             |                                    |        |
| 190.00                          | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0                                                    | 0           | 0           | 0                                  | 190.00 |
| 191.00                          | 19100 | RESEARCH                               | 0                                                    | 19,346      | 17,894      | 37,240                             | 1,077  |
| 191.01                          | 19101 | RESEARCH                               | 0                                                    | 0           | 0           | 0                                  | 0      |
| 192.00                          | 19200 | PHYSICIANS' PRIVATE OFFICES            | 0                                                    | 0           | 0           | 0                                  | 85     |
| 193.00                          | 19300 | NONPAID WORKERS                        | 0                                                    | 0           | 0           | 0                                  | 0      |
| 194.00                          | 07950 | ORTHOTICS & PROSTHETICS                | 0                                                    | 12,308      | 11,384      | 23,692                             | 0      |
| 194.01                          | 07951 | PATIENT & FAMILY SUPPORT               | 0                                                    | 23,931      | 22,134      | 46,065                             | 12     |
| 194.02                          | 07952 | DONOR DEVELOPMENT                      | 0                                                    | 15,396      | 14,240      | 29,636                             | 1,136  |
| 194.03                          | 07953 | LEASED SPACE-SPINA BIFIDA              | 0                                                    | 2,538       | 2,347       | 4,885                              | 0      |
| 200.00                          |       | Cross Foot Adjustments                 |                                                      |             |             | 0                                  | 200.00 |
| 201.00                          |       | Negative Cost Centers                  |                                                      | 0           | 0           | 0                                  | 0      |
| 202.00                          |       | TOTAL (sum lines 118 through 201)      | 0                                                    | 1,695,887   | 1,568,572   | 3,264,459                          | 36,816 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description                |       |                                      | ADMINISTRATIVE<br>& GENERAL | MAINTENANCE &<br>REPAIRS | OPERATION OF<br>PLANT | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPING |       |
|----------------------------------------|-------|--------------------------------------|-----------------------------|--------------------------|-----------------------|----------------------------|--------------|-------|
|                                        |       |                                      | 5.00                        | 6.00                     | 7.00                  | 8.00                       | 9.00         |       |
| GENERAL SERVICE COST CENTERS           |       |                                      |                             |                          |                       |                            |              |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT            |                             |                          |                       |                            |              | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |                             |                          |                       |                            |              | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         |                             |                          |                       |                            |              | 4.00  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL             | 882,852                     |                          |                       |                            |              | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                | 0                           | 0                        |                       |                            |              | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                   | 80,869                      | 0                        | 623,027               |                            |              | 7.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              | 5,229                       | 0                        | 14,015                | 60,023                     |              | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         | 23,462                      | 0                        | 10,563                | 3,350                      | 68,884       | 9.00  |
| 10.00                                  | 01000 | DIETARY                              | 22,200                      | 0                        | 21,553                | 3,337                      | 24           | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            | 2,082                       | 0                        | 26,161                | 0                          | 599          | 11.00 |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL             | 0                           | 0                        | 0                     | 0                          | 0            | 12.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               | 34,494                      | 0                        | 11,742                | 0                          | 1,455        | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            | 11,847                      | 0                        | 14,285                | 0                          | 1,770        | 14.00 |
| 15.00                                  | 01500 | PHARMACY                             | 0                           | 0                        | 0                     | 0                          | 0            | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 8,049                       | 0                        | 18,590                | 0                          | 2,303        | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                       | 27,174                      | 0                        | 8,189                 | 0                          | 1,015        | 17.00 |
| 18.00                                  | 01850 | OTHER GENERAL SERVICE (SPECIFY)      | 0                           | 0                        | 0                     | 0                          | 0            | 18.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0                           | 0                        | 0                     | 0                          | 0            | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0                           | 0                        | 0                     | 0                          | 0            | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0                           | 0                        | 0                     | 0                          | 0            | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0                           | 0                        | 0                     | 0                          | 0            | 22.00 |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)            | 0                           | 0                        | 0                     | 0                          | 0            | 23.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                             |                          |                       |                            |              |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 105,654                     | 0                        | 108,523               | 20,796                     | 13,473       | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 27,680                      | 0                        | 16,294                | 7,242                      | 2,019        | 31.00 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   | 0                           | 0                        | 0                     | 0                          | 0            | 32.00 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             | 0                           | 0                        | 0                     | 0                          | 0            | 33.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT         | 0                           | 0                        | 0                     | 0                          | 0            | 34.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                    | 0                           | 0                        | 0                     | 0                          | 0            | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                           | 0                        | 0                     | 0                          | 0            | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                           | 0                        | 0                     | 0                          | 0            | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 0                           | 0                        | 0                     | 0                          | 0            | 43.00 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             | 0                           | 0                        | 0                     | 0                          | 0            | 44.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                           | 0                        | 0                     | 0                          | 0            | 45.00 |
| 46.00                                  | 04600 | OTHER LONG TERM CARE                 | 0                           | 0                        | 0                     | 0                          | 0            | 46.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                             |                          |                       |                            |              |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 62,362                      | 0                        | 73,343                | 12,763                     | 9,087        | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 21,628                      | 0                        | 30,764                | 0                          | 3,811        | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0                           | 0                        | 0                     | 0                          | 0            | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 6,298                       | 0                        | 3,149                 | 0                          | 390          | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 23,043                      | 0                        | 18,988                | 1,041                      | 2,353        | 54.00 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 0                           | 0                        | 0                     | 0                          | 0            | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0                           | 0                        | 0                     | 0                          | 0            | 56.00 |
| 57.00                                  | 05700 | CT SCAN                              | 0                           | 0                        | 0                     | 0                          | 0            | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0                           | 0                        | 0                     | 0                          | 0            | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0                           | 0                        | 0                     | 0                          | 0            | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 18,198                      | 0                        | 20,919                | 0                          | 2,592        | 60.00 |
| 60.01                                  | 06001 | BLOOD LABORATORY                     | 0                           | 0                        | 0                     | 0                          | 0            | 60.01 |
| 61.00                                  | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY  | 0                           | 0                        | 0                     | 0                          | 0            | 61.00 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0                           | 0                        | 0                     | 0                          | 0            | 62.00 |
| 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                  | 10,373                      | 0                        | 544                   | 0                          | 67           | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 32,169                      | 0                        | 33,542                | 2,458                      | 4,156        | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 52,756                      | 0                        | 50,021                | 2,471                      | 6,197        | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0                           | 0                        | 0                     | 0                          | 0            | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0                           | 0                        | 0                     | 0                          | 0            | 69.00 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0                           | 0                        | 0                     | 0                          | 0            | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 20,828                      | 0                        | 0                     | 0                          | 0            | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 83,703                      | 0                        | 0                     | 0                          | 0            | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 23,154                      | 0                        | 3,037                 | 24                         | 376          | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0                           | 0                        | 0                     | 0                          | 0            | 74.00 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 0                           | 0                        | 0                     | 0                          | 0            | 75.00 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                             |                          |                       |                            |              |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                           | 0                        | 0                     | 0                          | 0            | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                           | 0                        | 0                     | 0                          | 0            | 89.00 |
| 90.00                                  | 09000 | CLINIC                               | 61,354                      | 0                        | 90,024                | 4,057                      | 11,153       | 90.00 |
| 91.00                                  | 09100 | EMERGENCY                            | 0                           | 0                        | 0                     | 0                          | 0            | 91.00 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                           | 0                        | 0                     | 0                          | 0            | 92.00 |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                             |                          |                       |                            |              |       |
| 94.00                                  | 09400 | HOME PROGRAM DIALYSIS                | 0                           | 0                        | 0                     | 0                          | 0            | 94.00 |
| 95.00                                  | 09500 | AMBULANCE SERVICES                   | 0                           | 0                        | 0                     | 0                          | 0            | 95.00 |
| 96.00                                  | 09600 | DURABLE MEDICAL EQUIP-RENTED         | 0                           | 0                        | 0                     | 0                          | 0            | 96.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description      |       |                                        | ADMINISTRATIVE<br>& GENERAL | MAINTENANCE &<br>REPAIRS | OPERATION OF<br>PLANT | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPING |        |
|------------------------------|-------|----------------------------------------|-----------------------------|--------------------------|-----------------------|----------------------------|--------------|--------|
|                              |       |                                        | 5.00                        | 6.00                     | 7.00                  | 8.00                       | 9.00         |        |
| 97.00                        | 09700 | DURABLE MEDICAL EQUIP-SOLD             | 0                           | 0                        | 0                     | 0                          | 0            | 97.00  |
| 98.00                        | 09850 | OTHER REIMBURSABLE COST CENTERS        | 0                           | 0                        | 0                     | 0                          | 0            | 98.00  |
| 99.00                        | 09900 | CMHC                                   | 0                           | 0                        | 0                     | 0                          | 0            | 99.00  |
| 99.10                        | 09910 | CORF                                   | 0                           | 0                        | 0                     | 0                          | 0            | 99.10  |
| 100.00                       | 10000 | I&R SERVICES-NOT APPRVD PRGM           | 0                           | 0                        | 0                     | 0                          | 0            | 100.00 |
| 101.00                       | 10100 | HOME HEALTH AGENCY                     | 0                           | 0                        | 0                     | 0                          | 0            | 101.00 |
| SPECIAL PURPOSE COST CENTERS |       |                                        |                             |                          |                       |                            |              |        |
| 105.00                       | 10500 | KIDNEY ACQUISITION                     | 0                           | 0                        | 0                     | 0                          | 0            | 105.00 |
| 106.00                       | 10600 | HEART ACQUISITION                      | 0                           | 0                        | 0                     | 0                          | 0            | 106.00 |
| 107.00                       | 10700 | LIVER ACQUISITION                      | 0                           | 0                        | 0                     | 0                          | 0            | 107.00 |
| 108.00                       | 10800 | LUNG ACQUISITION                       | 0                           | 0                        | 0                     | 0                          | 0            | 108.00 |
| 109.00                       | 10900 | PANCREAS ACQUISITION                   | 0                           | 0                        | 0                     | 0                          | 0            | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                 | 0                           | 0                        | 0                     | 0                          | 0            | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                      | 0                           | 0                        | 0                     | 0                          | 0            | 111.00 |
| 113.00                       | 11300 | INTEREST EXPENSE                       |                             |                          |                       |                            |              | 113.00 |
| 114.00                       | 11400 | UTILIZATION REVIEW-SNF                 |                             |                          |                       |                            |              | 114.00 |
| 115.00                       | 11500 | AMBULATORY SURGICAL CENTER (D.P.)      | 0                           | 0                        | 0                     | 0                          | 0            | 115.00 |
| 116.00                       | 11600 | HOSPICE                                | 0                           | 0                        | 0                     | 0                          | 0            | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117) | 764,606                     | 0                        | 574,246               | 57,539                     | 62,840       | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                        |                             |                          |                       |                            |              |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0                           | 0                        | 0                     | 0                          | 0            | 190.00 |
| 191.00                       | 19100 | RESEARCH                               | 37,110                      | 0                        | 12,836                | 0                          | 1,590        | 191.00 |
| 191.01                       | 19101 | RESEARCH                               | 0                           | 0                        | 0                     | 0                          | 0            | 191.01 |
| 192.00                       | 19200 | PHYSICIANS' PRIVATE OFFICES            | 1,977                       | 0                        | 0                     | 0                          | 0            | 192.00 |
| 193.00                       | 19300 | NONPAID WORKERS                        | 0                           | 0                        | 0                     | 0                          | 0            | 193.00 |
| 194.00                       | 07950 | ORTHOTICS & PROSTHETICS                | 736                         | 0                        | 8,167                 | 0                          | 1,012        | 194.00 |
| 194.01                       | 07951 | PATIENT & FAMILY SUPPORT               | 41,971                      | 0                        | 15,879                | 2,484                      | 1,967        | 194.01 |
| 194.02                       | 07952 | DONOR DEVELOPMENT                      | 36,318                      | 0                        | 10,215                | 0                          | 1,266        | 194.02 |
| 194.03                       | 07953 | LEASED SPACE-SPINA BIFIDA              | 134                         | 0                        | 1,684                 | 0                          | 209          | 194.03 |
| 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)      | 882,852                     | 0                        | 623,027               | 60,023                     | 68,884       | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description                |       |                                      | DIETARY | CAFETERIA | MAINTENANCE OF PERSONNEL | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY |       |
|----------------------------------------|-------|--------------------------------------|---------|-----------|--------------------------|------------------------|---------------------------|-------|
|                                        |       |                                      | 10.00   | 11.00     | 12.00                    | 13.00                  | 14.00                     |       |
| GENERAL SERVICE COST CENTERS           |       |                                      |         |           |                          |                        |                           |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT            |         |           |                          |                        |                           | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |         |           |                          |                        |                           | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         |         |           |                          |                        |                           | 4.00  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL             |         |           |                          |                        |                           | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                |         |           |                          |                        |                           | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                   |         |           |                          |                        |                           | 7.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              |         |           |                          |                        |                           | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         |         |           |                          |                        |                           | 9.00  |
| 10.00                                  | 01000 | DIETARY                              | 110,495 |           |                          |                        |                           | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            | 91,219  | 195,957   |                          |                        |                           | 11.00 |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL             | 0       | 0         | 0                        |                        |                           | 12.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               | 0       | 10,094    | 0                        | 93,454                 |                           | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            | 0       | 4,717     | 0                        | 0                      | 74,425                    | 14.00 |
| 15.00                                  | 01500 | PHARMACY                             | 0       | 0         | 0                        | 0                      | 0                         | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 0       | 4,317     | 0                        | 0                      | 0                         | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                       | 0       | 9,272     | 0                        | 0                      | 0                         | 17.00 |
| 18.00                                  | 01850 | OTHER GENERAL SERVICE (SPECIFY)      | 0       | 0         | 0                        | 0                      | 0                         | 18.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0       | 0         | 0                        | 0                      | 0                         | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0       | 0         | 0                        | 0                      | 0                         | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0       | 0         | 0                        | 0                      | 0                         | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0       | 0         | 0                        | 0                      | 0                         | 22.00 |
| 23.00                                  | 02300 | PARAMED ED PRGM- (SPECIFY)           | 0       | 0         | 0                        | 0                      | 0                         | 23.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |         |           |                          |                        |                           |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 14,275  | 36,304    | 0                        | 35,729                 | 0                         | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 2,203   | 7,898     | 0                        | 7,772                  | 0                         | 31.00 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   | 0       | 0         | 0                        | 0                      | 0                         | 32.00 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             | 0       | 0         | 0                        | 0                      | 0                         | 33.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT         | 0       | 0         | 0                        | 0                      | 0                         | 34.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                    | 0       | 0         | 0                        | 0                      | 0                         | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0       | 0         | 0                        | 0                      | 0                         | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0       | 0         | 0                        | 0                      | 0                         | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 0       | 0         | 0                        | 0                      | 0                         | 43.00 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             | 0       | 0         | 0                        | 0                      | 0                         | 44.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0       | 0         | 0                        | 0                      | 0                         | 45.00 |
| 46.00                                  | 04600 | OTHER LONG TERM CARE                 | 0       | 0         | 0                        | 0                      | 0                         | 46.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |         |           |                          |                        |                           |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 0       | 22,860    | 0                        | 22,496                 | 0                         | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 0       | 6,459     | 0                        | 6,356                  | 0                         | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0       | 0         | 0                        | 0                      | 0                         | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 0       | 1,872     | 0                        | 1,842                  | 0                         | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 0       | 6,599     | 0                        | 0                      | 0                         | 54.00 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 0       | 0         | 0                        | 0                      | 0                         | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0       | 0         | 0                        | 0                      | 0                         | 56.00 |
| 57.00                                  | 05700 | CT SCAN                              | 0       | 0         | 0                        | 0                      | 0                         | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0       | 0         | 0                        | 0                      | 0                         | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0       | 0         | 0                        | 0                      | 0                         | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 0       | 3,581     | 0                        | 0                      | 0                         | 60.00 |
| 60.01                                  | 06001 | BLOOD LABORATORY                     | 0       | 0         | 0                        | 0                      | 0                         | 60.01 |
| 61.00                                  | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY  | 0       | 0         | 0                        | 0                      | 0                         | 61.00 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0       | 0         | 0                        | 0                      | 0                         | 62.00 |
| 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       | 3,841     | 0                        | 0                      | 0                         | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 0       | 11,078    | 0                        | 0                      | 0                         | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0       | 18,056    | 0                        | 0                      | 0                         | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0       | 0         | 0                        | 0                      | 0                         | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0       | 0         | 0                        | 0                      | 0                         | 69.00 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0       | 0         | 0                        | 0                      | 0                         | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0       | 0         | 0                        | 0                      | 14,885                    | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 0       | 0         | 0                        | 0                      | 59,540                    | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0       | 3,527     | 0                        | 0                      | 0                         | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0       | 0         | 0                        | 0                      | 0                         | 74.00 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 0       | 0         | 0                        | 0                      | 0                         | 75.00 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |         |           |                          |                        |                           |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0       | 0         | 0                        | 0                      | 0                         | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0       | 0         | 0                        | 0                      | 0                         | 89.00 |
| 90.00                                  | 09000 | CLINIC                               | 0       | 19,571    | 0                        | 19,259                 | 0                         | 90.00 |
| 91.00                                  | 09100 | EMERGENCY                            | 0       | 0         | 0                        | 0                      | 0                         | 91.00 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0       | 0         | 0                        | 0                      | 0                         | 92.00 |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |         |           |                          |                        |                           |       |
| 94.00                                  | 09400 | HOME PROGRAM DIALYSIS                | 0       | 0         | 0                        | 0                      | 0                         | 94.00 |
| 95.00                                  | 09500 | AMBULANCE SERVICES                   | 0       | 0         | 0                        | 0                      | 0                         | 95.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description      |       |                                        | DIETARY | CAFETERIA | MAINTENANCE OF PERSONNEL | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY |        |
|------------------------------|-------|----------------------------------------|---------|-----------|--------------------------|------------------------|---------------------------|--------|
|                              |       |                                        | 10.00   | 11.00     | 12.00                    | 13.00                  | 14.00                     |        |
| 96.00                        | 09600 | DURABLE MEDICAL EQUIP-RENTED           | 0       | 0         | 0                        | 0                      | 0                         | 96.00  |
| 97.00                        | 09700 | DURABLE MEDICAL EQUIP-SOLD             | 0       | 0         | 0                        | 0                      | 0                         | 97.00  |
| 98.00                        | 09850 | OTHER REIMBURSABLE COST CENTERS        | 0       | 0         | 0                        | 0                      | 0                         | 98.00  |
| 99.00                        | 09900 | CMHC                                   | 0       | 0         | 0                        | 0                      | 0                         | 99.00  |
| 99.10                        | 09910 | CORF                                   | 0       | 0         | 0                        | 0                      | 0                         | 99.10  |
| 100.00                       | 10000 | I&R SERVICES-NOT APPRVD PRGM           | 0       | 0         | 0                        | 0                      | 0                         | 100.00 |
| 101.00                       | 10100 | HOME HEALTH AGENCY                     | 0       | 0         | 0                        | 0                      | 0                         | 101.00 |
| SPECIAL PURPOSE COST CENTERS |       |                                        |         |           |                          |                        |                           |        |
| 105.00                       | 10500 | KIDNEY ACQUISITION                     | 0       | 0         | 0                        | 0                      | 0                         | 105.00 |
| 106.00                       | 10600 | HEART ACQUISITION                      | 0       | 0         | 0                        | 0                      | 0                         | 106.00 |
| 107.00                       | 10700 | LIVER ACQUISITION                      | 0       | 0         | 0                        | 0                      | 0                         | 107.00 |
| 108.00                       | 10800 | LUNG ACQUISITION                       | 0       | 0         | 0                        | 0                      | 0                         | 108.00 |
| 109.00                       | 10900 | PANCREAS ACQUISITION                   | 0       | 0         | 0                        | 0                      | 0                         | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                 | 0       | 0         | 0                        | 0                      | 0                         | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                      | 0       | 0         | 0                        | 0                      | 0                         | 111.00 |
| 113.00                       | 11300 | INTEREST EXPENSE                       |         |           |                          |                        |                           | 113.00 |
| 114.00                       | 11400 | UTILIZATION REVIEW-SNF                 |         |           |                          |                        |                           | 114.00 |
| 115.00                       | 11500 | AMBULATORY SURGICAL CENTER (D.P.)      | 0       | 0         | 0                        | 0                      | 0                         | 115.00 |
| 116.00                       | 11600 | HOSPICE                                | 0       | 0         | 0                        | 0                      | 0                         | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117) | 107,697 | 170,046   | 0                        | 93,454                 | 74,425                    | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                        |         |           |                          |                        |                           |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0       | 0         | 0                        | 0                      | 0                         | 190.00 |
| 191.00                       | 19100 | RESEARCH                               | 0       | 4,771     | 0                        | 0                      | 0                         | 191.00 |
| 191.01                       | 19101 | RESEARCH                               | 0       | 0         | 0                        | 0                      | 0                         | 191.01 |
| 192.00                       | 19200 | PHYSICIANS' PRIVATE OFFICES            | 0       | 0         | 0                        | 0                      | 0                         | 192.00 |
| 193.00                       | 19300 | NONPAID WORKERS                        | 2,798   | 0         | 0                        | 0                      | 0                         | 193.00 |
| 194.00                       | 07950 | ORTHOTICS & PROSTHETICS                | 0       | 7,432     | 0                        | 0                      | 0                         | 194.00 |
| 194.01                       | 07951 | PATIENT & FAMILY SUPPORT               | 0       | 3,960     | 0                        | 0                      | 0                         | 194.01 |
| 194.02                       | 07952 | DONOR DEVELOPMENT                      | 0       | 9,748     | 0                        | 0                      | 0                         | 194.02 |
| 194.03                       | 07953 | LEASED SPACE-SPINA BIFIDA              | 0       | 0         | 0                        | 0                      | 0                         | 194.03 |
| 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)      | 110,495 | 195,957   | 0                        | 93,454                 | 74,425                    | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description                |       |                                      | PHARMACY | MEDICAL<br>RECORDS &<br>LIBRARY | SOCIAL SERVICE | OTHER GENERAL<br>SERVICE<br>(SPECIFY) | NONPHYSICIAN<br>ANESTHETISTS |       |
|----------------------------------------|-------|--------------------------------------|----------|---------------------------------|----------------|---------------------------------------|------------------------------|-------|
|                                        |       |                                      | 15.00    | 16.00                           | 17.00          | 18.00                                 | 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  |
| 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                             | 0        |                                 |                |                                       |                              | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 0        | 87,464                          |                |                                       |                              | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                       | 0        | 0                               | 70,447         |                                       |                              | 17.00 |
| 18.00                                  | 01850 | OTHER GENERAL SERVICE (SPECIFY)      | 0        | 0                               | 0              | 0                                     |                              | 18.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0        | 0                               | 0              | 0                                     | 0                            | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0        | 0                               | 0              | 0                                     | 0                            | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0        | 0                               | 0              | 0                                     | 0                            | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0        | 0                               | 0              | 0                                     | 0                            | 22.00 |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)            | 0        | 0                               | 0              | 0                                     | 0                            | 23.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |          |                                 |                |                                       |                              |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 0        | 7,536                           | 59,400         | 0                                     |                              | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 0        | 4,179                           | 11,047         | 0                                     |                              | 31.00 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   | 0        | 0                               | 0              | 0                                     |                              | 32.00 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             | 0        | 0                               | 0              | 0                                     |                              | 33.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT         | 0        | 0                               | 0              | 0                                     |                              | 34.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                    | 0        | 0                               | 0              | 0                                     |                              | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0        | 0                               | 0              | 0                                     |                              | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0        | 0                               | 0              | 0                                     |                              | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 0        | 0                               | 0              | 0                                     |                              | 43.00 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             | 0        | 0                               | 0              | 0                                     |                              | 44.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0        | 0                               | 0              | 0                                     |                              | 45.00 |
| 46.00                                  | 04600 | OTHER LONG TERM CARE                 | 0        | 0                               | 0              | 0                                     |                              | 46.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |          |                                 |                |                                       |                              |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 0        | 26,753                          | 0              | 0                                     |                              | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 0        | 1,955                           | 0              | 0                                     |                              | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0        | 0                               | 0              | 0                                     |                              | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 0        | 8,915                           | 0              | 0                                     |                              | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 0        | 3,906                           | 0              | 0                                     |                              | 54.00 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 0        | 0                               | 0              | 0                                     |                              | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0        | 0                               | 0              | 0                                     |                              | 56.00 |
| 57.00                                  | 05700 | CT SCAN                              | 0        | 0                               | 0              | 0                                     |                              | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0        | 0                               | 0              | 0                                     |                              | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0        | 0                               | 0              | 0                                     |                              | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 0        | 1,677                           | 0              | 0                                     |                              | 60.00 |
| 60.01                                  | 06001 | BLOOD LABORATORY                     | 0        | 0                               | 0              | 0                                     |                              | 60.01 |
| 61.00                                  | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY  | 0        | 0                               | 0              | 0                                     |                              | 61.00 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0        | 0                               | 0              | 0                                     |                              | 62.00 |
| 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        | 215                             | 0              | 0                                     |                              | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 0        | 4,590                           | 0              | 0                                     |                              | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0        | 4,166                           | 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 CHARGED TO PATIENTS | 0        | 2,811                           | 0              | 0                                     |                              | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 0        | 9,855                           | 0              | 0                                     |                              | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0        | 6,475                           | 0              | 0                                     |                              | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0        | 0                               | 0              | 0                                     |                              | 74.00 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 0        | 0                               | 0              | 0                                     |                              | 75.00 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |          |                                 |                |                                       |                              |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0        | 0                               | 0              | 0                                     |                              | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0        | 0                               | 0              | 0                                     |                              | 89.00 |
| 90.00                                  | 09000 | CLINIC                               | 0        | 4,431                           | 0              | 0                                     |                              | 90.00 |
| 91.00                                  | 09100 | EMERGENCY                            | 0        | 0                               | 0              | 0                                     |                              | 91.00 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) |          |                                 |                |                                       |                              | 92.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description         |       |                                        | PHARMACY | MEDICAL<br>RECORDS &<br>LIBRARY | SOCIAL SERVICE | OTHER GENERAL<br>SERVICE<br>(SPECIFY) | NONPHYSICIAN<br>ANESTHETISTS |          |
|---------------------------------|-------|----------------------------------------|----------|---------------------------------|----------------|---------------------------------------|------------------------------|----------|
|                                 |       |                                        | 15.00    | 16.00                           | 17.00          | 18.00                                 | 19.00                        |          |
| OTHER REIMBURSABLE COST CENTERS |       |                                        |          |                                 |                |                                       |                              |          |
| 94.00                           | 09400 | HOME PROGRAM DIALYSIS                  | 0        | 0                               | 0              | 0                                     |                              | 94.00    |
| 95.00                           | 09500 | AMBULANCE SERVICES                     | 0        | 0                               | 0              | 0                                     |                              | 95.00    |
| 96.00                           | 09600 | DURABLE MEDICAL EQUIP-RENTED           | 0        | 0                               | 0              | 0                                     |                              | 96.00    |
| 97.00                           | 09700 | DURABLE MEDICAL EQUIP-SOLD             | 0        | 0                               | 0              | 0                                     |                              | 97.00    |
| 98.00                           | 09850 | OTHER REIMBURSABLE COST CENTERS        | 0        | 0                               | 0              | 0                                     |                              | 98.00    |
| 99.00                           | 09900 | CMHC                                   | 0        | 0                               | 0              | 0                                     |                              | 99.00    |
| 99.10                           | 09910 | CORF                                   | 0        | 0                               | 0              | 0                                     |                              | 99.10    |
| 100.00                          | 10000 | I&R SERVICES-NOT APPRVD PRGM           | 0        | 0                               | 0              | 0                                     |                              | 100.00   |
| 101.00                          | 10100 | HOME HEALTH AGENCY                     | 0        | 0                               | 0              | 0                                     |                              | 101.00   |
| SPECIAL PURPOSE COST CENTERS    |       |                                        |          |                                 |                |                                       |                              |          |
| 105.00                          | 10500 | KIDNEY ACQUISITION                     | 0        | 0                               | 0              | 0                                     |                              | 105.00   |
| 106.00                          | 10600 | HEART ACQUISITION                      | 0        | 0                               | 0              | 0                                     |                              | 106.00   |
| 107.00                          | 10700 | LIVER ACQUISITION                      | 0        | 0                               | 0              | 0                                     |                              | 107.00   |
| 108.00                          | 10800 | LUNG ACQUISITION                       | 0        | 0                               | 0              | 0                                     |                              | 108.00   |
| 109.00                          | 10900 | PANCREAS ACQUISITION                   | 0        | 0                               | 0              | 0                                     |                              | 109.00   |
| 110.00                          | 11000 | INTESTINAL ACQUISITION                 | 0        | 0                               | 0              | 0                                     |                              | 110.00   |
| 111.00                          | 11100 | ISLET ACQUISITION                      | 0        | 0                               | 0              | 0                                     |                              | 111.00   |
| 113.00                          | 11300 | INTEREST EXPENSE                       |          |                                 |                |                                       |                              | 113.00   |
| 114.00                          | 11400 | UTILIZATION REVIEW-SNF                 |          |                                 |                |                                       |                              | 114.00   |
| 115.00                          | 11500 | AMBULATORY SURGICAL CENTER (D.P.)      | 0        | 0                               | 0              | 0                                     |                              | 115.00   |
| 116.00                          | 11600 | HOSPICE                                | 0        | 0                               | 0              | 0                                     |                              | 116.00   |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117) | 0        | 87,464                          | 70,447         | 0                                     | 0                            | 118.00   |
| NONREIMBURSABLE COST CENTERS    |       |                                        |          |                                 |                |                                       |                              |          |
| 190.00                          | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0        | 0                               | 0              | 0                                     |                              | 190.00   |
| 191.00                          | 19100 | RESEARCH                               | 0        | 0                               | 0              | 0                                     |                              | 191.00   |
| 191.01                          | 19101 | RESEARCH                               | 0        | 0                               | 0              | 0                                     |                              | 191.01   |
| 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 | ORTHOTICS & PROSTHETICS                | 0        | 0                               | 0              | 0                                     |                              | 194.00   |
| 194.01                          | 07951 | PATIENT & FAMILY SUPPORT               | 0        | 0                               | 0              | 0                                     |                              | 194.01   |
| 194.02                          | 07952 | DONOR DEVELOPMENT                      | 0        | 0                               | 0              | 0                                     |                              | 194.02   |
| 194.03                          | 07953 | LEASED SPACE-SPINA BIFIDA              | 0        | 0                               | 0              | 0                                     |                              | 194.03   |
| 200.00                          |       | Cross Foot Adjustments                 |          |                                 |                |                                       |                              | 0 200.00 |
| 201.00                          |       | Negative Cost Centers                  | 0        | 0                               | 0              | 0                                     |                              | 0 201.00 |
| 202.00                          |       | TOTAL (sum lines 118 through 201)      | 0        | 87,464                          | 70,447         | 0                                     | 0                            | 0 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description                |       | INTERNS & RESIDENTS                  |                | PARAMED ED<br>PRGM | Subtotal |       |
|----------------------------------------|-------|--------------------------------------|----------------|--------------------|----------|-------|
|                                        |       | NURSING SCHOOL                       | SERVICES-SALAR | SERVICES-OTHER     |          |       |
|                                        |       |                                      | Y & FRINGES    | PRGM COSTS         |          |       |
|                                        |       | 20.00                                | 21.00          | 22.00              | 23.00    | 24.00 |
| GENERAL SERVICE COST CENTERS           |       |                                      |                |                    |          |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT            |                |                    |          | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |                |                    |          | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         |                |                    |          | 4.00  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL             |                |                    |          | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                |                |                    |          | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                   |                |                    |          | 7.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              |                |                    |          | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         |                |                    |          | 9.00  |
| 10.00                                  | 01000 | DIETARY                              |                |                    |          | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            |                |                    |          | 11.00 |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL             |                |                    |          | 12.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               |                |                    |          | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            |                |                    |          | 14.00 |
| 15.00                                  | 01500 | PHARMACY                             |                |                    |          | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            |                |                    |          | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                       |                |                    |          | 17.00 |
| 18.00                                  | 01850 | OTHER GENERAL SERVICE (SPECIFY)      |                |                    |          | 18.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            |                |                    |          | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0              |                    |          | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD |                | 0                  |          | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD |                |                    | 0        | 22.00 |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)            |                |                    | 0        | 23.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                |                    |          |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  |                |                    | 722,131  | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  |                |                    | 134,700  | 31.00 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   |                |                    | 0        | 32.00 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             |                |                    | 0        | 33.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT         |                |                    | 0        | 34.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                    |                |                    | 0        | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    |                |                    | 0        | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          |                |                    | 0        | 42.00 |
| 43.00                                  | 04300 | NURSERY                              |                |                    | 0        | 43.00 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             |                |                    | 0        | 44.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     |                |                    | 0        | 45.00 |
| 46.00                                  | 04600 | OTHER LONG TERM CARE                 |                |                    | 0        | 46.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                |                    |          |       |
| 50.00                                  | 05000 | OPERATING ROOM                       |                |                    | 451,936  | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        |                |                    | 161,052  | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           |                |                    | 0        | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       |                |                    | 31,714   | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 |                |                    | 111,728  | 54.00 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                |                |                    | 0        | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         |                |                    | 0        | 56.00 |
| 57.00                                  | 05700 | CT SCAN                              |                |                    | 0        | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     |                |                    | 0        | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              |                |                    | 0        | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           |                |                    | 108,075  | 60.00 |
| 60.01                                  | 06001 | BLOOD LABORATORY                     |                |                    | 0        | 60.01 |
| 61.00                                  | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY  |                |                    | 0        | 61.00 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS |                |                    | 0        | 62.00 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   |                |                    | 0        | 63.00 |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                  |                |                    | 0        | 64.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  |                |                    | 17,044   | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     |                |                    | 186,539  | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 |                |                    | 280,760  | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     |                |                    | 0        | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    |                |                    | 0        | 69.00 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               |                |                    | 0        | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS |                |                    | 38,524   | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       |                |                    | 153,098  | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            |                |                    | 45,888   | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       |                |                    | 0        | 74.00 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              |                |                    | 0        | 75.00 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                |                    |          |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  |                |                    | 0        | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    |                |                    | 0        | 89.00 |
| 90.00                                  | 09000 | CLINIC                               |                |                    | 473,178  | 90.00 |
| 91.00                                  | 09100 | EMERGENCY                            |                |                    | 0        | 91.00 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) |                |                    | 0        | 92.00 |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                |                    |          |       |
| 94.00                                  | 09400 | HOME PROGRAM DIALYSIS                |                |                    | 0        | 94.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description      |       |                                        | INTERNS & RESIDENTS |                |                | PARAMED ED<br>PRGM | Subtotal  |        |
|------------------------------|-------|----------------------------------------|---------------------|----------------|----------------|--------------------|-----------|--------|
|                              |       |                                        | NURSING SCHOOL      | SERVICES-SALAR | SERVICES-OTHER |                    |           |        |
|                              |       |                                        |                     | Y & FRINGES    | PRGM COSTS     |                    |           |        |
|                              |       |                                        | 20.00               | 21.00          | 22.00          | 23.00              | 24.00     |        |
| 95.00                        | 09500 | AMBULANCE SERVICES                     |                     |                |                |                    | 0         | 95.00  |
| 96.00                        | 09600 | DURABLE MEDICAL EQUIP-RENTED           |                     |                |                |                    | 0         | 96.00  |
| 97.00                        | 09700 | DURABLE MEDICAL EQUIP-SOLD             |                     |                |                |                    | 0         | 97.00  |
| 98.00                        | 09850 | OTHER REIMBURSABLE COST CENTERS        |                     |                |                |                    | 0         | 98.00  |
| 99.00                        | 09900 | CMHC                                   |                     |                |                |                    | 0         | 99.00  |
| 99.10                        | 09910 | CORF                                   |                     |                |                |                    | 0         | 99.10  |
| 100.00                       | 10000 | I&R SERVICES-NOT APPRVD PRGM           |                     |                |                |                    | 0         | 100.00 |
| 101.00                       | 10100 | HOME HEALTH AGENCY                     |                     |                |                |                    | 0         | 101.00 |
| SPECIAL PURPOSE COST CENTERS |       |                                        |                     |                |                |                    |           |        |
| 105.00                       | 10500 | KIDNEY ACQUISITION                     |                     |                |                |                    | 0         | 105.00 |
| 106.00                       | 10600 | HEART ACQUISITION                      |                     |                |                |                    | 0         | 106.00 |
| 107.00                       | 10700 | LIVER ACQUISITION                      |                     |                |                |                    | 0         | 107.00 |
| 108.00                       | 10800 | LUNG ACQUISITION                       |                     |                |                |                    | 0         | 108.00 |
| 109.00                       | 10900 | PANCREAS ACQUISITION                   |                     |                |                |                    | 0         | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                 |                     |                |                |                    | 0         | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                      |                     |                |                |                    | 0         | 111.00 |
| 113.00                       | 11300 | INTEREST EXPENSE                       |                     |                |                |                    |           | 113.00 |
| 114.00                       | 11400 | UTILIZATION REVIEW-SNF                 |                     |                |                |                    |           | 114.00 |
| 115.00                       | 11500 | AMBULATORY SURGICAL CENTER (D.P.)      |                     |                |                |                    | 0         | 115.00 |
| 116.00                       | 11600 | HOSPICE                                |                     |                |                |                    | 0         | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117) | 0                   | 0              | 0              | 0                  | 2,916,367 | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                        |                     |                |                |                    |           |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    |                     |                |                |                    | 0         | 190.00 |
| 191.00                       | 19100 | RESEARCH                               |                     |                |                |                    | 94,624    | 191.00 |
| 191.01                       | 19101 | RESEARCH                               |                     |                |                |                    | 0         | 191.01 |
| 192.00                       | 19200 | PHYSICIANS' PRIVATE OFFICES            |                     |                |                |                    | 2,062     | 192.00 |
| 193.00                       | 19300 | NONPAID WORKERS                        |                     |                |                |                    | 2,798     | 193.00 |
| 194.00                       | 07950 | ORTHOTICS & PROSTHETICS                |                     |                |                |                    | 41,039    | 194.00 |
| 194.01                       | 07951 | PATIENT & FAMILY SUPPORT               |                     |                |                |                    | 112,338   | 194.01 |
| 194.02                       | 07952 | DONOR DEVELOPMENT                      |                     |                |                |                    | 88,319    | 194.02 |
| 194.03                       | 07953 | LEASED SPACE-SPINA BIFIDA              |                     |                |                |                    | 6,912     | 194.03 |
| 200.00                       |       | Cross Foot Adjustments                 | 0                   | 0              | 0              | 0                  | 0         | 200.00 |
| 201.00                       |       | Negative Cost Centers                  | 0                   | 0              | 0              | 0                  | 0         | 201.00 |
| 202.00                       |       | TOTAL (sum lines 118 through 201)      | 0                   | 0              | 0              | 0                  | 3,264,459 | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description                |       |                                      | Intern &<br>Residents Cost<br>& Post<br>Stepdown<br>Adjustments | Total   |       |
|----------------------------------------|-------|--------------------------------------|-----------------------------------------------------------------|---------|-------|
|                                        |       |                                      | 25.00                                                           | 26.00   |       |
| GENERAL SERVICE COST CENTERS           |       |                                      |                                                                 |         |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT            |                                                                 |         | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |                                                                 |         | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         |                                                                 |         | 4.00  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL             |                                                                 |         | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                |                                                                 |         | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                   |                                                                 |         | 7.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              |                                                                 |         | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         |                                                                 |         | 9.00  |
| 10.00                                  | 01000 | DIETARY                              |                                                                 |         | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            |                                                                 |         | 11.00 |
| 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 |
| 18.00                                  | 01850 | OTHER GENERAL SERVICE (SPECIFY)      |                                                                 |         | 18.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            |                                                                 |         | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       |                                                                 |         | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD |                                                                 |         | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD |                                                                 |         | 22.00 |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)            |                                                                 |         | 23.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                                                                 |         |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 0                                                               | 722,131 | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 0                                                               | 134,700 | 31.00 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   | 0                                                               | 0       | 32.00 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             | 0                                                               | 0       | 33.00 |
| 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 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                                                               | 0       | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 0                                                               | 0       | 43.00 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             | 0                                                               | 0       | 44.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                                                               | 0       | 45.00 |
| 46.00                                  | 04600 | OTHER LONG TERM CARE                 | 0                                                               | 0       | 46.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                                                                 |         |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 0                                                               | 451,936 | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 0                                                               | 161,052 | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0                                                               | 0       | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 0                                                               | 31,714  | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 0                                                               | 111,728 | 54.00 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 0                                                               | 0       | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0                                                               | 0       | 56.00 |
| 57.00                                  | 05700 | CT SCAN                              | 0                                                               | 0       | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0                                                               | 0       | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0                                                               | 0       | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 0                                                               | 108,075 | 60.00 |
| 60.01                                  | 06001 | BLOOD LABORATORY                     | 0                                                               | 0       | 60.01 |
| 61.00                                  | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY  | 0                                                               | 0       | 61.00 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0                                                               | 0       | 62.00 |
| 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                                                               | 17,044  | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 0                                                               | 186,539 | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0                                                               | 280,760 | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0                                                               | 0       | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0                                                               | 0       | 69.00 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0                                                               | 0       | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0                                                               | 38,524  | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 0                                                               | 153,098 | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0                                                               | 45,888  | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0                                                               | 0       | 74.00 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 0                                                               | 0       | 75.00 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                                                                 |         |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                                                               | 0       | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                                               | 0       | 89.00 |
| 90.00                                  | 09000 | CLINIC                               | 0                                                               | 473,178 | 90.00 |
| 91.00                                  | 09100 | EMERGENCY                            | 0                                                               | 0       | 91.00 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                                                               | 0       | 92.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description         |       |                                        | Intern &<br>Residents Cost<br>& Post<br>Stepdown<br>Adjustments | Total     |        |
|---------------------------------|-------|----------------------------------------|-----------------------------------------------------------------|-----------|--------|
|                                 |       |                                        | 25.00                                                           | 26.00     |        |
| OTHER REIMBURSABLE COST CENTERS |       |                                        |                                                                 |           |        |
| 94.00                           | 09400 | HOME PROGRAM DIALYSIS                  | 0                                                               | 0         | 94.00  |
| 95.00                           | 09500 | AMBULANCE SERVICES                     | 0                                                               | 0         | 95.00  |
| 96.00                           | 09600 | DURABLE MEDICAL EQUIP-RENTED           | 0                                                               | 0         | 96.00  |
| 97.00                           | 09700 | DURABLE MEDICAL EQUIP-SOLD             | 0                                                               | 0         | 97.00  |
| 98.00                           | 09850 | OTHER REIMBURSABLE COST CENTERS        | 0                                                               | 0         | 98.00  |
| 99.00                           | 09900 | CMHC                                   | 0                                                               | 0         | 99.00  |
| 99.10                           | 09910 | CORF                                   | 0                                                               | 0         | 99.10  |
| 100.00                          | 10000 | I&R SERVICES-NOT APPRVD PRGM           | 0                                                               | 0         | 100.00 |
| 101.00                          | 10100 | HOME HEALTH AGENCY                     | 0                                                               | 0         | 101.00 |
| SPECIAL PURPOSE COST CENTERS    |       |                                        |                                                                 |           |        |
| 105.00                          | 10500 | KIDNEY ACQUISITION                     | 0                                                               | 0         | 105.00 |
| 106.00                          | 10600 | HEART ACQUISITION                      | 0                                                               | 0         | 106.00 |
| 107.00                          | 10700 | LIVER ACQUISITION                      | 0                                                               | 0         | 107.00 |
| 108.00                          | 10800 | LUNG ACQUISITION                       | 0                                                               | 0         | 108.00 |
| 109.00                          | 10900 | PANCREAS ACQUISITION                   | 0                                                               | 0         | 109.00 |
| 110.00                          | 11000 | INTESTINAL ACQUISITION                 | 0                                                               | 0         | 110.00 |
| 111.00                          | 11100 | ISLET ACQUISITION                      | 0                                                               | 0         | 111.00 |
| 113.00                          | 11300 | INTEREST EXPENSE                       |                                                                 |           | 113.00 |
| 114.00                          | 11400 | UTILIZATION REVIEW-SNF                 |                                                                 |           | 114.00 |
| 115.00                          | 11500 | AMBULATORY SURGICAL CENTER (D.P.)      | 0                                                               | 0         | 115.00 |
| 116.00                          | 11600 | HOSPICE                                | 0                                                               | 0         | 116.00 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117) | 0                                                               | 2,916,367 | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                        |                                                                 |           |        |
| 190.00                          | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0                                                               | 0         | 190.00 |
| 191.00                          | 19100 | RESEARCH                               | 0                                                               | 94,624    | 191.00 |
| 191.01                          | 19101 | RESEARCH                               | 0                                                               | 0         | 191.01 |
| 192.00                          | 19200 | PHYSICIANS' PRIVATE OFFICES            | 0                                                               | 2,062     | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                        | 0                                                               | 2,798     | 193.00 |
| 194.00                          | 07950 | ORTHOTICS & PROSTHETICS                | 0                                                               | 41,039    | 194.00 |
| 194.01                          | 07951 | PATIENT & FAMILY SUPPORT               | 0                                                               | 112,338   | 194.01 |
| 194.02                          | 07952 | DONOR DEVELOPMENT                      | 0                                                               | 88,319    | 194.02 |
| 194.03                          | 07953 | LEASED SPACE-SPINA BIFIDA              | 0                                                               | 6,912     | 194.03 |
| 200.00                          |       | Cross Foot Adjustments                 | 0                                                               | 0         | 200.00 |
| 201.00                          |       | Negative Cost Centers                  | 0                                                               | 0         | 201.00 |
| 202.00                          |       | TOTAL (sum lines 118 through 201)      | 0                                                               | 3,264,459 | 202.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3302

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

Worksheet B-1

Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description                |       |                                      | CAPITAL RELATED COSTS        |                              | EMPLOYEE<br>BENEFITS<br>DEPARTMENT<br>(GROSS<br>SALARIES) | Reconciliation | ADMINISTRATIVE<br>& GENERAL<br>(ACCUM. COST) |       |
|----------------------------------------|-------|--------------------------------------|------------------------------|------------------------------|-----------------------------------------------------------|----------------|----------------------------------------------|-------|
|                                        |       |                                      | BLDG & FIXT<br>(SQUARE FEET) | MVBLE EQUIP<br>(SQUARE FEET) |                                                           |                |                                              |       |
|                                        |       |                                      | 1.00                         | 2.00                         | 4.00                                                      | 5A             | 5.00                                         |       |
| GENERAL SERVICE COST CENTERS           |       |                                      |                              |                              |                                                           |                |                                              |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT            | 200,480                      |                              |                                                           |                |                                              | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |                              | 200,480                      |                                                           |                |                                              | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         | 2,261                        | 2,261                        | 23,923,510                                                |                |                                              | 4.00  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL             | 53,925                       | 53,925                       | 3,104,868                                                 | -11,988,748    | 32,182,426                                   | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                | 0                            | 0                            | 0                                                         | 0              | 0                                            | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                   | 33,293                       | 33,293                       | 26,492                                                    | 0              | 2,947,872                                    | 7.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              | 2,497                        | 2,497                        | 77,760                                                    | 0              | 190,612                                      | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         | 1,882                        | 1,882                        | 561,704                                                   | 0              | 855,240                                      | 9.00  |
| 10.00                                  | 01000 | DIETARY                              | 3,840                        | 3,840                        | 555,085                                                   | 0              | 809,257                                      | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            | 4,661                        | 4,661                        | 0                                                         | 0              | 75,896                                       | 11.00 |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL             | 0                            | 0                            | 0                                                         | 0              | 0                                            | 12.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               | 2,092                        | 2,092                        | 1,042,176                                                 | 0              | 1,257,386                                    | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            | 2,545                        | 2,545                        | 237,962                                                   | 0              | 431,857                                      | 14.00 |
| 15.00                                  | 01500 | PHARMACY                             | 0                            | 0                            | 0                                                         | 0              | 0                                            | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 3,312                        | 3,312                        | 178,489                                                   | 0              | 293,397                                      | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                       | 1,459                        | 1,459                        | 675,820                                                   | 0              | 990,561                                      | 17.00 |
| 18.00                                  | 01850 | OTHER GENERAL SERVICE (SPECIFY)      | 0                            | 0                            | 0                                                         | 0              | 0                                            | 18.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0                            | 0                            | 0                                                         | 0              | 0                                            | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0                            | 0                            | 0                                                         | 0              | 0                                            | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0                            | 0                            | 0                                                         | 0              | 0                                            | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0                            | 0                            | 0                                                         | 0              | 0                                            | 22.00 |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)            | 0                            | 0                            | 0                                                         | 0              | 0                                            | 23.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                              |                              |                                                           |                |                                              |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 19,335                       | 19,335                       | 3,642,110                                                 | 0              | 3,851,717                                    | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 2,903                        | 2,903                        | 712,451                                                   | 0              | 1,009,007                                    | 31.00 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   | 0                            | 0                            | 0                                                         | 0              | 0                                            | 32.00 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             | 0                            | 0                            | 0                                                         | 0              | 0                                            | 33.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT         | 0                            | 0                            | 0                                                         | 0              | 0                                            | 34.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                    | 0                            | 0                            | 0                                                         | 0              | 0                                            | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                            | 0                            | 0                                                         | 0              | 0                                            | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                            | 0                            | 0                                                         | 0              | 0                                            | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 0                            | 0                            | 0                                                         | 0              | 0                                            | 43.00 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             | 0                            | 0                            | 0                                                         | 0              | 0                                            | 44.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                            | 0                            | 0                                                         | 0              | 0                                            | 45.00 |
| 46.00                                  | 04600 | OTHER LONG TERM CARE                 | 0                            | 0                            | 0                                                         | 0              | 0                                            | 46.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                              |                              |                                                           |                |                                              |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 13,067                       | 13,067                       | 6,174,435                                                 | 0              | 2,273,235                                    | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 5,481                        | 5,481                        | 539,270                                                   | 0              | 788,385                                      | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0                            | 0                            | 0                                                         | 0              | 0                                            | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 561                          | 561                          | 73,593                                                    | 0              | 229,576                                      | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 3,383                        | 3,383                        | 462,702                                                   | 0              | 839,970                                      | 54.00 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 0                            | 0                            | 0                                                         | 0              | 0                                            | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0                            | 0                            | 0                                                         | 0              | 0                                            | 56.00 |
| 57.00                                  | 05700 | CT SCAN                              | 0                            | 0                            | 0                                                         | 0              | 0                                            | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0                            | 0                            | 0                                                         | 0              | 0                                            | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0                            | 0                            | 0                                                         | 0              | 0                                            | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 3,727                        | 3,727                        | 273,302                                                   | 0              | 663,371                                      | 60.00 |
| 60.01                                  | 06001 | BLOOD LABORATORY                     | 0                            | 0                            | 0                                                         | 0              | 0                                            | 60.01 |
| 61.00                                  | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY  | 0                            | 0                            | 0                                                         | 0              | 0                                            | 61.00 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0                            | 0                            | 0                                                         | 0              | 0                                            | 62.00 |
| 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                  | 97                           | 97                           | 275,503                                                   | 0              | 378,115                                      | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 5,976                        | 5,976                        | 803,755                                                   | 0              | 1,172,635                                    | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 8,912                        | 8,912                        | 1,284,380                                                 | 0              | 1,923,099                                    | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0                            | 0                            | 0                                                         | 0              | 0                                            | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0                            | 0                            | 0                                                         | 0              | 0                                            | 69.00 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0                            | 0                            | 0                                                         | 0              | 0                                            | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0                            | 0                            | 0                                                         | 0              | 759,218                                      | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 0                            | 0                            | 0                                                         | 0              | 3,051,163                                    | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 541                          | 541                          | 315,561                                                   | 0              | 844,006                                      | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0                            | 0                            | 0                                                         | 0              | 0                                            | 74.00 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 0                            | 0                            | 0                                                         | 0              | 0                                            | 75.00 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                              |                              |                                                           |                |                                              |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                            | 0                            | 0                                                         | 0              | 0                                            | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                            | 0                            | 0                                                         | 0              | 0                                            | 89.00 |
| 90.00                                  | 09000 | CLINIC                               | 16,039                       | 16,039                       | 1,405,341                                                 | 0              | 2,236,501                                    | 90.00 |
| 91.00                                  | 09100 | EMERGENCY                            | 0                            | 0                            | 0                                                         | 0              | 0                                            | 91.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3302

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

Worksheet B-1

Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description         |       |                                                        | CAPITAL RELATED COSTS        |                             | EMPLOYEE<br>BENEFITS<br>DEPARTMENT<br>(GROSS<br>SALARIES) | Reconciliation | ADMINISTRATIVE<br>& GENERAL<br>(ACCUM. COST) |        |
|---------------------------------|-------|--------------------------------------------------------|------------------------------|-----------------------------|-----------------------------------------------------------|----------------|----------------------------------------------|--------|
|                                 |       |                                                        | BLDG & FIXT<br>(SQUARE FEET) | MBLE EQUIP<br>(SQUARE FEET) |                                                           |                |                                              |        |
|                                 |       |                                                        | 1.00                         | 2.00                        | 4.00                                                      | 5A             | 5.00                                         |        |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)                   |                              |                             |                                                           |                |                                              | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |       |                                                        |                              |                             |                                                           |                |                                              |        |
| 94.00                           | 09400 | HOME PROGRAM DIALYSIS                                  | 0                            | 0                           | 0                                                         | 0              | 0                                            | 94.00  |
| 95.00                           | 09500 | AMBULANCE SERVICES                                     | 0                            | 0                           | 0                                                         | 0              | 0                                            | 95.00  |
| 96.00                           | 09600 | DURABLE MEDICAL EQUIP-RENTED                           | 0                            | 0                           | 0                                                         | 0              | 0                                            | 96.00  |
| 97.00                           | 09700 | DURABLE MEDICAL EQUIP-SOLD                             | 0                            | 0                           | 0                                                         | 0              | 0                                            | 97.00  |
| 98.00                           | 09850 | OTHER REIMBURSABLE COST CENTERS                        | 0                            | 0                           | 0                                                         | 0              | 0                                            | 98.00  |
| 99.00                           | 09900 | CMHC                                                   | 0                            | 0                           | 0                                                         | 0              | 0                                            | 99.00  |
| 99.10                           | 09910 | CORF                                                   | 0                            | 0                           | 0                                                         | 0              | 0                                            | 99.10  |
| 100.00                          | 10000 | I&R SERVICES-NOT APPRVD PRGM                           | 0                            | 0                           | 0                                                         | 0              | 0                                            | 100.00 |
| 101.00                          | 10100 | HOME HEALTH AGENCY                                     | 0                            | 0                           | 0                                                         | 0              | 0                                            | 101.00 |
| SPECIAL PURPOSE COST CENTERS    |       |                                                        |                              |                             |                                                           |                |                                              |        |
| 105.00                          | 10500 | KIDNEY ACQUISITION                                     | 0                            | 0                           | 0                                                         | 0              | 0                                            | 105.00 |
| 106.00                          | 10600 | HEART ACQUISITION                                      | 0                            | 0                           | 0                                                         | 0              | 0                                            | 106.00 |
| 107.00                          | 10700 | LIVER ACQUISITION                                      | 0                            | 0                           | 0                                                         | 0              | 0                                            | 107.00 |
| 108.00                          | 10800 | LUNG ACQUISITION                                       | 0                            | 0                           | 0                                                         | 0              | 0                                            | 108.00 |
| 109.00                          | 10900 | PANCREAS ACQUISITION                                   | 0                            | 0                           | 0                                                         | 0              | 0                                            | 109.00 |
| 110.00                          | 11000 | INTESTINAL ACQUISITION                                 | 0                            | 0                           | 0                                                         | 0              | 0                                            | 110.00 |
| 111.00                          | 11100 | ISLET ACQUISITION                                      | 0                            | 0                           | 0                                                         | 0              | 0                                            | 111.00 |
| 113.00                          | 11300 | INTEREST EXPENSE                                       |                              |                             |                                                           |                |                                              | 113.00 |
| 114.00                          | 11400 | UTILIZATION REVIEW-SNF                                 |                              |                             |                                                           |                |                                              | 114.00 |
| 115.00                          | 11500 | AMBULATORY SURGICAL CENTER (D.P.)                      | 0                            | 0                           | 0                                                         | 0              | 0                                            | 115.00 |
| 116.00                          | 11600 | HOSPICE                                                | 0                            | 0                           | 0                                                         | 0              | 0                                            | 116.00 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117)                 | 191,789                      | 191,789                     | 22,422,759                                                | -11,988,748    | 27,872,076                                   | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                                        |                              |                             |                                                           |                |                                              |        |
| 190.00                          | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN                    | 0                            | 0                           | 0                                                         | 0              | 0                                            | 190.00 |
| 191.00                          | 19100 | RESEARCH                                               | 2,287                        | 2,287                       | 699,692                                                   | 0              | 1,352,742                                    | 191.00 |
| 191.01                          | 19101 | RESEARCH                                               | 0                            | 0                           | 0                                                         | 0              | 0                                            | 191.01 |
| 192.00                          | 19200 | PHYSICIANS' PRIVATE OFFICES                            | 0                            | 0                           | 55,544                                                    | 0              | 72,058                                       | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                                        | 0                            | 0                           | 0                                                         | 0              | 0                                            | 193.00 |
| 194.00                          | 07950 | ORTHOTICS & PROSTHETICS                                | 1,455                        | 1,455                       | 0                                                         | 0              | 26,828                                       | 194.00 |
| 194.01                          | 07951 | PATIENT & FAMILY SUPPORT                               | 2,829                        | 2,829                       | 7,609                                                     | 0              | 1,529,947                                    | 194.01 |
| 194.02                          | 07952 | DONOR DEVELOPMENT                                      | 1,820                        | 1,820                       | 737,906                                                   | 0              | 1,323,890                                    | 194.02 |
| 194.03                          | 07953 | LEASED SPACE-SPINA BIFIDA                              | 300                          | 300                         | 0                                                         | 0              | 4,885                                        | 194.03 |
| 200.00                          |       | Cross Foot Adjustments                                 |                              |                             |                                                           |                |                                              | 200.00 |
| 201.00                          |       | Negative Cost Centers                                  |                              |                             |                                                           |                |                                              | 201.00 |
| 202.00                          |       | Cost to be allocated (per Wkst. B, Part I)             | 1,695,887                    | 1,568,572                   | 7,089,043                                                 |                | 11,988,748                                   | 202.00 |
| 203.00                          |       | Unit cost multiplier (Wkst. B, Part I)                 | 8.459133                     | 7.824082                    | 0.296321                                                  |                | 0.372525                                     | 203.00 |
| 204.00                          |       | Cost to be allocated (per Wkst. B, Part II)            |                              |                             | 36,816                                                    |                | 882,852                                      | 204.00 |
| 205.00                          |       | Unit cost multiplier (Wkst. B, Part II)                |                              |                             | 0.001539                                                  |                | 0.027433                                     | 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: 14-3302

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

Worksheet B-1

Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description                |       | MAINTENANCE &<br>REPAIRS<br>(SQUARE FEET) | OPERATION OF<br>PLANT<br>(SQUARE FEET) | LAUNDRY &<br>LINEN SERVICE<br>(POUNDS OF<br>LAUNDRY) | HOUSEKEEPING<br>(SQUARE FEET) | DIETARY<br>(MEALS SERVED) |        |
|----------------------------------------|-------|-------------------------------------------|----------------------------------------|------------------------------------------------------|-------------------------------|---------------------------|--------|
|                                        |       | 6.00                                      | 7.00                                   | 8.00                                                 | 9.00                          | 10.00                     |        |
| GENERAL SERVICE COST CENTERS           |       |                                           |                                        |                                                      |                               |                           |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT                 |                                        |                                                      |                               |                           | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP                 |                                        |                                                      |                               |                           | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT              |                                        |                                                      |                               |                           | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL                  |                                        |                                                      |                               |                           | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                     | 144,294                                |                                                      |                               |                           | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                        | 33,293                                 | 111,001                                              |                               |                           | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                   | 2,497                                  | 2,497                                                | 117,671                       |                           | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                              | 1,882                                  | 1,882                                                | 6,567                         | 99,057                    | 9.00   |
| 10.00                                  | 01000 | DIETARY                                   | 3,840                                  | 3,840                                                | 6,542                         | 35                        | 61,251 |
| 11.00                                  | 01100 | CAFETERIA                                 | 4,661                                  | 4,661                                                | 0                             | 862                       | 50,566 |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL                  | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                    | 2,092                                  | 2,092                                                | 0                             | 2,092                     | 0      |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY                 | 2,545                                  | 2,545                                                | 0                             | 2,545                     | 0      |
| 15.00                                  | 01500 | PHARMACY                                  | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY                 | 3,312                                  | 3,312                                                | 0                             | 3,312                     | 0      |
| 17.00                                  | 01700 | SOCIAL SERVICE                            | 1,459                                  | 1,459                                                | 0                             | 1,459                     | 0      |
| 18.00                                  | 01850 | OTHER GENERAL SERVICE (SPECIFY)           | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS                 | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 20.00                                  | 02000 | NURSING SCHOOL                            | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD      | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD      | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)                 | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                           |                                        |                                                      |                               |                           |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                       | 19,335                                 | 19,335                                               | 40,769                        | 19,374                    | 7,913  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                       | 2,903                                  | 2,903                                                | 14,198                        | 2,903                     | 1,221  |
| 32.00                                  | 03200 | CORONARY CARE UNIT                        | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT                  | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT              | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                         | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                         | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 42.00                                  | 04200 | SUBPROVIDER                               | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 43.00                                  | 04300 | NURSERY                                   | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY                  | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 45.00                                  | 04500 | NURSING FACILITY                          | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 46.00                                  | 04600 | OTHER LONG TERM CARE                      | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| ANCILLARY SERVICE COST CENTERS         |       |                                           |                                        |                                                      |                               |                           |        |
| 50.00                                  | 05000 | OPERATING ROOM                            | 13,067                                 | 13,067                                               | 25,021                        | 13,067                    | 0      |
| 51.00                                  | 05100 | RECOVERY ROOM                             | 5,481                                  | 5,481                                                | 0                             | 5,481                     | 0      |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM                | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 53.00                                  | 05300 | ANESTHESIOLOGY                            | 561                                    | 561                                                  | 0                             | 561                       | 0      |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                      | 3,383                                  | 3,383                                                | 2,041                         | 3,383                     | 0      |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                     | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 56.00                                  | 05600 | RADIOISOTOPE                              | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 57.00                                  | 05700 | CT SCAN                                   | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)          | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                   | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 60.00                                  | 06000 | LABORATORY                                | 3,727                                  | 3,727                                                | 0                             | 3,727                     | 0      |
| 60.01                                  | 06001 | BLOOD LABORATORY                          | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 61.00                                  | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY       | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS      | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.        | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                       | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                       | 97                                     | 97                                                   | 0                             | 97                        | 0      |
| 66.00                                  | 06600 | PHYSICAL THERAPY                          | 5,976                                  | 5,976                                                | 4,818                         | 5,976                     | 0      |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                      | 8,912                                  | 8,912                                                | 4,844                         | 8,912                     | 0      |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                          | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                         | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                    | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS      | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS            | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS                 | 541                                    | 541                                                  | 48                            | 541                       | 0      |
| 74.00                                  | 07400 | RENAL DIALYSIS                            | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                   | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| OUTPATIENT SERVICE COST CENTERS        |       |                                           |                                        |                                                      |                               |                           |        |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                       | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER         | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 90.00                                  | 09000 | CLINIC                                    | 16,039                                 | 16,039                                               | 7,953                         | 16,039                    | 0      |
| 91.00                                  | 09100 | EMERGENCY                                 | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)      | 0                                      | 0                                                    | 0                             | 0                         | 0      |
| OTHER REIMBURSABLE COST CENTERS        |       |                                           |                                        |                                                      |                               |                           |        |
| 94.00                                  | 09400 | HOME PROGRAM DIALYSIS                     | 0                                      | 0                                                    | 0                             | 0                         | 0      |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3302

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

Worksheet B-1

Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description      |       |                                                        | MAINTENANCE &<br>REPAIRS<br>(SQUARE FEET) | OPERATION OF<br>PLANT<br>(SQUARE FEET) | LAUNDRY &<br>LINEN SERVICE<br>(POUNDS OF<br>LAUNDRY) | HOUSEKEEPING<br>(SQUARE FEET) | DIETARY<br>(MEALS SERVED) |        |
|------------------------------|-------|--------------------------------------------------------|-------------------------------------------|----------------------------------------|------------------------------------------------------|-------------------------------|---------------------------|--------|
|                              |       |                                                        | 6.00                                      | 7.00                                   | 8.00                                                 | 9.00                          | 10.00                     |        |
| 95.00                        | 09500 | AMBULANCE SERVICES                                     | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 95.00  |
| 96.00                        | 09600 | DURABLE MEDICAL EQUIP-RENTED                           | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 96.00  |
| 97.00                        | 09700 | DURABLE MEDICAL EQUIP-SOLD                             | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 97.00  |
| 98.00                        | 09850 | OTHER REIMBURSABLE COST CENTERS                        | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 98.00  |
| 99.00                        | 09900 | CMHC                                                   | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 99.00  |
| 99.10                        | 09910 | CORF                                                   | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 99.10  |
| 100.00                       | 10000 | I&R SERVICES-NOT APPRVD PRGM                           | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 100.00 |
| 101.00                       | 10100 | HOME HEALTH AGENCY                                     | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 101.00 |
| SPECIAL PURPOSE COST CENTERS |       |                                                        |                                           |                                        |                                                      |                               |                           |        |
| 105.00                       | 10500 | KIDNEY ACQUISITION                                     | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 105.00 |
| 106.00                       | 10600 | HEART ACQUISITION                                      | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 106.00 |
| 107.00                       | 10700 | LIVER ACQUISITION                                      | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 107.00 |
| 108.00                       | 10800 | LUNG ACQUISITION                                       | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 108.00 |
| 109.00                       | 10900 | PANCREAS ACQUISITION                                   | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                                 | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                                      | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 111.00 |
| 113.00                       | 11300 | INTEREST EXPENSE                                       |                                           |                                        |                                                      |                               |                           | 113.00 |
| 114.00                       | 11400 | UTILIZATION REVIEW-SNF                                 |                                           |                                        |                                                      |                               |                           | 114.00 |
| 115.00                       | 11500 | AMBULATORY SURGICAL CENTER (D.P.)                      | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 115.00 |
| 116.00                       | 11600 | HOSPICE                                                | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117)                 | 135,603                                   | 102,310                                | 112,801                                              | 90,366                        | 59,700                    | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                                        |                                           |                                        |                                                      |                               |                           |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN                    | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 190.00 |
| 191.00                       | 19100 | RESEARCH                                               | 2,287                                     | 2,287                                  | 0                                                    | 2,287                         | 0                         | 191.00 |
| 191.01                       | 19101 | RESEARCH                                               | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 191.01 |
| 192.00                       | 19200 | PHYSICIANS' PRIVATE OFFICES                            | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 192.00 |
| 193.00                       | 19300 | NONPAID WORKERS                                        | 0                                         | 0                                      | 0                                                    | 0                             | 1,551                     | 193.00 |
| 194.00                       | 07950 | ORTHOTICS & PROSTHETICS                                | 1,455                                     | 1,455                                  | 0                                                    | 1,455                         | 0                         | 194.00 |
| 194.01                       | 07951 | PATIENT & FAMILY SUPPORT                               | 2,829                                     | 2,829                                  | 4,870                                                | 2,829                         | 0                         | 194.01 |
| 194.02                       | 07952 | DONOR DEVELOPMENT                                      | 1,820                                     | 1,820                                  | 0                                                    | 1,820                         | 0                         | 194.02 |
| 194.03                       | 07953 | LEASED SPACE-SPINA BIFIDA                              | 300                                       | 300                                    | 0                                                    | 300                           | 0                         | 194.03 |
| 200.00                       |       | Cross Foot Adjustments                                 |                                           |                                        |                                                      |                               |                           | 200.00 |
| 201.00                       |       | Negative Cost Centers                                  |                                           |                                        |                                                      |                               |                           | 201.00 |
| 202.00                       |       | Cost to be allocated (per Wkst. B, Part I)             | 0                                         | 4,046,028                              | 352,637                                              | 1,262,118                     | 1,270,745                 | 202.00 |
| 203.00                       |       | Unit cost multiplier (Wkst. B, Part I)                 | 0.000000                                  | 36.450374                              | 2.996805                                             | 12.741331                     | 20.746518                 | 203.00 |
| 204.00                       |       | Cost to be allocated (per Wkst. B, Part II)            | 0                                         | 623,027                                | 60,023                                               | 68,884                        | 110,495                   | 204.00 |
| 205.00                       |       | Unit cost multiplier (Wkst. B, Part II)                | 0.000000                                  | 5.612805                               | 0.510092                                             | 0.695398                      | 1.803971                  | 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: 14-3302

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

Worksheet B-1

Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description                |       |                                      | CAFETERIA<br>(FTES) | MAINTENANCE OF<br>PERSONNEL<br>(NUMBER<br>HOUSED) | NURSING<br>ADMINISTRATION<br>(NURSING FTES) | CENTRAL<br>SERVICES &<br>SUPPLY<br>(ASSIGNED<br>TIME) | PHARMACY<br>(COSTED<br>REQUIS.) |       |
|----------------------------------------|-------|--------------------------------------|---------------------|---------------------------------------------------|---------------------------------------------|-------------------------------------------------------|---------------------------------|-------|
|                                        |       |                                      | 11.00               | 12.00                                             | 13.00                                       | 14.00                                                 | 15.00                           |       |
| GENERAL SERVICE COST CENTERS           |       |                                      |                     |                                                   |                                             |                                                       |                                 |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT            |                     |                                                   |                                             |                                                       |                                 | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |                     |                                                   |                                             |                                                       |                                 | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         |                     |                                                   |                                             |                                                       |                                 | 4.00  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL             |                     |                                                   |                                             |                                                       |                                 | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                |                     |                                                   |                                             |                                                       |                                 | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                   |                     |                                                   |                                             |                                                       |                                 | 7.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              |                     |                                                   |                                             |                                                       |                                 | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         |                     |                                                   |                                             |                                                       |                                 | 9.00  |
| 10.00                                  | 01000 | DIETARY                              |                     |                                                   |                                             |                                                       |                                 | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            | 18,113              |                                                   |                                             |                                                       |                                 | 11.00 |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL             | 0                   | 0                                                 |                                             |                                                       |                                 | 12.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               | 933                 | 0                                                 | 8,778                                       |                                                       |                                 | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            | 436                 | 0                                                 | 0                                           | 100                                                   |                                 | 14.00 |
| 15.00                                  | 01500 | PHARMACY                             | 0                   | 0                                                 | 0                                           | 0                                                     | 100                             | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 399                 | 0                                                 | 0                                           | 0                                                     | 0                               | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                       | 857                 | 0                                                 | 0                                           | 0                                                     | 0                               | 17.00 |
| 18.00                                  | 01850 | OTHER GENERAL SERVICE (SPECIFY)      | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 18.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 22.00 |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)            | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 23.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                     |                                                   |                                             |                                                       |                                 |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 3,356               | 0                                                 | 3,356                                       | 0                                                     | 0                               | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 730                 | 0                                                 | 730                                         | 0                                                     | 0                               | 31.00 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 32.00 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 33.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT         | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 34.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                    | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 43.00 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 44.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 45.00 |
| 46.00                                  | 04600 | OTHER LONG TERM CARE                 | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 46.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                     |                                                   |                                             |                                                       |                                 |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 2,113               | 0                                                 | 2,113                                       | 0                                                     | 0                               | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 597                 | 0                                                 | 597                                         | 0                                                     | 0                               | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 173                 | 0                                                 | 173                                         | 0                                                     | 0                               | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 610                 | 0                                                 | 0                                           | 0                                                     | 0                               | 54.00 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 56.00 |
| 57.00                                  | 05700 | CT SCAN                              | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 331                 | 0                                                 | 0                                           | 0                                                     | 0                               | 60.00 |
| 60.01                                  | 06001 | BLOOD LABORATORY                     | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 60.01 |
| 61.00                                  | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY  | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 61.00 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 62.00 |
| 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                  | 355                 | 0                                                 | 0                                           | 0                                                     | 0                               | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 1,024               | 0                                                 | 0                                           | 0                                                     | 0                               | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 1,669               | 0                                                 | 0                                           | 0                                                     | 0                               | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 69.00 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0                   | 0                                                 | 0                                           | 20                                                    | 0                               | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 0                   | 0                                                 | 0                                           | 80                                                    | 0                               | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 326                 | 0                                                 | 0                                           | 0                                                     | 100                             | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 74.00 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 75.00 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                     |                                                   |                                             |                                                       |                                 |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 89.00 |
| 90.00                                  | 09000 | CLINIC                               | 1,809               | 0                                                 | 1,809                                       | 0                                                     | 0                               | 90.00 |
| 91.00                                  | 09100 | EMERGENCY                            | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 91.00 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 92.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3302

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

Worksheet B-1

Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description         |       |                                                        | CAFETERIA<br>(FTES) | MAINTENANCE OF<br>PERSONNEL<br>(NUMBER<br>HOUSED) | NURSING<br>ADMINISTRATION<br>(NURSING FTES) | CENTRAL<br>SERVICES &<br>SUPPLY<br>(ASSIGNED<br>TIME) | PHARMACY<br>(COSTED<br>REQUIS.) |        |
|---------------------------------|-------|--------------------------------------------------------|---------------------|---------------------------------------------------|---------------------------------------------|-------------------------------------------------------|---------------------------------|--------|
|                                 |       |                                                        | 11.00               | 12.00                                             | 13.00                                       | 14.00                                                 | 15.00                           |        |
| OTHER REIMBURSABLE COST CENTERS |       |                                                        |                     |                                                   |                                             |                                                       |                                 |        |
| 94.00                           | 09400 | HOME PROGRAM DIALYSIS                                  | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 94.00  |
| 95.00                           | 09500 | AMBULANCE SERVICES                                     | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 95.00  |
| 96.00                           | 09600 | DURABLE MEDICAL EQUIP-RENTED                           | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 96.00  |
| 97.00                           | 09700 | DURABLE MEDICAL EQUIP-SOLD                             | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 97.00  |
| 98.00                           | 09850 | OTHER REIMBURSABLE COST CENTERS                        | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 98.00  |
| 99.00                           | 09900 | CMHC                                                   | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 99.00  |
| 99.10                           | 09910 | CORF                                                   | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 99.10  |
| 100.00                          | 10000 | I&R SERVICES-NOT APPRVD PRGM                           | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 100.00 |
| 101.00                          | 10100 | HOME HEALTH AGENCY                                     | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 101.00 |
| SPECIAL PURPOSE COST CENTERS    |       |                                                        |                     |                                                   |                                             |                                                       |                                 |        |
| 105.00                          | 10500 | KIDNEY ACQUISITION                                     | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 105.00 |
| 106.00                          | 10600 | HEART ACQUISITION                                      | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 106.00 |
| 107.00                          | 10700 | LIVER ACQUISITION                                      | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 107.00 |
| 108.00                          | 10800 | LUNG ACQUISITION                                       | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 108.00 |
| 109.00                          | 10900 | PANCREAS ACQUISITION                                   | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 109.00 |
| 110.00                          | 11000 | INTESTINAL ACQUISITION                                 | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 110.00 |
| 111.00                          | 11100 | ISLET ACQUISITION                                      | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 111.00 |
| 113.00                          | 11300 | INTEREST EXPENSE                                       |                     |                                                   |                                             |                                                       |                                 | 113.00 |
| 114.00                          | 11400 | UTILIZATION REVIEW-SNF                                 |                     |                                                   |                                             |                                                       |                                 | 114.00 |
| 115.00                          | 11500 | AMBULATORY SURGICAL CENTER (D.P.)                      | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 115.00 |
| 116.00                          | 11600 | HOSPICE                                                | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 116.00 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117)                 | 15,718              | 0                                                 | 8,778                                       | 100                                                   | 100                             | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                                        |                     |                                                   |                                             |                                                       |                                 |        |
| 190.00                          | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN                    | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 190.00 |
| 191.00                          | 19100 | RESEARCH                                               | 441                 | 0                                                 | 0                                           | 0                                                     | 0                               | 191.00 |
| 191.01                          | 19101 | RESEARCH                                               | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 191.01 |
| 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 | ORTHOTICS & PROSTHETICS                                | 687                 | 0                                                 | 0                                           | 0                                                     | 0                               | 194.00 |
| 194.01                          | 07951 | PATIENT & FAMILY SUPPORT                               | 366                 | 0                                                 | 0                                           | 0                                                     | 0                               | 194.01 |
| 194.02                          | 07952 | DONOR DEVELOPMENT                                      | 901                 | 0                                                 | 0                                           | 0                                                     | 0                               | 194.02 |
| 194.03                          | 07953 | LEASED SPACE-SPINA BIFIDA                              | 0                   | 0                                                 | 0                                           | 0                                                     | 0                               | 194.03 |
| 200.00                          |       | Cross Foot Adjustments                                 |                     |                                                   |                                             |                                                       |                                 | 200.00 |
| 201.00                          |       | Negative Cost Centers                                  |                     |                                                   |                                             |                                                       |                                 | 201.00 |
| 202.00                          |       | Cost to be allocated (per Wkst. B, Part I)             | 1,334,116           | 0                                                 | 1,897,423                                   | 750,042                                               | 0                               | 202.00 |
| 203.00                          |       | Unit cost multiplier (Wkst. B, Part I)                 | 73.655165           | 0.000000                                          | 216.156642                                  | 7,500.420000                                          | 0.000000                        | 203.00 |
| 204.00                          |       | Cost to be allocated (per Wkst. B, Part II)            | 195,957             | 0                                                 | 93,454                                      | 74,425                                                | 0                               | 204.00 |
| 205.00                          |       | Unit cost multiplier (Wkst. B, Part II)                | 10.818583           | 0.000000                                          | 10.646389                                   | 744.250000                                            | 0.000000                        | 205.00 |
| 206.00                          |       | NAHE adjustment amount to be allocated (per Wkst. B-2) |                     |                                                   |                                             |                                                       |                                 | 206.00 |
| 207.00                          |       | NAHE unit cost multiplier (Wkst. D, Parts III and IV)  |                     |                                                   |                                             |                                                       |                                 | 207.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3302

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

Worksheet B-1

Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description                |       |                                      | MEDICAL<br>RECORDS &<br>LIBRARY<br>(GROSS<br>CHARGES) | SOCIAL SERVICE<br>(TOTAL PATIENT<br>DAYS) | OTHER GENERAL<br>SERVICE<br>(SPECIFY)<br>(TIME SPENT) | NONPHYSICIAN<br>ANESTHETISTS<br>(FTES) | NURSING SCHOOL<br>(NURSING FTES) |       |
|----------------------------------------|-------|--------------------------------------|-------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------|-------|
|                                        |       |                                      | 16.00                                                 | 17.00                                     | 18.00                                                 | 19.00                                  | 20.00                            |       |
| GENERAL SERVICE COST CENTERS           |       |                                      |                                                       |                                           |                                                       |                                        |                                  |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT            |                                                       |                                           |                                                       |                                        |                                  | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |                                                       |                                           |                                                       |                                        |                                  | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         |                                                       |                                           |                                                       |                                        |                                  | 4.00  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL             |                                                       |                                           |                                                       |                                        |                                  | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                |                                                       |                                           |                                                       |                                        |                                  | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                   |                                                       |                                           |                                                       |                                        |                                  | 7.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              |                                                       |                                           |                                                       |                                        |                                  | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         |                                                       |                                           |                                                       |                                        |                                  | 9.00  |
| 10.00                                  | 01000 | DIETARY                              |                                                       |                                           |                                                       |                                        |                                  | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            |                                                       |                                           |                                                       |                                        |                                  | 11.00 |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL             |                                                       |                                           |                                                       |                                        |                                  | 12.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               |                                                       |                                           |                                                       |                                        |                                  | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            |                                                       |                                           |                                                       |                                        |                                  | 14.00 |
| 15.00                                  | 01500 | PHARMACY                             |                                                       |                                           |                                                       |                                        |                                  | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 58,117,738                                            |                                           |                                                       |                                        |                                  | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                       | 0                                                     | 2,806                                     |                                                       |                                        |                                  | 17.00 |
| 18.00                                  | 01850 | OTHER GENERAL SERVICE (SPECIFY)      | 0                                                     | 0                                         | 0                                                     |                                        |                                  | 18.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0                                                     | 0                                         | 0                                                     | 15,488                                 |                                  | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0                                                     | 0                                         | 0                                                     |                                        | 8,778                            | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0                                                     | 0                                         | 0                                                     |                                        |                                  | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0                                                     | 0                                         | 0                                                     |                                        |                                  | 22.00 |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)            | 0                                                     | 0                                         | 0                                                     |                                        |                                  | 23.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                                                       |                                           |                                                       |                                        |                                  |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 5,007,121                                             | 2,366                                     | 0                                                     | 3,356                                  | 3,356                            | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 2,776,599                                             | 440                                       | 0                                                     | 730                                    | 730                              | 31.00 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 32.00 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 33.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT         | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 34.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                    | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 43.00 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 44.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 45.00 |
| 46.00                                  | 04600 | OTHER LONG TERM CARE                 | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 46.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                                                       |                                           |                                                       |                                        |                                  |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 17,778,821                                            | 0                                         | 0                                                     | 2,113                                  | 2,113                            | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 1,299,083                                             | 0                                         | 0                                                     | 597                                    | 597                              | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 5,923,818                                             | 0                                         | 0                                                     | 173                                    | 173                              | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 2,595,254                                             | 0                                         | 0                                                     | 610                                    | 0                                | 54.00 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 56.00 |
| 57.00                                  | 05700 | CT SCAN                              | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 1,114,535                                             | 0                                         | 0                                                     | 331                                    | 0                                | 60.00 |
| 60.01                                  | 06001 | BLOOD LABORATORY                     | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 60.01 |
| 61.00                                  | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY  | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 61.00 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 62.00 |
| 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                  | 142,671                                               | 0                                         | 0                                                     | 355                                    | 0                                | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 3,049,689                                             | 0                                         | 0                                                     | 1,024                                  | 0                                | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 2,768,282                                             | 0                                         | 0                                                     | 1,669                                  | 0                                | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 69.00 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 1,867,771                                             | 0                                         | 0                                                     | 0                                      | 0                                | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 6,547,914                                             | 0                                         | 0                                                     | 0                                      | 0                                | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 4,302,300                                             | 0                                         | 0                                                     | 326                                    | 0                                | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 74.00 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 75.00 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                                                       |                                           |                                                       |                                        |                                  |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 89.00 |
| 90.00                                  | 09000 | CLINIC                               | 2,943,880                                             | 0                                         | 0                                                     | 1,809                                  | 1,809                            | 90.00 |
| 91.00                                  | 09100 | EMERGENCY                            | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 91.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3302

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

Worksheet B-1

Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description         |       |                                                        | MEDICAL<br>RECORDS &<br>LIBRARY<br>(GROSS<br>CHARGES) | SOCIAL SERVICE<br>(TOTAL PATIENT<br>DAYS) | OTHER GENERAL<br>SERVICE<br>(SPECIFY)<br>(TIME SPENT) | NONPHYSICIAN<br>ANESTHETISTS<br>(FTES) | NURSING SCHOOL<br>(NURSING FTES) |        |
|---------------------------------|-------|--------------------------------------------------------|-------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------|--------|
|                                 |       |                                                        | 16.00                                                 | 17.00                                     | 18.00                                                 | 19.00                                  | 20.00                            |        |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)                   |                                                       |                                           |                                                       |                                        |                                  | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |       |                                                        |                                                       |                                           |                                                       |                                        |                                  |        |
| 94.00                           | 09400 | HOME PROGRAM DIALYSIS                                  | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 94.00  |
| 95.00                           | 09500 | AMBULANCE SERVICES                                     | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 95.00  |
| 96.00                           | 09600 | DURABLE MEDICAL EQUIP-RENTED                           | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 96.00  |
| 97.00                           | 09700 | DURABLE MEDICAL EQUIP-SOLD                             | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 97.00  |
| 98.00                           | 09850 | OTHER REIMBURSABLE COST CENTERS                        | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 98.00  |
| 99.00                           | 09900 | CMHC                                                   | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 99.00  |
| 99.10                           | 09910 | CORF                                                   | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 99.10  |
| 100.00                          | 10000 | I&R SERVICES-NOT APPRVD PRGM                           | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 100.00 |
| 101.00                          | 10100 | HOME HEALTH AGENCY                                     | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 101.00 |
| SPECIAL PURPOSE COST CENTERS    |       |                                                        |                                                       |                                           |                                                       |                                        |                                  |        |
| 105.00                          | 10500 | KIDNEY ACQUISITION                                     | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 105.00 |
| 106.00                          | 10600 | HEART ACQUISITION                                      | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 106.00 |
| 107.00                          | 10700 | LIVER ACQUISITION                                      | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 107.00 |
| 108.00                          | 10800 | LUNG ACQUISITION                                       | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 108.00 |
| 109.00                          | 10900 | PANCREAS ACQUISITION                                   | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 109.00 |
| 110.00                          | 11000 | INTESTINAL ACQUISITION                                 | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 110.00 |
| 111.00                          | 11100 | ISLET ACQUISITION                                      | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 111.00 |
| 113.00                          | 11300 | INTEREST EXPENSE                                       |                                                       |                                           |                                                       |                                        |                                  | 113.00 |
| 114.00                          | 11400 | UTILIZATION REVIEW-SNF                                 |                                                       |                                           |                                                       |                                        |                                  | 114.00 |
| 115.00                          | 11500 | AMBULATORY SURGICAL CENTER (D.P.)                      | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 115.00 |
| 116.00                          | 11600 | HOSPICE                                                | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 116.00 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117)                 | 58,117,738                                            | 2,806                                     | 0                                                     | 13,093                                 | 8,778                            | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                                        |                                                       |                                           |                                                       |                                        |                                  |        |
| 190.00                          | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN                    | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 190.00 |
| 191.00                          | 19100 | RESEARCH                                               | 0                                                     | 0                                         | 0                                                     | 441                                    | 0                                | 191.00 |
| 191.01                          | 19101 | RESEARCH                                               | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 191.01 |
| 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 | ORTHOTICS & PROSTHETICS                                | 0                                                     | 0                                         | 0                                                     | 687                                    | 0                                | 194.00 |
| 194.01                          | 07951 | PATIENT & FAMILY SUPPORT                               | 0                                                     | 0                                         | 0                                                     | 366                                    | 0                                | 194.01 |
| 194.02                          | 07952 | DONOR DEVELOPMENT                                      | 0                                                     | 0                                         | 0                                                     | 901                                    | 0                                | 194.02 |
| 194.03                          | 07953 | LEASED SPACE-SPINA BIFIDA                              | 0                                                     | 0                                         | 0                                                     | 0                                      | 0                                | 194.03 |
| 200.00                          |       | Cross Foot Adjustments                                 |                                                       |                                           |                                                       |                                        |                                  | 200.00 |
| 201.00                          |       | Negative Cost Centers                                  |                                                       |                                           |                                                       |                                        |                                  | 201.00 |
| 202.00                          |       | Cost to be allocated (per Wkst. B, Part I)             | 595,006                                               | 1,494,463                                 | 0                                                     | 0                                      | 0                                | 202.00 |
| 203.00                          |       | Unit cost multiplier (Wkst. B, Part I)                 | 0.010238                                              | 532.595510                                | 0.000000                                              | 0.000000                               | 0.000000                         | 203.00 |
| 204.00                          |       | Cost to be allocated (per Wkst. B, Part II)            | 87,464                                                | 70,447                                    | 0                                                     | 0                                      | 0                                | 204.00 |
| 205.00                          |       | Unit cost multiplier (Wkst. B, Part II)                | 0.001505                                              | 25.105845                                 | 0.000000                                              | 0.000000                               | 0.000000                         | 205.00 |
| 206.00                          |       | NAHE adjustment amount to be allocated (per Wkst. B-2) |                                                       |                                           |                                                       |                                        | 0                                | 206.00 |
| 207.00                          |       | NAHE unit cost multiplier (Wkst. D, Parts III and IV)  |                                                       |                                           |                                                       |                                        | 0.000000                         | 207.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3302

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

Worksheet B-1

Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description                |       |                                      | INTERNS & RESIDENTS                                 |                                                    | PARAMED ED<br>PRGM<br>(ASSIGNED<br>TIME) |  |       |
|----------------------------------------|-------|--------------------------------------|-----------------------------------------------------|----------------------------------------------------|------------------------------------------|--|-------|
|                                        |       |                                      | SERVICES-SALAR<br>Y & FRINGES<br>(ASSIGNED<br>TIME) | SERVICES-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  |
| 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 |
| 18.00                                  | 01850 | OTHER GENERAL SERVICE (SPECIFY)      |                                                     |                                                    |                                          |  | 18.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            |                                                     |                                                    |                                          |  | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       |                                                     |                                                    |                                          |  | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 100                                                 |                                                    |                                          |  | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD |                                                     | 100                                                |                                          |  | 22.00 |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)            |                                                     |                                                    | 0                                        |  | 23.00 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                                                     |                                                    |                                          |  |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 0                                                   | 0                                                  | 0                                        |  | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 0                                                   | 0                                                  | 0                                        |  | 31.00 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   | 0                                                   | 0                                                  | 0                                        |  | 32.00 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             | 0                                                   | 0                                                  | 0                                        |  | 33.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT         | 0                                                   | 0                                                  | 0                                        |  | 34.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                    | 0                                                   | 0                                                  | 0                                        |  | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                                                   | 0                                                  | 0                                        |  | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                                                   | 0                                                  | 0                                        |  | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 0                                                   | 0                                                  | 0                                        |  | 43.00 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             | 0                                                   | 0                                                  | 0                                        |  | 44.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                                                   | 0                                                  | 0                                        |  | 45.00 |
| 46.00                                  | 04600 | OTHER LONG TERM CARE                 | 0                                                   | 0                                                  | 0                                        |  | 46.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                                                     |                                                    |                                          |  |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 0                                                   | 0                                                  | 0                                        |  | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 0                                                   | 0                                                  | 0                                        |  | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0                                                   | 0                                                  | 0                                        |  | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 0                                                   | 0                                                  | 0                                        |  | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 0                                                   | 0                                                  | 0                                        |  | 54.00 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 0                                                   | 0                                                  | 0                                        |  | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0                                                   | 0                                                  | 0                                        |  | 56.00 |
| 57.00                                  | 05700 | CT SCAN                              | 0                                                   | 0                                                  | 0                                        |  | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0                                                   | 0                                                  | 0                                        |  | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0                                                   | 0                                                  | 0                                        |  | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 0                                                   | 0                                                  | 0                                        |  | 60.00 |
| 60.01                                  | 06001 | BLOOD LABORATORY                     | 0                                                   | 0                                                  | 0                                        |  | 60.01 |
| 61.00                                  | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY  |                                                     |                                                    |                                          |  | 61.00 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0                                                   | 0                                                  | 0                                        |  | 62.00 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0                                                   | 0                                                  | 0                                        |  | 63.00 |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                  | 0                                                   | 0                                                  | 0                                        |  | 64.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 0                                                   | 0                                                  | 0                                        |  | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 0                                                   | 0                                                  | 0                                        |  | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0                                                   | 0                                                  | 0                                        |  | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0                                                   | 0                                                  | 0                                        |  | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0                                                   | 0                                                  | 0                                        |  | 69.00 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0                                                   | 0                                                  | 0                                        |  | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 20                                                  | 20                                                 | 0                                        |  | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 80                                                  | 80                                                 | 0                                        |  | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0                                                   | 0                                                  | 0                                        |  | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0                                                   | 0                                                  | 0                                        |  | 74.00 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 0                                                   | 0                                                  | 0                                        |  | 75.00 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                                                     |                                                    |                                          |  |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                                                   | 0                                                  | 0                                        |  | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                                   | 0                                                  | 0                                        |  | 89.00 |
| 90.00                                  | 09000 | CLINIC                               | 0                                                   | 0                                                  | 0                                        |  | 90.00 |
| 91.00                                  | 09100 | EMERGENCY                            | 0                                                   | 0                                                  | 0                                        |  | 91.00 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) |                                                     |                                                    |                                          |  | 92.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3302

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

Worksheet B-1

Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description |                                 |                                                        | INTERNS & RESIDENTS                       |                                           | PARAMED ED PRGM (ASSIGNED TIME) |        |  |
|-------------------------|---------------------------------|--------------------------------------------------------|-------------------------------------------|-------------------------------------------|---------------------------------|--------|--|
|                         |                                 |                                                        | SERVICES-SALARY & FRINGES (ASSIGNED TIME) | SERVICES-OTHER PRGM COSTS (ASSIGNED TIME) |                                 |        |  |
|                         |                                 |                                                        |                                           |                                           |                                 |        |  |
|                         |                                 |                                                        |                                           |                                           |                                 |        |  |
|                         |                                 |                                                        | 21.00                                     | 22.00                                     | 23.00                           |        |  |
|                         | OTHER REIMBURSABLE COST CENTERS |                                                        |                                           |                                           |                                 |        |  |
| 94.00                   | 09400                           | HOME PROGRAM DIALYSIS                                  | 0                                         | 0                                         | 0                               | 94.00  |  |
| 95.00                   | 09500                           | AMBULANCE SERVICES                                     | 0                                         | 0                                         | 0                               | 95.00  |  |
| 96.00                   | 09600                           | DURABLE MEDICAL EQUIP-RENTED                           | 0                                         | 0                                         | 0                               | 96.00  |  |
| 97.00                   | 09700                           | DURABLE MEDICAL EQUIP-SOLD                             | 0                                         | 0                                         | 0                               | 97.00  |  |
| 98.00                   | 09850                           | OTHER REIMBURSABLE COST CENTERS                        | 0                                         | 0                                         | 0                               | 98.00  |  |
| 99.00                   | 09900                           | CMHC                                                   | 0                                         | 0                                         | 0                               | 99.00  |  |
| 99.10                   | 09910                           | CORF                                                   | 0                                         | 0                                         | 0                               | 99.10  |  |
| 100.00                  | 10000                           | I&R SERVICES-NOT APPRVD PRGM                           | 0                                         | 0                                         | 0                               | 100.00 |  |
| 101.00                  | 10100                           | HOME HEALTH AGENCY                                     | 0                                         | 0                                         | 0                               | 101.00 |  |
|                         | SPECIAL PURPOSE COST CENTERS    |                                                        |                                           |                                           |                                 |        |  |
| 105.00                  | 10500                           | KIDNEY ACQUISITION                                     | 0                                         | 0                                         | 0                               | 105.00 |  |
| 106.00                  | 10600                           | HEART ACQUISITION                                      | 0                                         | 0                                         | 0                               | 106.00 |  |
| 107.00                  | 10700                           | LIVER ACQUISITION                                      | 0                                         | 0                                         | 0                               | 107.00 |  |
| 108.00                  | 10800                           | LUNG ACQUISITION                                       | 0                                         | 0                                         | 0                               | 108.00 |  |
| 109.00                  | 10900                           | PANCREAS ACQUISITION                                   | 0                                         | 0                                         | 0                               | 109.00 |  |
| 110.00                  | 11000                           | INTESTINAL ACQUISITION                                 | 0                                         | 0                                         | 0                               | 110.00 |  |
| 111.00                  | 11100                           | ISLET ACQUISITION                                      | 0                                         | 0                                         | 0                               | 111.00 |  |
| 113.00                  | 11300                           | INTEREST EXPENSE                                       |                                           |                                           |                                 | 113.00 |  |
| 114.00                  | 11400                           | UTILIZATION REVIEW-SNF                                 |                                           |                                           |                                 | 114.00 |  |
| 115.00                  | 11500                           | AMBULATORY SURGICAL CENTER (D.P.)                      | 0                                         | 0                                         | 0                               | 115.00 |  |
| 116.00                  | 11600                           | HOSPICE                                                |                                           |                                           | 0                               | 116.00 |  |
| 118.00                  |                                 | SUBTOTALS (SUM OF LINES 1 through 117)                 | 100                                       | 100                                       | 0                               | 118.00 |  |
|                         | NONREIMBURSABLE COST CENTERS    |                                                        |                                           |                                           |                                 |        |  |
| 190.00                  | 19000                           | GIFT, FLOWER, COFFEE SHOP & CANTEEN                    | 0                                         | 0                                         | 0                               | 190.00 |  |
| 191.00                  | 19100                           | RESEARCH                                               | 0                                         | 0                                         | 0                               | 191.00 |  |
| 191.01                  | 19101                           | RESEARCH                                               | 0                                         | 0                                         | 0                               | 191.01 |  |
| 192.00                  | 19200                           | PHYSICIANS' PRIVATE OFFICES                            | 0                                         | 0                                         | 0                               | 192.00 |  |
| 193.00                  | 19300                           | NONPAID WORKERS                                        | 0                                         | 0                                         | 0                               | 193.00 |  |
| 194.00                  | 07950                           | ORTHOTICS & PROSTHETICS                                | 0                                         | 0                                         | 0                               | 194.00 |  |
| 194.01                  | 07951                           | PATIENT & FAMILY SUPPORT                               | 0                                         | 0                                         | 0                               | 194.01 |  |
| 194.02                  | 07952                           | DONOR DEVELOPMENT                                      | 0                                         | 0                                         | 0                               | 194.02 |  |
| 194.03                  | 07953                           | LEASED SPACE-SPINA BIFIDA                              | 0                                         | 0                                         | 0                               | 194.03 |  |
| 200.00                  |                                 | Cross Foot Adjustments                                 |                                           |                                           |                                 | 200.00 |  |
| 201.00                  |                                 | Negative Cost Centers                                  |                                           |                                           |                                 | 201.00 |  |
| 202.00                  |                                 | Cost to be allocated (per Wkst. B, Part I)             | 0                                         | 0                                         | 0                               | 202.00 |  |
| 203.00                  |                                 | Unit cost multiplier (Wkst. B, Part I)                 | 0.000000                                  | 0.000000                                  | 0.000000                        | 203.00 |  |
| 204.00                  |                                 | Cost to be allocated (per Wkst. B, Part II)            | 0                                         | 0                                         | 0                               | 204.00 |  |
| 205.00                  |                                 | Unit cost multiplier (Wkst. B, Part II)                | 0.000000                                  | 0.000000                                  | 0.000000                        | 205.00 |  |
| 206.00                  |                                 | NAHE adjustment amount to be allocated (per Wkst. B-2) |                                           |                                           | 0                               | 206.00 |  |
| 207.00                  |                                 | NAHE unit cost multiplier (Wkst. D, Parts III and IV)  |                                           |                                           | 0.000000                        | 207.00 |  |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part I  
Date/Time Prepared:  
6/21/2020 11:31 am

|                                        |       |                                      | Title XVIII                                         |                       | Hospital    |                     | TEFRA       |
|----------------------------------------|-------|--------------------------------------|-----------------------------------------------------|-----------------------|-------------|---------------------|-------------|
| Cost Center Description                |       |                                      | Total Cost<br>(from Wkst. B,<br>Part I, col.<br>26) | Therapy Limit<br>Adj. | Costs       |                     |             |
|                                        |       |                                      |                                                     |                       | Total Costs | RCE<br>Disallowance | Total Costs |
|                                        |       |                                      | 1.00                                                | 2.00                  | 3.00        | 4.00                | 5.00        |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                                                     |                       |             |                     |             |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 8,808,523                                           |                       | 8,808,523   | 0                   | 0           |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 2,069,901                                           |                       | 2,069,901   | 0                   | 0           |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   | 0                                                   |                       | 0           | 0                   | 0           |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             | 0                                                   |                       | 0           | 0                   | 0           |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT         | 0                                                   |                       | 0           | 0                   | 0           |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                    | 0                                                   |                       | 0           | 0                   | 0           |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                                                   |                       | 0           | 0                   | 0           |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                                                   |                       | 0           | 0                   | 0           |
| 43.00                                  | 04300 | NURSERY                              | 0                                                   |                       | 0           | 0                   | 0           |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             | 0                                                   |                       | 0           | 0                   | 0           |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                                                   |                       | 0           | 0                   | 0           |
| 46.00                                  | 04600 | OTHER LONG TERM CARE                 | 0                                                   |                       | 0           | 0                   | 0           |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                                                     |                       |             |                     |             |
| 50.00                                  | 05000 | OPERATING ROOM                       | 4,632,230                                           |                       | 4,632,230   | 0                   | 0           |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 1,538,015                                           |                       | 1,538,015   | 0                   | 0           |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0                                                   |                       | 0           | 0                   | 0           |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 453,481                                             |                       | 453,481     | 0                   | 0           |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 1,396,912                                           |                       | 1,396,912   | 0                   | 0           |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 0                                                   |                       | 0           | 0                   | 0           |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0                                                   |                       | 0           | 0                   | 0           |
| 57.00                                  | 05700 | CT SCAN                              | 0                                                   |                       | 0           | 0                   | 0           |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0                                                   |                       | 0           | 0                   | 0           |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0                                                   |                       | 0           | 0                   | 0           |
| 60.00                                  | 06000 | LABORATORY                           | 1,129,622                                           |                       | 1,129,622   | 0                   | 0           |
| 60.01                                  | 06001 | BLOOD LABORATORY                     | 0                                                   |                       | 0           | 0                   | 0           |
| 61.00                                  | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY  | 0                                                   |                       | 0           | 0                   | 0           |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0                                                   |                       | 0           | 0                   | 0           |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0                                                   |                       | 0           | 0                   | 0           |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                  | 0                                                   |                       | 0           | 0                   | 0           |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 551,353                                             | 0                     | 551,353     | 0                   | 0           |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 2,024,525                                           | 0                     | 2,024,525   | 0                   | 0           |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 3,243,687                                           | 0                     | 3,243,687   | 0                   | 0           |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0                                                   | 0                     | 0           | 0                   | 0           |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0                                                   |                       | 0           | 0                   | 0           |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0                                                   |                       | 0           | 0                   | 0           |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 1,211,176                                           |                       | 1,211,176   | 0                   | 0           |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 4,854,869                                           |                       | 4,854,869   | 0                   | 0           |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 1,253,235                                           |                       | 1,253,235   | 0                   | 0           |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0                                                   |                       | 0           | 0                   | 0           |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 0                                                   |                       | 0           | 0                   | 0           |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                                                     |                       |             |                     |             |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                                                   |                       | 0           | 0                   | 0           |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                                   |                       | 0           | 0                   | 0           |
| 90.00                                  | 09000 | CLINIC                               | 4,436,882                                           |                       | 4,436,882   | 0                   | 0           |
| 91.00                                  | 09100 | EMERGENCY                            | 0                                                   |                       | 0           | 0                   | 0           |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                                                   |                       | 0           | 0                   | 0           |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                                                     |                       |             |                     |             |
| 94.00                                  | 09400 | HOME PROGRAM DIALYSIS                | 0                                                   |                       | 0           | 0                   | 0           |
| 95.00                                  | 09500 | AMBULANCE SERVICES                   | 0                                                   |                       | 0           | 0                   | 0           |
| 96.00                                  | 09600 | DURABLE MEDICAL EQUIP-RENTED         | 0                                                   |                       | 0           | 0                   | 0           |
| 97.00                                  | 09700 | DURABLE MEDICAL EQUIP-SOLD           | 0                                                   |                       | 0           | 0                   | 0           |
| 98.00                                  | 09850 | OTHER REIMBURSABLE COST CENTERS      | 0                                                   |                       | 0           | 0                   | 0           |
| 99.00                                  | 09900 | CMHC                                 | 0                                                   |                       | 0           | 0                   | 0           |
| 99.10                                  | 09910 | CORF                                 | 0                                                   |                       | 0           | 0                   | 0           |
| 100.00                                 | 10000 | I&R SERVICES-NOT APPRVD PRGM         | 0                                                   |                       | 0           | 0                   | 0           |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                   | 0                                                   |                       | 0           | 0                   | 0           |
| SPECIAL PURPOSE COST CENTERS           |       |                                      |                                                     |                       |             |                     |             |
| 105.00                                 | 10500 | KIDNEY ACQUISITION                   | 0                                                   |                       | 0           | 0                   | 0           |
| 106.00                                 | 10600 | HEART ACQUISITION                    | 0                                                   |                       | 0           | 0                   | 0           |
| 107.00                                 | 10700 | LIVER ACQUISITION                    | 0                                                   |                       | 0           | 0                   | 0           |
| 108.00                                 | 10800 | LUNG ACQUISITION                     | 0                                                   |                       | 0           | 0                   | 0           |
| 109.00                                 | 10900 | PANCREAS ACQUISITION                 | 0                                                   |                       | 0           | 0                   | 0           |
| 110.00                                 | 11000 | INTESTINAL ACQUISITION               | 0                                                   |                       | 0           | 0                   | 0           |
| 111.00                                 | 11100 | ISLET ACQUISITION                    | 0                                                   |                       | 0           | 0                   | 0           |
| 113.00                                 | 11300 | INTEREST EXPENSE                     | 0                                                   |                       | 0           | 0                   | 0           |
| 114.00                                 | 11400 | UTILIZATION REVIEW-SNF               | 0                                                   |                       | 0           | 0                   | 0           |
| 115.00                                 | 11500 | AMBULATORY SURGICAL CENTER (D.P.)    | 0                                                   |                       | 0           | 0                   | 0           |
| 116.00                                 | 11600 | HOSPICE                              | 0                                                   |                       | 0           | 0                   | 0           |
| 200.00                                 |       | Subtotal (see instructions)          | 37,604,411                                          | 0                     | 37,604,411  | 0                   | 0           |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part I  
Date/Time Prepared:  
6/21/2020 11:31 am

|                         |  |                          |            | Title XVIII                                         |                       | Hospital    |                     | TEFRA       |  |
|-------------------------|--|--------------------------|------------|-----------------------------------------------------|-----------------------|-------------|---------------------|-------------|--|
| 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 |  |
|                         |  |                          |            |                                                     |                       |             |                     |             |  |
| 201.00                  |  | Less Observation Beds    | 0          | 2.00                                                | 3.00                  | 4.00        | 5.00                | 201.00      |  |
| 202.00                  |  | Total (see instructions) | 37,604,411 | 0                                                   | 37,604,411            | 0           | 0                   | 202.00      |  |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part I  
Date/Time Prepared:  
6/21/2020 11:31 am

|                         |                                        |                                      | Title XVIII |            | Hospital                | TEFRA               |                       |
|-------------------------|----------------------------------------|--------------------------------------|-------------|------------|-------------------------|---------------------|-----------------------|
| Cost Center Description |                                        |                                      | Charges     |            |                         | Cost or Other Ratio | TEFRA Inpatient Ratio |
|                         |                                        |                                      | Inpatient   | Outpatient | Total (col. 6 + col. 7) |                     |                       |
|                         |                                        |                                      | 6.00        | 7.00       | 8.00                    |                     |                       |
|                         | INPATIENT ROUTINE SERVICE COST CENTERS |                                      |             |            |                         |                     |                       |
| 30.00                   | 03000                                  | ADULTS & PEDIATRICS                  | 5,000,977   |            | 5,000,977               |                     | 30.00                 |
| 31.00                   | 03100                                  | INTENSIVE CARE UNIT                  | 2,776,599   |            | 2,776,599               |                     | 31.00                 |
| 32.00                   | 03200                                  | CORONARY CARE UNIT                   | 0           |            | 0                       |                     | 32.00                 |
| 33.00                   | 03300                                  | BURN INTENSIVE CARE UNIT             | 0           |            | 0                       |                     | 33.00                 |
| 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                 |
| 42.00                   | 04200                                  | SUBPROVIDER                          | 0           |            | 0                       |                     | 42.00                 |
| 43.00                   | 04300                                  | NURSERY                              | 0           |            | 0                       |                     | 43.00                 |
| 44.00                   | 04400                                  | SKILLED NURSING FACILITY             | 0           |            | 0                       |                     | 44.00                 |
| 45.00                   | 04500                                  | NURSING FACILITY                     | 0           |            | 0                       |                     | 45.00                 |
| 46.00                   | 04600                                  | OTHER LONG TERM CARE                 | 0           |            | 0                       |                     | 46.00                 |
|                         | ANCILLARY SERVICE COST CENTERS         |                                      |             |            |                         |                     |                       |
| 50.00                   | 05000                                  | OPERATING ROOM                       | 8,824,956   | 8,953,865  | 17,778,821              | 0.260548            | 0.260548              |
| 51.00                   | 05100                                  | RECOVERY ROOM                        | 304,304     | 994,779    | 1,299,083               | 1.183924            | 1.183924              |
| 52.00                   | 05200                                  | DELIVERY ROOM & LABOR ROOM           | 0           | 0          | 0                       | 0.000000            | 0.000000              |
| 53.00                   | 05300                                  | ANESTHESIOLOGY                       | 2,765,624   | 3,158,194  | 5,923,818               | 0.076552            | 0.076552              |
| 54.00                   | 05400                                  | RADIOLOGY-DIAGNOSTIC                 | 252,896     | 2,342,358  | 2,595,254               | 0.538256            | 0.538256              |
| 55.00                   | 05500                                  | RADIOLOGY-THERAPEUTIC                | 0           | 0          | 0                       | 0.000000            | 0.000000              |
| 56.00                   | 05600                                  | RADIOISOTOPE                         | 0           | 0          | 0                       | 0.000000            | 0.000000              |
| 57.00                   | 05700                                  | CT SCAN                              | 0           | 0          | 0                       | 0.000000            | 0.000000              |
| 58.00                   | 05800                                  | MAGNETIC RESONANCE IMAGING (MRI)     | 0           | 0          | 0                       | 0.000000            | 0.000000              |
| 59.00                   | 05900                                  | CARDIAC CATHETERIZATION              | 0           | 0          | 0                       | 0.000000            | 0.000000              |
| 60.00                   | 06000                                  | LABORATORY                           | 740,041     | 374,494    | 1,114,535               | 1.013537            | 1.013537              |
| 60.01                   | 06001                                  | BLOOD LABORATORY                     | 0           | 0          | 0                       | 0.000000            | 0.000000              |
| 61.00                   | 06100                                  | PBP CLINICAL LAB SERVICES-PRGM ONLY  | 0           | 0          | 0                       | 0.000000            | 0.000000              |
| 62.00                   | 06200                                  | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0           | 0          | 0                       | 0.000000            | 0.000000              |
| 63.00                   | 06300                                  | BLOOD STORING, PROCESSING & TRANS.   | 0           | 0          | 0                       | 0.000000            | 0.000000              |
| 64.00                   | 06400                                  | INTRAVENOUS THERAPY                  | 0           | 0          | 0                       | 0.000000            | 0.000000              |
| 65.00                   | 06500                                  | RESPIRATORY THERAPY                  | 133,467     | 9,204      | 142,671                 | 3.864506            | 3.864506              |
| 66.00                   | 06600                                  | PHYSICAL THERAPY                     | 1,179,381   | 1,870,308  | 3,049,689               | 0.663846            | 0.663846              |
| 67.00                   | 06700                                  | OCCUPATIONAL THERAPY                 | 814,112     | 1,954,170  | 2,768,282               | 1.171733            | 1.171733              |
| 68.00                   | 06800                                  | SPEECH PATHOLOGY                     | 0           | 0          | 0                       | 0.000000            | 0.000000              |
| 69.00                   | 06900                                  | ELECTROCARDIOLOGY                    | 0           | 0          | 0                       | 0.000000            | 0.000000              |
| 70.00                   | 07000                                  | ELECTROENCEPHALOGRAPHY               | 0           | 0          | 0                       | 0.000000            | 0.000000              |
| 71.00                   | 07100                                  | MEDICAL SUPPLIES CHARGED TO PATIENTS | 1,719,824   | 147,947    | 1,867,771               | 0.648461            | 0.648461              |
| 72.00                   | 07200                                  | IMPL. DEV. CHARGED TO PATIENTS       | 6,085,356   | 462,558    | 6,547,914               | 0.741438            | 0.741438              |
| 73.00                   | 07300                                  | DRUGS CHARGED TO PATIENTS            | 2,734,109   | 1,568,191  | 4,302,300               | 0.291294            | 0.291294              |
| 74.00                   | 07400                                  | RENAL DIALYSIS                       | 0           | 0          | 0                       | 0.000000            | 0.000000              |
| 75.00                   | 07500                                  | ASC (NON-DISTINCT PART)              | 0           | 0          | 0                       | 0.000000            | 0.000000              |
|                         | OUTPATIENT SERVICE COST CENTERS        |                                      |             |            |                         |                     |                       |
| 88.00                   | 08800                                  | RURAL HEALTH CLINIC                  | 0           | 0          | 0                       |                     | 88.00                 |
| 89.00                   | 08900                                  | FEDERALLY QUALIFIED HEALTH CENTER    | 0           | 0          | 0                       |                     | 89.00                 |
| 90.00                   | 09000                                  | CLINIC                               | 12,433      | 2,931,447  | 2,943,880               | 1.507155            | 1.507155              |
| 91.00                   | 09100                                  | EMERGENCY                            | 0           | 0          | 0                       | 0.000000            | 0.000000              |
| 92.00                   | 09200                                  | OBSERVATION BEDS (NON-DISTINCT PART) | 2,821       | 3,323      | 6,144                   | 0.000000            | 0.000000              |
|                         | OTHER REIMBURSABLE COST CENTERS        |                                      |             |            |                         |                     |                       |
| 94.00                   | 09400                                  | HOME PROGRAM DIALYSIS                | 0           | 0          | 0                       | 0.000000            | 0.000000              |
| 95.00                   | 09500                                  | AMBULANCE SERVICES                   | 0           | 0          | 0                       | 0.000000            | 0.000000              |
| 96.00                   | 09600                                  | DURABLE MEDICAL EQUIP-RENTED         | 0           | 0          | 0                       | 0.000000            | 0.000000              |
| 97.00                   | 09700                                  | DURABLE MEDICAL EQUIP-SOLD           | 0           | 0          | 0                       | 0.000000            | 0.000000              |
| 98.00                   | 09850                                  | OTHER REIMBURSABLE COST CENTERS      | 0           | 0          | 0                       | 0.000000            | 0.000000              |
| 99.00                   | 09900                                  | CMHC                                 | 0           | 0          | 0                       |                     | 99.00                 |
| 99.10                   | 09910                                  | CORF                                 | 0           | 0          | 0                       |                     | 99.10                 |
| 100.00                  | 10000                                  | I&R SERVICES-NOT APPRVD PRGM         | 0           | 0          | 0                       |                     | 100.00                |
| 101.00                  | 10100                                  | HOME HEALTH AGENCY                   | 0           | 0          | 0                       |                     | 101.00                |
|                         | SPECIAL PURPOSE COST CENTERS           |                                      |             |            |                         |                     |                       |
| 105.00                  | 10500                                  | KIDNEY ACQUISITION                   | 0           | 0          | 0                       |                     | 105.00                |
| 106.00                  | 10600                                  | HEART ACQUISITION                    | 0           | 0          | 0                       |                     | 106.00                |
| 107.00                  | 10700                                  | LIVER ACQUISITION                    | 0           | 0          | 0                       |                     | 107.00                |
| 108.00                  | 10800                                  | LUNG ACQUISITION                     | 0           | 0          | 0                       |                     | 108.00                |
| 109.00                  | 10900                                  | PANCREAS ACQUISITION                 | 0           | 0          | 0                       |                     | 109.00                |
| 110.00                  | 11000                                  | INTESTINAL ACQUISITION               | 0           | 0          | 0                       |                     | 110.00                |
| 111.00                  | 11100                                  | ISLET ACQUISITION                    | 0           | 0          | 0                       |                     | 111.00                |
| 113.00                  | 11300                                  | INTEREST EXPENSE                     |             |            |                         |                     | 113.00                |
| 114.00                  | 11400                                  | UTILIZATION REVIEW-SNF               |             |            |                         |                     | 114.00                |
| 115.00                  | 11500                                  | AMBULATORY SURGICAL CENTER (D.P.)    | 0           | 0          | 0                       |                     | 115.00                |
| 116.00                  | 11600                                  | HOSPICE                              | 0           | 0          | 0                       |                     | 116.00                |
| 200.00                  |                                        | Subtotal (see instructions)          | 33,346,900  | 24,770,838 | 58,117,738              |                     | 200.00                |
| 201.00                  |                                        | Less Observation Beds                |             |            |                         |                     | 201.00                |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part I  
Date/Time Prepared:  
6/21/2020 11:31 am

|                         |                          |  | Title XVIII |            | Hospital                   | TEFRA                  |                             |
|-------------------------|--------------------------|--|-------------|------------|----------------------------|------------------------|-----------------------------|
| 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                       |                        |                             |
| 202.00                  | Total (see instructions) |  | 33,346,900  | 24,770,838 | 58,117,738                 |                        | 202.00                      |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part I  
Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description                |       |                                      | PPS Inpatient<br>Ratio | Title XVIII | Hospital | TEFRA  |
|----------------------------------------|-------|--------------------------------------|------------------------|-------------|----------|--------|
|                                        |       |                                      | 11.00                  |             |          |        |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                        |             |          |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  |                        |             |          | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  |                        |             |          | 31.00  |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   |                        |             |          | 32.00  |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             |                        |             |          | 33.00  |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT         |                        |             |          | 34.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                    |                        |             |          | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    |                        |             |          | 41.00  |
| 42.00                                  | 04200 | SUBPROVIDER                          |                        |             |          | 42.00  |
| 43.00                                  | 04300 | NURSERY                              |                        |             |          | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             |                        |             |          | 44.00  |
| 45.00                                  | 04500 | NURSING FACILITY                     |                        |             |          | 45.00  |
| 46.00                                  | 04600 | OTHER LONG TERM CARE                 |                        |             |          | 46.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                        |             |          |        |
| 50.00                                  | 05000 | OPERATING ROOM                       | 0.000000               |             |          | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 0.000000               |             |          | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0.000000               |             |          | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 0.000000               |             |          | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 0.000000               |             |          | 54.00  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 0.000000               |             |          | 55.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0.000000               |             |          | 56.00  |
| 57.00                                  | 05700 | CT SCAN                              | 0.000000               |             |          | 57.00  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0.000000               |             |          | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0.000000               |             |          | 59.00  |
| 60.00                                  | 06000 | LABORATORY                           | 0.000000               |             |          | 60.00  |
| 60.01                                  | 06001 | BLOOD LABORATORY                     | 0.000000               |             |          | 60.01  |
| 61.00                                  | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY  | 0.000000               |             |          | 61.00  |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0.000000               |             |          | 62.00  |
| 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 CHARGED TO PATIENTS | 0.000000               |             |          | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 0.000000               |             |          | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0.000000               |             |          | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0.000000               |             |          | 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 0.000000               |             |          | 75.00  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                        |             |          |        |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  |                        |             |          | 88.00  |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    |                        |             |          | 89.00  |
| 90.00                                  | 09000 | CLINIC                               | 0.000000               |             |          | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                            | 0.000000               |             |          | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0.000000               |             |          | 92.00  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                        |             |          |        |
| 94.00                                  | 09400 | HOME PROGRAM DIALYSIS                | 0.000000               |             |          | 94.00  |
| 95.00                                  | 09500 | AMBULANCE SERVICES                   | 0.000000               |             |          | 95.00  |
| 96.00                                  | 09600 | DURABLE MEDICAL EQUIP-RENTED         | 0.000000               |             |          | 96.00  |
| 97.00                                  | 09700 | DURABLE MEDICAL EQUIP-SOLD           | 0.000000               |             |          | 97.00  |
| 98.00                                  | 09850 | OTHER REIMBURSABLE COST CENTERS      | 0.000000               |             |          | 98.00  |
| 99.00                                  | 09900 | CMHC                                 |                        |             |          | 99.00  |
| 99.10                                  | 09910 | CORF                                 |                        |             |          | 99.10  |
| 100.00                                 | 10000 | I&R SERVICES-NOT APPRVD PRGM         |                        |             |          | 100.00 |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                   |                        |             |          | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                      |                        |             |          |        |
| 105.00                                 | 10500 | KIDNEY ACQUISITION                   |                        |             |          | 105.00 |
| 106.00                                 | 10600 | HEART ACQUISITION                    |                        |             |          | 106.00 |
| 107.00                                 | 10700 | LIVER ACQUISITION                    |                        |             |          | 107.00 |
| 108.00                                 | 10800 | LUNG ACQUISITION                     |                        |             |          | 108.00 |
| 109.00                                 | 10900 | PANCREAS ACQUISITION                 |                        |             |          | 109.00 |
| 110.00                                 | 11000 | INTESTINAL ACQUISITION               |                        |             |          | 110.00 |
| 111.00                                 | 11100 | ISLET ACQUISITION                    |                        |             |          | 111.00 |
| 113.00                                 | 11300 | INTEREST EXPENSE                     |                        |             |          | 113.00 |
| 114.00                                 | 11400 | UTILIZATION REVIEW-SNF               |                        |             |          | 114.00 |
| 115.00                                 | 11500 | AMBULATORY SURGICAL CENTER (D.P.)    |                        |             |          | 115.00 |
| 116.00                                 | 11600 | HOSPICE                              |                        |             |          | 116.00 |
| 200.00                                 |       | Subtotal (see instructions)          |                        |             |          | 200.00 |
| 201.00                                 |       | Less Observation Beds                |                        |             |          | 201.00 |
| 202.00                                 |       | Total (see instructions)             |                        |             |          | 202.00 |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part I  
Date/Time Prepared:  
6/21/2020 11:31 am

|                                        |       |                                      | Title XIX                                           |                       | Hospital    |                     | Cost        |
|----------------------------------------|-------|--------------------------------------|-----------------------------------------------------|-----------------------|-------------|---------------------|-------------|
| Cost Center Description                |       |                                      | Total Cost<br>(from Wkst. B,<br>Part I, col.<br>26) | Therapy Limit<br>Adj. | Costs       |                     |             |
|                                        |       |                                      |                                                     |                       | Total Costs | RCE<br>Disallowance | Total Costs |
|                                        |       |                                      | 1.00                                                | 2.00                  | 3.00        | 4.00                | 5.00        |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                                                     |                       |             |                     |             |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 8,808,523                                           |                       | 8,808,523   | 0                   | 8,808,523   |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 2,069,901                                           |                       | 2,069,901   | 0                   | 2,069,901   |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   | 0                                                   |                       | 0           | 0                   | 0           |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             | 0                                                   |                       | 0           | 0                   | 0           |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT         | 0                                                   |                       | 0           | 0                   | 0           |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                    | 0                                                   |                       | 0           | 0                   | 0           |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                                                   |                       | 0           | 0                   | 0           |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                                                   |                       | 0           | 0                   | 0           |
| 43.00                                  | 04300 | NURSERY                              | 0                                                   |                       | 0           | 0                   | 0           |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             | 0                                                   |                       | 0           | 0                   | 0           |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                                                   |                       | 0           | 0                   | 0           |
| 46.00                                  | 04600 | OTHER LONG TERM CARE                 | 0                                                   |                       | 0           | 0                   | 0           |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                                                     |                       |             |                     |             |
| 50.00                                  | 05000 | OPERATING ROOM                       | 4,632,230                                           |                       | 4,632,230   | 535,441             | 5,167,671   |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 1,538,015                                           |                       | 1,538,015   | 0                   | 1,538,015   |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0                                                   |                       | 0           | 0                   | 0           |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 453,481                                             |                       | 453,481     | 0                   | 453,481     |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 1,396,912                                           |                       | 1,396,912   | 0                   | 1,396,912   |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 0                                                   |                       | 0           | 0                   | 0           |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0                                                   |                       | 0           | 0                   | 0           |
| 57.00                                  | 05700 | CT SCAN                              | 0                                                   |                       | 0           | 0                   | 0           |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0                                                   |                       | 0           | 0                   | 0           |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0                                                   |                       | 0           | 0                   | 0           |
| 60.00                                  | 06000 | LABORATORY                           | 1,129,622                                           |                       | 1,129,622   | 0                   | 1,129,622   |
| 60.01                                  | 06001 | BLOOD LABORATORY                     | 0                                                   |                       | 0           | 0                   | 0           |
| 61.00                                  | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY  | 0                                                   |                       | 0           | 0                   | 0           |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0                                                   |                       | 0           | 0                   | 0           |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0                                                   |                       | 0           | 0                   | 0           |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                  | 0                                                   |                       | 0           | 0                   | 0           |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 551,353                                             | 0                     | 551,353     | 0                   | 551,353     |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 2,024,525                                           | 0                     | 2,024,525   | 0                   | 2,024,525   |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 3,243,687                                           | 0                     | 3,243,687   | 0                   | 3,243,687   |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0                                                   | 0                     | 0           | 0                   | 0           |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0                                                   |                       | 0           | 0                   | 0           |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0                                                   |                       | 0           | 0                   | 0           |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 1,211,176                                           |                       | 1,211,176   | 0                   | 1,211,176   |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 4,854,869                                           |                       | 4,854,869   | 0                   | 4,854,869   |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 1,253,235                                           |                       | 1,253,235   | 0                   | 1,253,235   |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0                                                   |                       | 0           | 0                   | 0           |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 0                                                   |                       | 0           | 0                   | 0           |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                                                     |                       |             |                     |             |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                                                   |                       | 0           | 0                   | 0           |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                                   |                       | 0           | 0                   | 0           |
| 90.00                                  | 09000 | CLINIC                               | 4,436,882                                           |                       | 4,436,882   | 0                   | 4,436,882   |
| 91.00                                  | 09100 | EMERGENCY                            | 0                                                   |                       | 0           | 0                   | 0           |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                                                   |                       | 0           | 0                   | 0           |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                                                     |                       |             |                     |             |
| 94.00                                  | 09400 | HOME PROGRAM DIALYSIS                | 0                                                   |                       | 0           | 0                   | 0           |
| 95.00                                  | 09500 | AMBULANCE SERVICES                   | 0                                                   |                       | 0           | 0                   | 0           |
| 96.00                                  | 09600 | DURABLE MEDICAL EQUIP-RENTED         | 0                                                   |                       | 0           | 0                   | 0           |
| 97.00                                  | 09700 | DURABLE MEDICAL EQUIP-SOLD           | 0                                                   |                       | 0           | 0                   | 0           |
| 98.00                                  | 09850 | OTHER REIMBURSABLE COST CENTERS      | 0                                                   |                       | 0           | 0                   | 0           |
| 99.00                                  | 09900 | CMHC                                 | 0                                                   |                       | 0           | 0                   | 0           |
| 99.10                                  | 09910 | CORF                                 | 0                                                   |                       | 0           | 0                   | 0           |
| 100.00                                 | 10000 | I&R SERVICES-NOT APPRVD PRGM         | 0                                                   |                       | 0           | 0                   | 0           |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                   | 0                                                   |                       | 0           | 0                   | 0           |
| SPECIAL PURPOSE COST CENTERS           |       |                                      |                                                     |                       |             |                     |             |
| 105.00                                 | 10500 | KIDNEY ACQUISITION                   | 0                                                   |                       | 0           | 0                   | 0           |
| 106.00                                 | 10600 | HEART ACQUISITION                    | 0                                                   |                       | 0           | 0                   | 0           |
| 107.00                                 | 10700 | LIVER ACQUISITION                    | 0                                                   |                       | 0           | 0                   | 0           |
| 108.00                                 | 10800 | LUNG ACQUISITION                     | 0                                                   |                       | 0           | 0                   | 0           |
| 109.00                                 | 10900 | PANCREAS ACQUISITION                 | 0                                                   |                       | 0           | 0                   | 0           |
| 110.00                                 | 11000 | INTESTINAL ACQUISITION               | 0                                                   |                       | 0           | 0                   | 0           |
| 111.00                                 | 11100 | ISLET ACQUISITION                    | 0                                                   |                       | 0           | 0                   | 0           |
| 113.00                                 | 11300 | INTEREST EXPENSE                     | 0                                                   |                       | 0           | 0                   | 0           |
| 114.00                                 | 11400 | UTILIZATION REVIEW-SNF               | 0                                                   |                       | 0           | 0                   | 0           |
| 115.00                                 | 11500 | AMBULATORY SURGICAL CENTER (D.P.)    | 0                                                   |                       | 0           | 0                   | 0           |
| 116.00                                 | 11600 | HOSPICE                              | 0                                                   |                       | 0           | 0                   | 0           |
| 200.00                                 |       | Subtotal (see instructions)          | 37,604,411                                          | 0                     | 37,604,411  | 535,441             | 38,139,852  |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part I  
Date/Time Prepared:  
6/21/2020 11:31 am

|                         |  |                          |            | Title XIX                                           |                       | Hospital    |                     | Cost        |        |
|-------------------------|--|--------------------------|------------|-----------------------------------------------------|-----------------------|-------------|---------------------|-------------|--------|
| Cost Center Description |  |                          |            | Total Cost<br>(from Wkst. B,<br>Part I, col.<br>26) | Therapy Limit<br>Adj. | Costs       |                     |             |        |
|                         |  |                          |            |                                                     |                       | Total Costs | RCE<br>Disallowance | Total Costs |        |
|                         |  |                          |            |                                                     |                       |             |                     |             |        |
|                         |  |                          |            | 1.00                                                | 2.00                  | 3.00        | 4.00                | 5.00        |        |
| 201.00                  |  | Less Observation Beds    | 0          |                                                     | 0                     |             | 0                   | 0           | 201.00 |
| 202.00                  |  | Total (see instructions) | 37,604,411 | 0                                                   | 37,604,411            |             | 535,441             | 38,139,852  | 202.00 |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part I  
Date/Time Prepared:  
6/21/2020 11:31 am

|                                        |       |                                      | Title XIX  |            | Hospital                | Cost                |                       |
|----------------------------------------|-------|--------------------------------------|------------|------------|-------------------------|---------------------|-----------------------|
| Cost Center Description                |       |                                      | Charges    |            |                         | Cost or Other Ratio | TEFRA Inpatient Ratio |
|                                        |       |                                      | Inpatient  | Outpatient | Total (col. 6 + col. 7) |                     |                       |
|                                        |       |                                      | 6.00       | 7.00       | 8.00                    |                     |                       |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |            |            |                         |                     |                       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 5,000,977  |            | 5,000,977               |                     | 30.00                 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 2,776,599  |            | 2,776,599               |                     | 31.00                 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   | 0          |            | 0                       |                     | 32.00                 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             | 0          |            | 0                       |                     | 33.00                 |
| 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                 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0          |            | 0                       |                     | 42.00                 |
| 43.00                                  | 04300 | NURSERY                              | 0          |            | 0                       |                     | 43.00                 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             | 0          |            | 0                       |                     | 44.00                 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0          |            | 0                       |                     | 45.00                 |
| 46.00                                  | 04600 | OTHER LONG TERM CARE                 | 0          |            | 0                       |                     | 46.00                 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |            |            |                         |                     |                       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 8,824,956  | 8,953,865  | 17,778,821              | 0.260548            | 0.000000              |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 304,304    | 994,779    | 1,299,083               | 1.183924            | 0.000000              |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0          | 0          | 0                       | 0.000000            | 0.000000              |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 2,765,624  | 3,158,194  | 5,923,818               | 0.076552            | 0.000000              |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 252,896    | 2,342,358  | 2,595,254               | 0.538256            | 0.000000              |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 0          | 0          | 0                       | 0.000000            | 0.000000              |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0          | 0          | 0                       | 0.000000            | 0.000000              |
| 57.00                                  | 05700 | CT SCAN                              | 0          | 0          | 0                       | 0.000000            | 0.000000              |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0          | 0          | 0                       | 0.000000            | 0.000000              |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0          | 0          | 0                       | 0.000000            | 0.000000              |
| 60.00                                  | 06000 | LABORATORY                           | 740,041    | 374,494    | 1,114,535               | 1.013537            | 0.000000              |
| 60.01                                  | 06001 | BLOOD LABORATORY                     | 0          | 0          | 0                       | 0.000000            | 0.000000              |
| 61.00                                  | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY  | 0          | 0          | 0                       | 0.000000            | 0.000000              |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0          | 0          | 0                       | 0.000000            | 0.000000              |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0          | 0          | 0                       | 0.000000            | 0.000000              |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                  | 0          | 0          | 0                       | 0.000000            | 0.000000              |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 133,467    | 9,204      | 142,671                 | 3.864506            | 0.000000              |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 1,179,381  | 1,870,308  | 3,049,689               | 0.663846            | 0.000000              |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 814,112    | 1,954,170  | 2,768,282               | 1.171733            | 0.000000              |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0          | 0          | 0                       | 0.000000            | 0.000000              |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0          | 0          | 0                       | 0.000000            | 0.000000              |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0          | 0          | 0                       | 0.000000            | 0.000000              |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 1,719,824  | 147,947    | 1,867,771               | 0.648461            | 0.000000              |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 6,085,356  | 462,558    | 6,547,914               | 0.741438            | 0.000000              |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 2,734,109  | 1,568,191  | 4,302,300               | 0.291294            | 0.000000              |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0          | 0          | 0                       | 0.000000            | 0.000000              |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 0          | 0          | 0                       | 0.000000            | 0.000000              |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |            |            |                         |                     |                       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0          | 0          | 0                       | 0.000000            | 0.000000              |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0          | 0          | 0                       | 0.000000            | 0.000000              |
| 90.00                                  | 09000 | CLINIC                               | 12,433     | 2,931,447  | 2,943,880               | 1.507155            | 0.000000              |
| 91.00                                  | 09100 | EMERGENCY                            | 0          | 0          | 0                       | 0.000000            | 0.000000              |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 2,821      | 3,323      | 6,144                   | 0.000000            | 0.000000              |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |            |            |                         |                     |                       |
| 94.00                                  | 09400 | HOME PROGRAM DIALYSIS                | 0          | 0          | 0                       | 0.000000            | 0.000000              |
| 95.00                                  | 09500 | AMBULANCE SERVICES                   | 0          | 0          | 0                       | 0.000000            | 0.000000              |
| 96.00                                  | 09600 | DURABLE MEDICAL EQUIP-RENTED         | 0          | 0          | 0                       | 0.000000            | 0.000000              |
| 97.00                                  | 09700 | DURABLE MEDICAL EQUIP-SOLD           | 0          | 0          | 0                       | 0.000000            | 0.000000              |
| 98.00                                  | 09850 | OTHER REIMBURSABLE COST CENTERS      | 0          | 0          | 0                       | 0.000000            | 0.000000              |
| 99.00                                  | 09900 | CMHC                                 | 0          | 0          | 0                       |                     | 99.00                 |
| 99.10                                  | 09910 | CORF                                 | 0          | 0          | 0                       |                     | 99.10                 |
| 100.00                                 | 10000 | I&R SERVICES-NOT APPRVD PRGM         | 0          | 0          | 0                       |                     | 100.00                |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                   | 0          | 0          | 0                       |                     | 101.00                |
| SPECIAL PURPOSE COST CENTERS           |       |                                      |            |            |                         |                     |                       |
| 105.00                                 | 10500 | KIDNEY ACQUISITION                   | 0          | 0          | 0                       |                     | 105.00                |
| 106.00                                 | 10600 | HEART ACQUISITION                    | 0          | 0          | 0                       |                     | 106.00                |
| 107.00                                 | 10700 | LIVER ACQUISITION                    | 0          | 0          | 0                       |                     | 107.00                |
| 108.00                                 | 10800 | LUNG ACQUISITION                     | 0          | 0          | 0                       |                     | 108.00                |
| 109.00                                 | 10900 | PANCREAS ACQUISITION                 | 0          | 0          | 0                       |                     | 109.00                |
| 110.00                                 | 11000 | INTESTINAL ACQUISITION               | 0          | 0          | 0                       |                     | 110.00                |
| 111.00                                 | 11100 | ISLET ACQUISITION                    | 0          | 0          | 0                       |                     | 111.00                |
| 113.00                                 | 11300 | INTEREST EXPENSE                     |            |            |                         |                     | 113.00                |
| 114.00                                 | 11400 | UTILIZATION REVIEW-SNF               |            |            |                         |                     | 114.00                |
| 115.00                                 | 11500 | AMBULATORY SURGICAL CENTER (D.P.)    | 0          | 0          | 0                       |                     | 115.00                |
| 116.00                                 | 11600 | HOSPICE                              | 0          | 0          | 0                       |                     | 116.00                |
| 200.00                                 |       | Subtotal (see instructions)          | 33,346,900 | 24,770,838 | 58,117,738              |                     | 200.00                |
| 201.00                                 |       | Less Observation Beds                |            |            |                         |                     | 201.00                |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part I  
Date/Time Prepared:  
6/21/2020 11:31 am

|                         |                          |  | Title XIX  |            | Hospital                   | Cost                   |                             |
|-------------------------|--------------------------|--|------------|------------|----------------------------|------------------------|-----------------------------|
| 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                       |                        |                             |
| 202.00                  | Total (see instructions) |  | 33,346,900 | 24,770,838 | 58,117,738                 |                        | 202.00                      |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part I  
Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description                |       |                                      | PPS Inpatient<br>Ratio | Title XIX | Hospital | Cost   |
|----------------------------------------|-------|--------------------------------------|------------------------|-----------|----------|--------|
|                                        |       |                                      | 11.00                  |           |          |        |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                        |           |          |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  |                        |           |          | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  |                        |           |          | 31.00  |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   |                        |           |          | 32.00  |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             |                        |           |          | 33.00  |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT         |                        |           |          | 34.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                    |                        |           |          | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    |                        |           |          | 41.00  |
| 42.00                                  | 04200 | SUBPROVIDER                          |                        |           |          | 42.00  |
| 43.00                                  | 04300 | NURSERY                              |                        |           |          | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             |                        |           |          | 44.00  |
| 45.00                                  | 04500 | NURSING FACILITY                     |                        |           |          | 45.00  |
| 46.00                                  | 04600 | OTHER LONG TERM CARE                 |                        |           |          | 46.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                        |           |          |        |
| 50.00                                  | 05000 | OPERATING ROOM                       | 0.000000               |           |          | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 0.000000               |           |          | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0.000000               |           |          | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 0.000000               |           |          | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 0.000000               |           |          | 54.00  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 0.000000               |           |          | 55.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0.000000               |           |          | 56.00  |
| 57.00                                  | 05700 | CT SCAN                              | 0.000000               |           |          | 57.00  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0.000000               |           |          | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0.000000               |           |          | 59.00  |
| 60.00                                  | 06000 | LABORATORY                           | 0.000000               |           |          | 60.00  |
| 60.01                                  | 06001 | BLOOD LABORATORY                     | 0.000000               |           |          | 60.01  |
| 61.00                                  | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY  | 0.000000               |           |          | 61.00  |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0.000000               |           |          | 62.00  |
| 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 CHARGED TO PATIENTS | 0.000000               |           |          | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 0.000000               |           |          | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0.000000               |           |          | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0.000000               |           |          | 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 0.000000               |           |          | 75.00  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                        |           |          |        |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0.000000               |           |          | 88.00  |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0.000000               |           |          | 89.00  |
| 90.00                                  | 09000 | CLINIC                               | 0.000000               |           |          | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                            | 0.000000               |           |          | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0.000000               |           |          | 92.00  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                        |           |          |        |
| 94.00                                  | 09400 | HOME PROGRAM DIALYSIS                | 0.000000               |           |          | 94.00  |
| 95.00                                  | 09500 | AMBULANCE SERVICES                   | 0.000000               |           |          | 95.00  |
| 96.00                                  | 09600 | DURABLE MEDICAL EQUIP-RENTED         | 0.000000               |           |          | 96.00  |
| 97.00                                  | 09700 | DURABLE MEDICAL EQUIP-SOLD           | 0.000000               |           |          | 97.00  |
| 98.00                                  | 09850 | OTHER REIMBURSABLE COST CENTERS      | 0.000000               |           |          | 98.00  |
| 99.00                                  | 09900 | CMHC                                 |                        |           |          | 99.00  |
| 99.10                                  | 09910 | CORF                                 |                        |           |          | 99.10  |
| 100.00                                 | 10000 | I&R SERVICES-NOT APPRVD PRGM         |                        |           |          | 100.00 |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                   |                        |           |          | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                      |                        |           |          |        |
| 105.00                                 | 10500 | KIDNEY ACQUISITION                   |                        |           |          | 105.00 |
| 106.00                                 | 10600 | HEART ACQUISITION                    |                        |           |          | 106.00 |
| 107.00                                 | 10700 | LIVER ACQUISITION                    |                        |           |          | 107.00 |
| 108.00                                 | 10800 | LUNG ACQUISITION                     |                        |           |          | 108.00 |
| 109.00                                 | 10900 | PANCREAS ACQUISITION                 |                        |           |          | 109.00 |
| 110.00                                 | 11000 | INTESTINAL ACQUISITION               |                        |           |          | 110.00 |
| 111.00                                 | 11100 | ISLET ACQUISITION                    |                        |           |          | 111.00 |
| 113.00                                 | 11300 | INTEREST EXPENSE                     |                        |           |          | 113.00 |
| 114.00                                 | 11400 | UTILIZATION REVIEW-SNF               |                        |           |          | 114.00 |
| 115.00                                 | 11500 | AMBULATORY SURGICAL CENTER (D.P.)    |                        |           |          | 115.00 |
| 116.00                                 | 11600 | HOSPICE                              |                        |           |          | 116.00 |
| 200.00                                 |       | Subtotal (see instructions)          |                        |           |          | 200.00 |
| 201.00                                 |       | Less Observation Beds                |                        |           |          | 201.00 |
| 202.00                                 |       | Total (see instructions)             |                        |           |          | 202.00 |

## APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet D  
Part I  
Date/Time Prepared:  
6/21/2020 11:31 am

|                                        |                              |                                                                   | Title XVIII                                                  |                                                            | Hospital              | TEFRA                         |        |
|----------------------------------------|------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------|-----------------------|-------------------------------|--------|
| 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          | 722,131                                                           | 0                                                            | 722,131                                                    | 2,366                 | 305.21                        | 30.00  |
| 31.00                                  | INTENSIVE CARE UNIT          | 134,700                                                           |                                                              | 134,700                                                    | 440                   | 306.14                        | 31.00  |
| 32.00                                  | CORONARY CARE UNIT           | 0                                                                 |                                                              | 0                                                          | 0                     | 0.00                          | 32.00  |
| 33.00                                  | BURN INTENSIVE CARE UNIT     | 0                                                                 |                                                              | 0                                                          | 0                     | 0.00                          | 33.00  |
| 34.00                                  | SURGICAL INTENSIVE CARE UNIT | 0                                                                 |                                                              | 0                                                          | 0                     | 0.00                          | 34.00  |
| 40.00                                  | SUBPROVIDER - IPF            | 0                                                                 | 0                                                            | 0                                                          | 0                     | 0.00                          | 40.00  |
| 41.00                                  | SUBPROVIDER - IRF            | 0                                                                 | 0                                                            | 0                                                          | 0                     | 0.00                          | 41.00  |
| 42.00                                  | SUBPROVIDER                  | 0                                                                 | 0                                                            | 0                                                          | 0                     | 0.00                          | 42.00  |
| 43.00                                  | NURSERY                      | 0                                                                 |                                                              | 0                                                          | 0                     | 0.00                          | 43.00  |
| 44.00                                  | SKILLED NURSING FACILITY     | 0                                                                 |                                                              | 0                                                          | 0                     | 0.00                          | 44.00  |
| 45.00                                  | NURSING FACILITY             | 0                                                                 |                                                              | 0                                                          | 0                     | 0.00                          | 45.00  |
| 200.00                                 | Total (lines 30 through 199) | 856,831                                                           |                                                              | 856,831                                                    | 2,806                 |                               | 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          | 0                                                                 | 0                                                            |                                                            |                       |                               |        |
| 31.00                                  | INTENSIVE CARE UNIT          | 0                                                                 | 0                                                            |                                                            |                       |                               |        |
| 32.00                                  | CORONARY CARE UNIT           | 0                                                                 | 0                                                            |                                                            |                       |                               |        |
| 33.00                                  | BURN INTENSIVE CARE UNIT     | 0                                                                 | 0                                                            |                                                            |                       |                               |        |
| 34.00                                  | SURGICAL INTENSIVE CARE UNIT | 0                                                                 | 0                                                            |                                                            |                       |                               |        |
| 40.00                                  | SUBPROVIDER - IPF            | 0                                                                 | 0                                                            |                                                            |                       |                               |        |
| 41.00                                  | SUBPROVIDER - IRF            | 0                                                                 | 0                                                            |                                                            |                       |                               |        |
| 42.00                                  | SUBPROVIDER                  | 0                                                                 | 0                                                            |                                                            |                       |                               |        |
| 43.00                                  | NURSERY                      | 0                                                                 | 0                                                            |                                                            |                       |                               |        |
| 44.00                                  | SKILLED NURSING FACILITY     | 0                                                                 | 0                                                            |                                                            |                       |                               |        |
| 45.00                                  | NURSING FACILITY             | 0                                                                 | 0                                                            |                                                            |                       |                               |        |
| 200.00                                 | Total (lines 30 through 199) | 0                                                                 | 0                                                            |                                                            |                       |                               |        |

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet D  
Part II  
Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description         |       | Title XVIII                                           |                                              | Hospital                                   |                           | TEFRA                               |          |
|---------------------------------|-------|-------------------------------------------------------|----------------------------------------------|--------------------------------------------|---------------------------|-------------------------------------|----------|
|                                 |       | 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                                        | 451,936                                      | 17,778,821                                 | 0.025420                  | 0                                   | 0 50.00  |
| 51.00                           | 05100 | RECOVERY ROOM                                         | 161,052                                      | 1,299,083                                  | 0.123974                  | 0                                   | 0 51.00  |
| 52.00                           | 05200 | DELIVERY ROOM & LABOR ROOM                            | 0                                            | 0                                          | 0.000000                  | 0                                   | 0 52.00  |
| 53.00                           | 05300 | ANESTHESIOLOGY                                        | 31,714                                       | 5,923,818                                  | 0.005354                  | 0                                   | 0 53.00  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                                  | 111,728                                      | 2,595,254                                  | 0.043051                  | 0                                   | 0 54.00  |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC                                 | 0                                            | 0                                          | 0.000000                  | 0                                   | 0 55.00  |
| 56.00                           | 05600 | RADIOISOTOPE                                          | 0                                            | 0                                          | 0.000000                  | 0                                   | 0 56.00  |
| 57.00                           | 05700 | CT SCAN                                               | 0                                            | 0                                          | 0.000000                  | 0                                   | 0 57.00  |
| 58.00                           | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                      | 0                                            | 0                                          | 0.000000                  | 0                                   | 0 58.00  |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION                               | 0                                            | 0                                          | 0.000000                  | 0                                   | 0 59.00  |
| 60.00                           | 06000 | LABORATORY                                            | 108,075                                      | 1,114,535                                  | 0.096969                  | 0                                   | 0 60.00  |
| 60.01                           | 06001 | BLOOD LABORATORY                                      | 0                                            | 0                                          | 0.000000                  | 0                                   | 0 60.01  |
| 61.00                           | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY                   | 0                                            | 0                                          | 0.000000                  | 0                                   | 0 61.00  |
| 62.00                           | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS                  | 0                                            | 0                                          | 0.000000                  | 0                                   | 0 62.00  |
| 63.00                           | 06300 | BLOOD STORING, PROCESSING & TRANS.                    | 0                                            | 0                                          | 0.000000                  | 0                                   | 0 63.00  |
| 64.00                           | 06400 | INTRAVENOUS THERAPY                                   | 0                                            | 0                                          | 0.000000                  | 0                                   | 0 64.00  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                                   | 17,044                                       | 142,671                                    | 0.119464                  | 0                                   | 0 65.00  |
| 66.00                           | 06600 | PHYSICAL THERAPY                                      | 186,539                                      | 3,049,689                                  | 0.061167                  | 0                                   | 0 66.00  |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                                  | 280,760                                      | 2,768,282                                  | 0.101420                  | 0                                   | 0 67.00  |
| 68.00                           | 06800 | SPEECH PATHOLOGY                                      | 0                                            | 0                                          | 0.000000                  | 0                                   | 0 68.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                                     | 0                                            | 0                                          | 0.000000                  | 0                                   | 0 69.00  |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY                                | 0                                            | 0                                          | 0.000000                  | 0                                   | 0 70.00  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS                  | 38,524                                       | 1,867,771                                  | 0.020626                  | 0                                   | 0 71.00  |
| 72.00                           | 07200 | IMPL. DEV. CHARGED TO PATIENTS                        | 153,098                                      | 6,547,914                                  | 0.023381                  | 0                                   | 0 72.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS                             | 45,888                                       | 4,302,300                                  | 0.010666                  | 0                                   | 0 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                                        | 0                                            | 0                                          | 0.000000                  | 0                                   | 0 74.00  |
| 75.00                           | 07500 | ASC (NON-DISTINCT PART)                               | 0                                            | 0                                          | 0.000000                  | 0                                   | 0 75.00  |
| OUTPATIENT SERVICE COST CENTERS |       |                                                       |                                              |                                            |                           |                                     |          |
| 88.00                           | 08800 | RURAL HEALTH CLINIC                                   | 0                                            | 0                                          | 0.000000                  | 0                                   | 0 88.00  |
| 89.00                           | 08900 | FEDERALLY QUALIFIED HEALTH CENTER                     | 0                                            | 0                                          | 0.000000                  | 0                                   | 0 89.00  |
| 90.00                           | 09000 | CLINIC                                                | 473,178                                      | 2,943,880                                  | 0.160733                  | 0                                   | 0 90.00  |
| 91.00                           | 09100 | EMERGENCY                                             | 0                                            | 0                                          | 0.000000                  | 0                                   | 0 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)                  | 0                                            | 6,144                                      | 0.000000                  | 0                                   | 0 92.00  |
| OTHER REIMBURSABLE COST CENTERS |       |                                                       |                                              |                                            |                           |                                     |          |
| 94.00                           | 09400 | HOME PROGRAM DIALYSIS                                 | 0                                            | 0                                          | 0.000000                  | 0                                   | 0 94.00  |
| 95.00                           | 09500 | AMBULANCE SERVICES                                    | 0                                            | 0                                          | 0.000000                  | 0                                   | 0 95.00  |
| 96.00                           | 09600 | DURABLE MEDICAL EQUIP-RENTED                          | 0                                            | 0                                          | 0.000000                  | 0                                   | 0 96.00  |
| 97.00                           | 09700 | DURABLE MEDICAL EQUIP-SOLD                            | 0                                            | 0                                          | 0.000000                  | 0                                   | 0 97.00  |
| 98.00                           | 09850 | OTHER REIMBURSABLE COST CENTERS                       | 0                                            | 0                                          | 0.000000                  | 0                                   | 0 98.00  |
| 200.00                          |       | Total (lines 50 through 199)                          | 2,059,536                                    | 50,340,162                                 |                           | 0                                   | 0 200.00 |

| APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS |       |                              |   |   | Provider CCN: 14-3302                                             |                                                               | Period:<br>From 01/01/2019<br>To 12/31/2019   |                               | Worksheet D<br>Part III<br>Date/Time Prepared:<br>6/21/2020 11:31 am |        |        |
|---------------------------------------------------------------------|-------|------------------------------|---|---|-------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------|-------------------------------|----------------------------------------------------------------------|--------|--------|
|                                                                     |       |                              |   |   | Title XVIII                                                       |                                                               | Hospital                                      |                               | TEFRA                                                                |        |        |
| Cost Center Description                                             |       |                              |   |   | Nursing School<br>Post-Stepdown<br>Adjustments                    | Nursing School                                                | Allied Health<br>Post-Stepdown<br>Adjustments | Allied Health<br>Cost         | All Other<br>Medical<br>Education Cost                               |        |        |
|                                                                     |       |                              |   |   | 1A                                                                | 1.00                                                          | 2A                                            | 2.00                          | 3.00                                                                 |        |        |
| INPATIENT ROUTINE SERVICE COST CENTERS                              |       |                              |   |   |                                                                   |                                                               |                                               |                               |                                                                      |        |        |
| 30.00                                                               | 03000 | ADULTS & PEDIATRICS          | 0 | 0 | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                                                    | 30.00  |        |
| 31.00                                                               | 03100 | INTENSIVE CARE UNIT          | 0 | 0 | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                                                    | 31.00  |        |
| 32.00                                                               | 03200 | CORONARY CARE UNIT           | 0 | 0 | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                                                    | 32.00  |        |
| 33.00                                                               | 03300 | BURN INTENSIVE CARE UNIT     | 0 | 0 | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                                                    | 33.00  |        |
| 34.00                                                               | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                                                    | 34.00  |        |
| 40.00                                                               | 04000 | SUBPROVIDER - IPF            | 0 | 0 | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                                                    | 40.00  |        |
| 41.00                                                               | 04100 | SUBPROVIDER - IRF            | 0 | 0 | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                                                    | 41.00  |        |
| 42.00                                                               | 04200 | SUBPROVIDER                  | 0 | 0 | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                                                    | 42.00  |        |
| 43.00                                                               | 04300 | NURSERY                      | 0 | 0 | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                                                    | 43.00  |        |
| 44.00                                                               | 04400 | SKILLED NURSING FACILITY     | 0 | 0 | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                                                    | 44.00  |        |
| 45.00                                                               | 04500 | NURSING FACILITY             | 0 | 0 | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                                                    | 45.00  |        |
| 200.00                                                              |       | Total (lines 30 through 199) | 0 | 0 | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                                                    | 200.00 |        |
| Cost Center Description                                             |       |                              |   |   | Swing-Bed<br>Adjustment<br>Amount (see<br>instructions)           | Total Costs<br>(sum of cols.<br>1 through 3,<br>minus col. 4) | Total Patient<br>Days                         | Per Diem (col.<br>5 ÷ col. 6) | Inpatient<br>Program Days                                            |        |        |
|                                                                     |       |                              |   |   | 4.00                                                              | 5.00                                                          | 6.00                                          | 7.00                          | 8.00                                                                 |        |        |
| INPATIENT ROUTINE SERVICE COST CENTERS                              |       |                              |   |   |                                                                   |                                                               |                                               |                               |                                                                      |        |        |
| 30.00                                                               | 03000 | ADULTS & PEDIATRICS          | 0 | 0 | 2,366                                                             | 0.00                                                          | 0                                             | 0                             | 0                                                                    | 30.00  |        |
| 31.00                                                               | 03100 | INTENSIVE CARE UNIT          | 0 | 0 | 440                                                               | 0.00                                                          | 0                                             | 0                             | 0                                                                    | 31.00  |        |
| 32.00                                                               | 03200 | CORONARY CARE UNIT           | 0 | 0 | 0                                                                 | 0.00                                                          | 0                                             | 0                             | 0                                                                    | 32.00  |        |
| 33.00                                                               | 03300 | BURN INTENSIVE CARE UNIT     | 0 | 0 | 0                                                                 | 0.00                                                          | 0                                             | 0                             | 0                                                                    | 33.00  |        |
| 34.00                                                               | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 | 0 | 0                                                                 | 0.00                                                          | 0                                             | 0                             | 0                                                                    | 34.00  |        |
| 40.00                                                               | 04000 | SUBPROVIDER - IPF            | 0 | 0 | 0                                                                 | 0.00                                                          | 0                                             | 0                             | 0                                                                    | 40.00  |        |
| 41.00                                                               | 04100 | SUBPROVIDER - IRF            | 0 | 0 | 0                                                                 | 0.00                                                          | 0                                             | 0                             | 0                                                                    | 41.00  |        |
| 42.00                                                               | 04200 | SUBPROVIDER                  | 0 | 0 | 0                                                                 | 0.00                                                          | 0                                             | 0                             | 0                                                                    | 42.00  |        |
| 43.00                                                               | 04300 | NURSERY                      | 0 | 0 | 0                                                                 | 0.00                                                          | 0                                             | 0                             | 0                                                                    | 43.00  |        |
| 44.00                                                               | 04400 | SKILLED NURSING FACILITY     | 0 | 0 | 0                                                                 | 0.00                                                          | 0                                             | 0                             | 0                                                                    | 44.00  |        |
| 45.00                                                               | 04500 | NURSING FACILITY             | 0 | 0 | 0                                                                 | 0.00                                                          | 0                                             | 0                             | 0                                                                    | 45.00  |        |
| 200.00                                                              |       | Total (lines 30 through 199) | 0 | 0 | 2,806                                                             |                                                               | 0                                             | 0                             | 0                                                                    | 200.00 |        |
| Cost Center Description                                             |       |                              |   |   | Inpatient<br>Program<br>Pass-Through<br>Cost (col. 7 x<br>col. 8) |                                                               |                                               |                               |                                                                      |        |        |
|                                                                     |       |                              |   |   | 9.00                                                              |                                                               |                                               |                               |                                                                      |        |        |
| INPATIENT ROUTINE SERVICE COST CENTERS                              |       |                              |   |   |                                                                   |                                                               |                                               |                               |                                                                      |        |        |
| 30.00                                                               | 03000 | ADULTS & PEDIATRICS          | 0 |   |                                                                   |                                                               |                                               |                               |                                                                      |        | 30.00  |
| 31.00                                                               | 03100 | INTENSIVE CARE UNIT          | 0 |   |                                                                   |                                                               |                                               |                               |                                                                      |        | 31.00  |
| 32.00                                                               | 03200 | CORONARY CARE UNIT           | 0 |   |                                                                   |                                                               |                                               |                               |                                                                      |        | 32.00  |
| 33.00                                                               | 03300 | BURN INTENSIVE CARE UNIT     | 0 |   |                                                                   |                                                               |                                               |                               |                                                                      |        | 33.00  |
| 34.00                                                               | 03400 | SURGICAL INTENSIVE CARE UNIT | 0 |   |                                                                   |                                                               |                                               |                               |                                                                      |        | 34.00  |
| 40.00                                                               | 04000 | SUBPROVIDER - IPF            | 0 |   |                                                                   |                                                               |                                               |                               |                                                                      |        | 40.00  |
| 41.00                                                               | 04100 | SUBPROVIDER - IRF            | 0 |   |                                                                   |                                                               |                                               |                               |                                                                      |        | 41.00  |
| 42.00                                                               | 04200 | SUBPROVIDER                  | 0 |   |                                                                   |                                                               |                                               |                               |                                                                      |        | 42.00  |
| 43.00                                                               | 04300 | NURSERY                      | 0 |   |                                                                   |                                                               |                                               |                               |                                                                      |        | 43.00  |
| 44.00                                                               | 04400 | SKILLED NURSING FACILITY     | 0 |   |                                                                   |                                                               |                                               |                               |                                                                      |        | 44.00  |
| 45.00                                                               | 04500 | NURSING FACILITY             | 0 |   |                                                                   |                                                               |                                               |                               |                                                                      |        | 45.00  |
| 200.00                                                              |       | Total (lines 30 through 199) | 0 |   |                                                                   |                                                               |                                               |                               |                                                                      |        | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                      | Provider CCN: 14-3302                |                                                | Period:<br>From 01/01/2019<br>To 12/31/2019 |                                               | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>6/21/2020 11:31 am |        |
|----------------------------------------------------------------------------------|-------|--------------------------------------|--------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------|--------|
|                                                                                  |       |                                      | Title XVIII                          |                                                | Hospital                                    |                                               | TEFRA                                                               |        |
| Cost Center Description                                                          |       |                                      | Non Physician<br>Anesthetist<br>Cost | Nursing School<br>Post-Stepdown<br>Adjustments | Nursing School                              | Allied Health<br>Post-Stepdown<br>Adjustments | Allied Health                                                       |        |
|                                                                                  |       |                                      | 1.00                                 | 2A                                             | 2.00                                        | 3A                                            | 3.00                                                                |        |
| ANCILLARY SERVICE COST CENTERS                                                   |       |                                      |                                      |                                                |                                             |                                               |                                                                     |        |
| 50.00                                                                            | 05000 | OPERATING ROOM                       | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 50.00  |
| 51.00                                                                            | 05100 | RECOVERY ROOM                        | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 51.00  |
| 52.00                                                                            | 05200 | DELIVERY ROOM & LABOR ROOM           | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 52.00  |
| 53.00                                                                            | 05300 | ANESTHESIOLOGY                       | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 53.00  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                 | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 54.00  |
| 55.00                                                                            | 05500 | RADIOLOGY-THERAPEUTIC                | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 55.00  |
| 56.00                                                                            | 05600 | RADIOISOTOPE                         | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 56.00  |
| 57.00                                                                            | 05700 | CT SCAN                              | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 57.00  |
| 58.00                                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION              | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 59.00  |
| 60.00                                                                            | 06000 | LABORATORY                           | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 60.00  |
| 60.01                                                                            | 06001 | BLOOD LABORATORY                     | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 60.01  |
| 61.00                                                                            | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 61.00  |
| 62.00                                                                            | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 62.00  |
| 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 CHARGED TO PATIENTS | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 71.00  |
| 72.00                                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS            | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                       | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 74.00  |
| 75.00                                                                            | 07500 | ASC (NON-DISTINCT PART)              | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 75.00  |
| OUTPATIENT SERVICE COST CENTERS                                                  |       |                                      |                                      |                                                |                                             |                                               |                                                                     |        |
| 88.00                                                                            | 08800 | RURAL HEALTH CLINIC                  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 88.00  |
| 89.00                                                                            | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 89.00  |
| 90.00                                                                            | 09000 | CLINIC                               | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 90.00  |
| 91.00                                                                            | 09100 | EMERGENCY                            | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 91.00  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 92.00  |
| OTHER REIMBURSABLE COST CENTERS                                                  |       |                                      |                                      |                                                |                                             |                                               |                                                                     |        |
| 94.00                                                                            | 09400 | HOME PROGRAM DIALYSIS                | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 94.00  |
| 95.00                                                                            | 09500 | AMBULANCE SERVICES                   | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 95.00  |
| 96.00                                                                            | 09600 | DURABLE MEDICAL EQUIP-RENTED         | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 96.00  |
| 97.00                                                                            | 09700 | DURABLE MEDICAL EQUIP-SOLD           | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 97.00  |
| 98.00                                                                            | 09850 | OTHER REIMBURSABLE COST CENTERS      | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 98.00  |
| 200.00                                                                           |       | Total (lines 50 through 199)         | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |                                 |                                      |                                        |                                                   | Provider CCN: 14-3302                                        |                                                       | Period:<br>From 01/01/2019<br>To 12/31/2019                                  |        | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>6/21/2020 11:31 am |  |
|----------------------------------------------------------------------------------|---------------------------------|--------------------------------------|----------------------------------------|---------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|--------|---------------------------------------------------------------------|--|
|                                                                                  |                                 |                                      |                                        |                                                   | Title XVIII                                                  |                                                       | Hospital                                                                     |        | TEFRA                                                               |  |
| Cost Center Description                                                          |                                 |                                      | All Other<br>Medical<br>Education Cost | Total Cost<br>(sum of cols.<br>1, 2, 3, and<br>4) | Total<br>Outpatient<br>Cost (sum of<br>cols. 2, 3,<br>and 4) | Total Charges<br>(from Wkst. C,<br>Part I, col.<br>8) | Ratio of Cost<br>to Charges<br>(col. 5 ÷ col.<br>7)<br>(see<br>instructions) |        |                                                                     |  |
|                                                                                  |                                 |                                      | 4.00                                   | 5.00                                              | 6.00                                                         | 7.00                                                  | 8.00                                                                         |        |                                                                     |  |
|                                                                                  | ANCILLARY SERVICE COST CENTERS  |                                      |                                        |                                                   |                                                              |                                                       |                                                                              |        |                                                                     |  |
| 50.00                                                                            | 05000                           | OPERATING ROOM                       | 0                                      | 0                                                 | 0                                                            | 17,778,821                                            | 0.000000                                                                     | 50.00  |                                                                     |  |
| 51.00                                                                            | 05100                           | RECOVERY ROOM                        | 0                                      | 0                                                 | 0                                                            | 1,299,083                                             | 0.000000                                                                     | 51.00  |                                                                     |  |
| 52.00                                                                            | 05200                           | DELIVERY ROOM & LABOR ROOM           | 0                                      | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 52.00  |                                                                     |  |
| 53.00                                                                            | 05300                           | ANESTHESIOLOGY                       | 0                                      | 0                                                 | 0                                                            | 5,923,818                                             | 0.000000                                                                     | 53.00  |                                                                     |  |
| 54.00                                                                            | 05400                           | RADIOLOGY-DIAGNOSTIC                 | 0                                      | 0                                                 | 0                                                            | 2,595,254                                             | 0.000000                                                                     | 54.00  |                                                                     |  |
| 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  |                                                                     |  |
| 57.00                                                                            | 05700                           | CT SCAN                              | 0                                      | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 57.00  |                                                                     |  |
| 58.00                                                                            | 05800                           | MAGNETIC RESONANCE IMAGING (MRI)     | 0                                      | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 58.00  |                                                                     |  |
| 59.00                                                                            | 05900                           | CARDIAC CATHETERIZATION              | 0                                      | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 59.00  |                                                                     |  |
| 60.00                                                                            | 06000                           | LABORATORY                           | 0                                      | 0                                                 | 0                                                            | 1,114,535                                             | 0.000000                                                                     | 60.00  |                                                                     |  |
| 60.01                                                                            | 06001                           | BLOOD LABORATORY                     | 0                                      | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 60.01  |                                                                     |  |
| 61.00                                                                            | 06100                           | PBP CLINICAL LAB SERVICES-PRGM ONLY  |                                        |                                                   |                                                              |                                                       |                                                                              | 61.00  |                                                                     |  |
| 62.00                                                                            | 06200                           | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0                                      | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 62.00  |                                                                     |  |
| 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                                                            | 142,671                                               | 0.000000                                                                     | 65.00  |                                                                     |  |
| 66.00                                                                            | 06600                           | PHYSICAL THERAPY                     | 0                                      | 0                                                 | 0                                                            | 3,049,689                                             | 0.000000                                                                     | 66.00  |                                                                     |  |
| 67.00                                                                            | 06700                           | OCCUPATIONAL THERAPY                 | 0                                      | 0                                                 | 0                                                            | 2,768,282                                             | 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 CHARGED TO PATIENTS | 0                                      | 0                                                 | 0                                                            | 1,867,771                                             | 0.000000                                                                     | 71.00  |                                                                     |  |
| 72.00                                                                            | 07200                           | IMPL. DEV. CHARGED TO PATIENTS       | 0                                      | 0                                                 | 0                                                            | 6,547,914                                             | 0.000000                                                                     | 72.00  |                                                                     |  |
| 73.00                                                                            | 07300                           | DRUGS CHARGED TO PATIENTS            | 0                                      | 0                                                 | 0                                                            | 4,302,300                                             | 0.000000                                                                     | 73.00  |                                                                     |  |
| 74.00                                                                            | 07400                           | RENAL DIALYSIS                       | 0                                      | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 74.00  |                                                                     |  |
| 75.00                                                                            | 07500                           | ASC (NON-DISTINCT PART)              | 0                                      | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 75.00  |                                                                     |  |
|                                                                                  | OUTPATIENT SERVICE COST CENTERS |                                      |                                        |                                                   |                                                              |                                                       |                                                                              |        |                                                                     |  |
| 88.00                                                                            | 08800                           | RURAL HEALTH CLINIC                  | 0                                      | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 88.00  |                                                                     |  |
| 89.00                                                                            | 08900                           | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                      | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 89.00  |                                                                     |  |
| 90.00                                                                            | 09000                           | CLINIC                               | 0                                      | 0                                                 | 0                                                            | 2,943,880                                             | 0.000000                                                                     | 90.00  |                                                                     |  |
| 91.00                                                                            | 09100                           | EMERGENCY                            | 0                                      | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 91.00  |                                                                     |  |
| 92.00                                                                            | 09200                           | OBSERVATION BEDS (NON-DISTINCT PART) | 0                                      | 0                                                 | 0                                                            | 6,144                                                 | 0.000000                                                                     | 92.00  |                                                                     |  |
|                                                                                  | OTHER REIMBURSABLE COST CENTERS |                                      |                                        |                                                   |                                                              |                                                       |                                                                              |        |                                                                     |  |
| 94.00                                                                            | 09400                           | HOME PROGRAM DIALYSIS                | 0                                      | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 94.00  |                                                                     |  |
| 95.00                                                                            | 09500                           | AMBULANCE SERVICES                   |                                        |                                                   |                                                              |                                                       |                                                                              | 95.00  |                                                                     |  |
| 96.00                                                                            | 09600                           | DURABLE MEDICAL EQUIP-RENTED         | 0                                      | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 96.00  |                                                                     |  |
| 97.00                                                                            | 09700                           | DURABLE MEDICAL EQUIP-SOLD           | 0                                      | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 97.00  |                                                                     |  |
| 98.00                                                                            | 09850                           | OTHER REIMBURSABLE COST CENTERS      | 0                                      | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 98.00  |                                                                     |  |
| 200.00                                                                           |                                 | Total (lines 50 through 199)         | 0                                      | 0                                                 | 0                                                            | 50,340,162                                            |                                                                              | 200.00 |                                                                     |  |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet D  
Part IV  
Date/Time Prepared:  
6/21/2020 11:31 am

|                                 |                              |                                      |                                                                   | Title XVIII                     |                                                                     | Hospital                         |                                                                      | TEFRA |        |
|---------------------------------|------------------------------|--------------------------------------|-------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------|-------|--------|
| Cost Center Description         |                              |                                      | Outpatient<br>Ratio of Cost<br>to Charges<br>(col. 6 ÷ col.<br>7) | Inpatient<br>Program<br>Charges | Inpatient<br>Program<br>Pass-Through<br>Costs (col. 8<br>x col. 10) | Outpatient<br>Program<br>Charges | Outpatient<br>Program<br>Pass-Through<br>Costs (col. 9<br>x col. 12) |       |        |
|                                 |                              |                                      | 9.00                                                              | 10.00                           | 11.00                                                               | 12.00                            | 13.00                                                                |       |        |
| ANCILLARY SERVICE COST CENTERS  |                              |                                      |                                                                   |                                 |                                                                     |                                  |                                                                      |       |        |
| 50.00                           | 05000                        | OPERATING ROOM                       | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 50.00  |
| 51.00                           | 05100                        | RECOVERY ROOM                        | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 51.00  |
| 52.00                           | 05200                        | DELIVERY ROOM & LABOR ROOM           | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 52.00  |
| 53.00                           | 05300                        | ANESTHESIOLOGY                       | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 53.00  |
| 54.00                           | 05400                        | RADIOLOGY-DIAGNOSTIC                 | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 54.00  |
| 55.00                           | 05500                        | RADIOLOGY-THERAPEUTIC                | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 55.00  |
| 56.00                           | 05600                        | RADIOISOTOPE                         | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 56.00  |
| 57.00                           | 05700                        | CT SCAN                              | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 57.00  |
| 58.00                           | 05800                        | MAGNETIC RESONANCE IMAGING (MRI)     | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 58.00  |
| 59.00                           | 05900                        | CARDIAC CATHETERIZATION              | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 59.00  |
| 60.00                           | 06000                        | LABORATORY                           | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 60.00  |
| 60.01                           | 06001                        | BLOOD LABORATORY                     | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 60.01  |
| 61.00                           | 06100                        | PBP CLINICAL LAB SERVICES-PRGM ONLY  |                                                                   |                                 |                                                                     |                                  |                                                                      |       | 61.00  |
| 62.00                           | 06200                        | WHOLE BLOOD & PACKED RED BLOOD CELLS | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 62.00  |
| 63.00                           | 06300                        | BLOOD STORING, PROCESSING & TRANS.   | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 63.00  |
| 64.00                           | 06400                        | INTRAVENOUS THERAPY                  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 64.00  |
| 65.00                           | 06500                        | RESPIRATORY THERAPY                  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 65.00  |
| 66.00                           | 06600                        | PHYSICAL THERAPY                     | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 66.00  |
| 67.00                           | 06700                        | OCCUPATIONAL THERAPY                 | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 67.00  |
| 68.00                           | 06800                        | SPEECH PATHOLOGY                     | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 68.00  |
| 69.00                           | 06900                        | ELECTROCARDIOLOGY                    | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 69.00  |
| 70.00                           | 07000                        | ELECTROENCEPHALOGRAPHY               | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 70.00  |
| 71.00                           | 07100                        | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 71.00  |
| 72.00                           | 07200                        | IMPL. DEV. CHARGED TO PATIENTS       | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 72.00  |
| 73.00                           | 07300                        | DRUGS CHARGED TO PATIENTS            | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 73.00  |
| 74.00                           | 07400                        | RENAL DIALYSIS                       | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 74.00  |
| 75.00                           | 07500                        | ASC (NON-DISTINCT PART)              | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 75.00  |
| OUTPATIENT SERVICE COST CENTERS |                              |                                      |                                                                   |                                 |                                                                     |                                  |                                                                      |       |        |
| 88.00                           | 08800                        | RURAL HEALTH CLINIC                  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 88.00  |
| 89.00                           | 08900                        | FEDERALLY QUALIFIED HEALTH CENTER    | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 89.00  |
| 90.00                           | 09000                        | CLINIC                               | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 90.00  |
| 91.00                           | 09100                        | EMERGENCY                            | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 91.00  |
| 92.00                           | 09200                        | OBSERVATION BEDS (NON-DISTINCT PART) | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 92.00  |
| OTHER REIMBURSABLE COST CENTERS |                              |                                      |                                                                   |                                 |                                                                     |                                  |                                                                      |       |        |
| 94.00                           | 09400                        | HOME PROGRAM DIALYSIS                | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 94.00  |
| 95.00                           | 09500                        | AMBULANCE SERVICES                   |                                                                   |                                 |                                                                     |                                  |                                                                      |       | 95.00  |
| 96.00                           | 09600                        | DURABLE MEDICAL EQUIP-RENTED         | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 96.00  |
| 97.00                           | 09700                        | DURABLE MEDICAL EQUIP-SOLD           | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 97.00  |
| 98.00                           | 09850                        | OTHER REIMBURSABLE COST CENTERS      | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 98.00  |
| 200.00                          | Total (lines 50 through 199) |                                      |                                                                   | 0                               | 0                                                                   | 0                                | 0                                                                    | 0     | 200.00 |

| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST |       |                                                       |  | Provider CCN: 14-3302                                          |                                           | Period:<br>From 01/01/2019<br>To 12/31/2019                                  |                                                                                  | Worksheet D<br>Part V<br>Date/Time Prepared:<br>6/21/2020 11:31 am |        |
|------------------------------------------------------------------|-------|-------------------------------------------------------|--|----------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------|--------|
|                                                                  |       |                                                       |  | Title XIX                                                      |                                           | Hospital                                                                     |                                                                                  | Cost                                                               |        |
| Cost Center Description                                          |       |                                                       |  | Cost to Charge<br>Ratio From<br>Worksheet C,<br>Part I, col. 9 | PPS Reimbursed<br>Services (see<br>inst.) | Charges                                                                      |                                                                                  | Costs                                                              |        |
|                                                                  |       |                                                       |  |                                                                |                                           | Cost<br>Reimbursed<br>Services<br>Subject To<br>Ded. & Coins.<br>(see inst.) | Cost<br>Reimbursed<br>Services Not<br>Subject To<br>Ded. & Coins.<br>(see inst.) | PPS Services<br>(see inst.)                                        |        |
|                                                                  |       |                                                       |  | 1.00                                                           | 2.00                                      | 3.00                                                                         | 4.00                                                                             | 5.00                                                               |        |
| ANCILLARY SERVICE COST CENTERS                                   |       |                                                       |  |                                                                |                                           |                                                                              |                                                                                  |                                                                    |        |
| 50.00                                                            | 05000 | OPERATING ROOM                                        |  | 0.260548                                                       | 0                                         | 0                                                                            | 179,173                                                                          | 0                                                                  | 50.00  |
| 51.00                                                            | 05100 | RECOVERY ROOM                                         |  | 1.183924                                                       | 0                                         | 0                                                                            | 19,254                                                                           | 0                                                                  | 51.00  |
| 52.00                                                            | 05200 | DELIVERY ROOM & LABOR ROOM                            |  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                  | 52.00  |
| 53.00                                                            | 05300 | ANESTHESIOLOGY                                        |  | 0.076552                                                       | 0                                         | 0                                                                            | 61,201                                                                           | 0                                                                  | 53.00  |
| 54.00                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                                  |  | 0.538256                                                       | 0                                         | 0                                                                            | 9,652                                                                            | 0                                                                  | 54.00  |
| 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  |
| 57.00                                                            | 05700 | CT SCAN                                               |  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                  | 57.00  |
| 58.00                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                      |  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                  | 58.00  |
| 59.00                                                            | 05900 | CARDIAC CATHETERIZATION                               |  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                  | 59.00  |
| 60.00                                                            | 06000 | LABORATORY                                            |  | 1.013537                                                       | 0                                         | 0                                                                            | 1,528                                                                            | 0                                                                  | 60.00  |
| 60.01                                                            | 06001 | BLOOD LABORATORY                                      |  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                  | 60.01  |
| 61.00                                                            | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY                   |  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                  | 61.00  |
| 62.00                                                            | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS                  |  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                  | 62.00  |
| 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                                   |  | 3.864506                                                       | 0                                         | 0                                                                            | 314                                                                              | 0                                                                  | 65.00  |
| 66.00                                                            | 06600 | PHYSICAL THERAPY                                      |  | 0.663846                                                       | 0                                         | 0                                                                            | 1,680                                                                            | 0                                                                  | 66.00  |
| 67.00                                                            | 06700 | OCCUPATIONAL THERAPY                                  |  | 1.171733                                                       | 0                                         | 0                                                                            | 1,892                                                                            | 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 CHARGED TO PATIENTS                  |  | 0.648461                                                       | 0                                         | 0                                                                            | 7,952                                                                            | 0                                                                  | 71.00  |
| 72.00                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS                        |  | 0.741438                                                       | 0                                         | 0                                                                            | 10,438                                                                           | 0                                                                  | 72.00  |
| 73.00                                                            | 07300 | DRUGS CHARGED TO PATIENTS                             |  | 0.291294                                                       | 0                                         | 0                                                                            | 26,621                                                                           | 0                                                                  | 73.00  |
| 74.00                                                            | 07400 | RENAL DIALYSIS                                        |  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                  | 74.00  |
| 75.00                                                            | 07500 | ASC (NON-DISTINCT PART)                               |  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                  | 75.00  |
| OUTPATIENT SERVICE COST CENTERS                                  |       |                                                       |  |                                                                |                                           |                                                                              |                                                                                  |                                                                    |        |
| 88.00                                                            | 08800 | RURAL HEALTH CLINIC                                   |  | 0.000000                                                       |                                           |                                                                              |                                                                                  | 0                                                                  | 88.00  |
| 89.00                                                            | 08900 | FEDERALLY QUALIFIED HEALTH CENTER                     |  | 0.000000                                                       |                                           |                                                                              |                                                                                  | 0                                                                  | 89.00  |
| 90.00                                                            | 09000 | CLINIC                                                |  | 1.507155                                                       | 0                                         | 0                                                                            | 9,002                                                                            | 0                                                                  | 90.00  |
| 91.00                                                            | 09100 | EMERGENCY                                             |  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                  | 91.00  |
| 92.00                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)                  |  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                  | 92.00  |
| OTHER REIMBURSABLE COST CENTERS                                  |       |                                                       |  |                                                                |                                           |                                                                              |                                                                                  |                                                                    |        |
| 94.00                                                            | 09400 | HOME PROGRAM DIALYSIS                                 |  | 0.000000                                                       |                                           | 0                                                                            |                                                                                  |                                                                    | 94.00  |
| 95.00                                                            | 09500 | AMBULANCE SERVICES                                    |  | 0.000000                                                       | 0                                         | 0                                                                            |                                                                                  |                                                                    | 95.00  |
| 96.00                                                            | 09600 | DURABLE MEDICAL EQUIP-RENTED                          |  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                  | 96.00  |
| 97.00                                                            | 09700 | DURABLE MEDICAL EQUIP-SOLD                            |  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                  | 97.00  |
| 98.00                                                            | 09850 | OTHER REIMBURSABLE COST CENTERS                       |  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                  | 98.00  |
| 200.00                                                           |       | Subtotal (see instructions)                           |  |                                                                | 0                                         | 0                                                                            | 328,707                                                                          | 0                                                                  | 200.00 |
| 201.00                                                           |       | Less PBP Clinic Lab. Services-Program<br>Only Charges |  |                                                                |                                           | 0                                                                            | 0                                                                                |                                                                    | 201.00 |
| 202.00                                                           |       | Net Charges (line 200 - line 201)                     |  |                                                                | 0                                         | 0                                                                            | 328,707                                                                          | 0                                                                  | 202.00 |

| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST |       |                                                       | Provider CCN: 14-3302                                                        |                                                                                  | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet D<br>Part V<br>Date/Time Prepared:<br>6/21/2020 11:31 am |
|------------------------------------------------------------------|-------|-------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------|
|                                                                  |       |                                                       | Title XIX                                                                    |                                                                                  | Hospital                                    | Cost                                                               |
| Cost Center Description                                          |       |                                                       | Costs                                                                        |                                                                                  |                                             |                                                                    |
|                                                                  |       |                                                       | Cost<br>Reimbursed<br>Services<br>Subject To<br>Ded. & Coins.<br>(see inst.) | Cost<br>Reimbursed<br>Services Not<br>Subject To<br>Ded. & Coins.<br>(see inst.) |                                             |                                                                    |
|                                                                  |       |                                                       | 6.00                                                                         | 7.00                                                                             |                                             |                                                                    |
| ANCILLARY SERVICE COST CENTERS                                   |       |                                                       |                                                                              |                                                                                  |                                             |                                                                    |
| 50.00                                                            | 05000 | OPERATING ROOM                                        | 0                                                                            | 46,683                                                                           |                                             | 50.00                                                              |
| 51.00                                                            | 05100 | RECOVERY ROOM                                         | 0                                                                            | 22,795                                                                           |                                             | 51.00                                                              |
| 52.00                                                            | 05200 | DELIVERY ROOM & LABOR ROOM                            | 0                                                                            | 0                                                                                |                                             | 52.00                                                              |
| 53.00                                                            | 05300 | ANESTHESIOLOGY                                        | 0                                                                            | 4,685                                                                            |                                             | 53.00                                                              |
| 54.00                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                                  | 0                                                                            | 5,195                                                                            |                                             | 54.00                                                              |
| 55.00                                                            | 05500 | RADIOLOGY-THERAPEUTIC                                 | 0                                                                            | 0                                                                                |                                             | 55.00                                                              |
| 56.00                                                            | 05600 | RADIOISOTOPE                                          | 0                                                                            | 0                                                                                |                                             | 56.00                                                              |
| 57.00                                                            | 05700 | CT SCAN                                               | 0                                                                            | 0                                                                                |                                             | 57.00                                                              |
| 58.00                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                      | 0                                                                            | 0                                                                                |                                             | 58.00                                                              |
| 59.00                                                            | 05900 | CARDIAC CATHETERIZATION                               | 0                                                                            | 0                                                                                |                                             | 59.00                                                              |
| 60.00                                                            | 06000 | LABORATORY                                            | 0                                                                            | 1,549                                                                            |                                             | 60.00                                                              |
| 60.01                                                            | 06001 | BLOOD LABORATORY                                      | 0                                                                            | 0                                                                                |                                             | 60.01                                                              |
| 61.00                                                            | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY                   | 0                                                                            |                                                                                  |                                             | 61.00                                                              |
| 62.00                                                            | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS                  | 0                                                                            | 0                                                                                |                                             | 62.00                                                              |
| 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                                                                            | 1,213                                                                            |                                             | 65.00                                                              |
| 66.00                                                            | 06600 | PHYSICAL THERAPY                                      | 0                                                                            | 1,115                                                                            |                                             | 66.00                                                              |
| 67.00                                                            | 06700 | OCCUPATIONAL THERAPY                                  | 0                                                                            | 2,217                                                                            |                                             | 67.00                                                              |
| 68.00                                                            | 06800 | SPEECH PATHOLOGY                                      | 0                                                                            | 0                                                                                |                                             | 68.00                                                              |
| 69.00                                                            | 06900 | ELECTROCARDIOLOGY                                     | 0                                                                            | 0                                                                                |                                             | 69.00                                                              |
| 70.00                                                            | 07000 | ELECTROENCEPHALOGRAPHY                                | 0                                                                            | 0                                                                                |                                             | 70.00                                                              |
| 71.00                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS                  | 0                                                                            | 5,157                                                                            |                                             | 71.00                                                              |
| 72.00                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS                        | 0                                                                            | 7,739                                                                            |                                             | 72.00                                                              |
| 73.00                                                            | 07300 | DRUGS CHARGED TO PATIENTS                             | 0                                                                            | 7,755                                                                            |                                             | 73.00                                                              |
| 74.00                                                            | 07400 | RENAL DIALYSIS                                        | 0                                                                            | 0                                                                                |                                             | 74.00                                                              |
| 75.00                                                            | 07500 | ASC (NON-DISTINCT PART)                               | 0                                                                            | 0                                                                                |                                             | 75.00                                                              |
| OUTPATIENT SERVICE COST CENTERS                                  |       |                                                       |                                                                              |                                                                                  |                                             |                                                                    |
| 88.00                                                            | 08800 | RURAL HEALTH CLINIC                                   | 0                                                                            | 0                                                                                |                                             | 88.00                                                              |
| 89.00                                                            | 08900 | FEDERALLY QUALIFIED HEALTH CENTER                     | 0                                                                            | 0                                                                                |                                             | 89.00                                                              |
| 90.00                                                            | 09000 | CLINIC                                                | 0                                                                            | 13,567                                                                           |                                             | 90.00                                                              |
| 91.00                                                            | 09100 | EMERGENCY                                             | 0                                                                            | 0                                                                                |                                             | 91.00                                                              |
| 92.00                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)                  | 0                                                                            | 0                                                                                |                                             | 92.00                                                              |
| OTHER REIMBURSABLE COST CENTERS                                  |       |                                                       |                                                                              |                                                                                  |                                             |                                                                    |
| 94.00                                                            | 09400 | HOME PROGRAM DIALYSIS                                 | 0                                                                            | 0                                                                                |                                             | 94.00                                                              |
| 95.00                                                            | 09500 | AMBULANCE SERVICES                                    | 0                                                                            |                                                                                  |                                             | 95.00                                                              |
| 96.00                                                            | 09600 | DURABLE MEDICAL EQUIP-RENTED                          | 0                                                                            | 0                                                                                |                                             | 96.00                                                              |
| 97.00                                                            | 09700 | DURABLE MEDICAL EQUIP-SOLD                            | 0                                                                            | 0                                                                                |                                             | 97.00                                                              |
| 98.00                                                            | 09850 | OTHER REIMBURSABLE COST CENTERS                       | 0                                                                            | 0                                                                                |                                             | 98.00                                                              |
| 200.00                                                           |       | Subtotal (see instructions)                           | 0                                                                            | 119,670                                                                          |                                             | 200.00                                                             |
| 201.00                                                           |       | Less PBP Clinic Lab. Services-Program<br>Only Charges | 0                                                                            |                                                                                  |                                             | 201.00                                                             |
| 202.00                                                           |       | Net Charges (line 200 - line 201)                     | 0                                                                            | 119,670                                                                          |                                             | 202.00                                                             |

| COMPUTATION OF INPATIENT OPERATING COST                                      |                                                                                                                                                                                           | Provider CCN: 14-3302 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet D-1<br>Date/Time Prepared:<br>6/21/2020 11:31 am |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|------------------------------------------------------------|
|                                                                              |                                                                                                                                                                                           | Title XVIII           | Hospital                                    | TEFRA                                                      |
| Cost Center Description                                                      |                                                                                                                                                                                           |                       |                                             |                                                            |
|                                                                              |                                                                                                                                                                                           |                       |                                             | 1.00                                                       |
| <b>PART I - ALL PROVIDER COMPONENTS</b>                                      |                                                                                                                                                                                           |                       |                                             |                                                            |
| <b>INPATIENT DAYS</b>                                                        |                                                                                                                                                                                           |                       |                                             |                                                            |
| 1.00                                                                         | Inpatient days (including private room days and swing-bed days, excluding newborn)                                                                                                        |                       | 2,366                                       | 1.00                                                       |
| 2.00                                                                         | Inpatient days (including private room days, excluding swing-bed and newborn days)                                                                                                        |                       | 2,366                                       | 2.00                                                       |
| 3.00                                                                         | Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.                                                          |                       | 0                                           | 3.00                                                       |
| 4.00                                                                         | Semi-private room days (excluding swing-bed and observation bed days)                                                                                                                     |                       | 2,366                                       | 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)                                                                                                                                                  |                       | 0                                           | 15.00                                                      |
| 16.00                                                                        | Nursery days (title V or XIX only)                                                                                                                                                        |                       | 0                                           | 16.00                                                      |
| <b>SWING BED ADJUSTMENT</b>                                                  |                                                                                                                                                                                           |                       |                                             |                                                            |
| 17.00                                                                        | Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period                                                                          |                       | 0.00                                        | 17.00                                                      |
| 18.00                                                                        | Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period                                                                            |                       | 0.00                                        | 18.00                                                      |
| 19.00                                                                        | Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period                                                                           |                       | 0.00                                        | 19.00                                                      |
| 20.00                                                                        | Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period                                                                             |                       | 0.00                                        | 20.00                                                      |
| 21.00                                                                        | Total general inpatient routine service cost (see instructions)                                                                                                                           |                       | 8,808,523                                   | 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)                                                                                                      |                       | 8,808,523                                   | 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)                                                                   |                       | 8,808,523                                   | 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)                                                                                                               |                       | 3,722.96                                    | 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: 14-3302

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

Worksheet D-1

Date/Time Prepared:  
6/21/2020 11:31 am

|       |                                                                                                                                                                                                                                                                 |                      | Title XVIII          |                                    | Hospital     | TEFRA                          |       |       |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|------------------------------------|--------------|--------------------------------|-------|-------|
|       | Cost Center Description                                                                                                                                                                                                                                         | Total Inpatient Cost | Total Inpatient Days | Average Per Diem (col. 1 ÷ col. 2) | Program Days | Program Cost (col. 3 x col. 4) |       |       |
|       |                                                                                                                                                                                                                                                                 | 1.00                 | 2.00                 | 3.00                               | 4.00         | 5.00                           |       |       |
| 42.00 | NURSERY (title V & XIX only)                                                                                                                                                                                                                                    | 0                    | 0                    | 0.00                               | 0            | 0                              | 42.00 |       |
|       | Intensive Care Type Inpatient Hospital Units                                                                                                                                                                                                                    |                      |                      |                                    |              |                                |       |       |
| 43.00 | INTENSIVE CARE UNIT                                                                                                                                                                                                                                             | 2,069,901            | 440                  | 4,704.32                           | 0            | 0                              | 43.00 |       |
| 44.00 | CORONARY CARE UNIT                                                                                                                                                                                                                                              | 0                    | 0                    | 0.00                               | 0            | 0                              | 44.00 |       |
| 45.00 | BURN INTENSIVE CARE UNIT                                                                                                                                                                                                                                        | 0                    | 0                    | 0.00                               | 0            | 0                              | 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: 14-3302

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

Worksheet D-1

Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description                          |                             | Title XVIII                    |                        | Hospital                                           |                                                                                       | TEFRA |       |
|--------------------------------------------------|-----------------------------|--------------------------------|------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------|-------|-------|
|                                                  |                             | 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        | 722,131                        | 8,808,523              | 0.081981                                           | 0                                                                                     | 0     | 90.00 |
| 91.00                                            | Nursing School cost         | 0                              | 8,808,523              | 0.000000                                           | 0                                                                                     | 0     | 91.00 |
| 92.00                                            | Allied health cost          | 0                              | 8,808,523              | 0.000000                                           | 0                                                                                     | 0     | 92.00 |
| 93.00                                            | All other Medical Education | 0                              | 8,808,523              | 0.000000                                           | 0                                                                                     | 0     | 93.00 |

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT |       |                                                                    | Provider CCN: 14-3302       | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet D-3<br>Date/Time Prepared:<br>6/21/2020 11:31 am |
|------------------------------------------------|-------|--------------------------------------------------------------------|-----------------------------|---------------------------------------------|------------------------------------------------------------|
|                                                |       |                                                                    | Title XIX                   | Hospital                                    | Cost                                                       |
| Cost Center Description                        |       |                                                                    | Ratio of Cost<br>To Charges | Inpatient<br>Program<br>Charges             | Inpatient<br>Program Costs<br>(col. 1 x col.<br>2)         |
|                                                |       |                                                                    | 1.00                        | 2.00                                        | 3.00                                                       |
| INPATIENT ROUTINE SERVICE COST CENTERS         |       |                                                                    |                             |                                             |                                                            |
| 30.00                                          | 03000 | ADULTS & PEDIATRICS                                                |                             | 111,626                                     | 30.00                                                      |
| 31.00                                          | 03100 | INTENSIVE CARE UNIT                                                |                             | 120,572                                     | 31.00                                                      |
| 32.00                                          | 03200 | CORONARY CARE UNIT                                                 |                             | 0                                           | 32.00                                                      |
| 33.00                                          | 03300 | BURN INTENSIVE CARE UNIT                                           |                             | 0                                           | 33.00                                                      |
| 34.00                                          | 03400 | SURGICAL INTENSIVE CARE UNIT                                       |                             | 0                                           | 34.00                                                      |
| 40.00                                          | 04000 | SUBPROVIDER - IPF                                                  |                             | 0                                           | 40.00                                                      |
| 41.00                                          | 04100 | SUBPROVIDER - IRF                                                  |                             | 0                                           | 41.00                                                      |
| 42.00                                          | 04200 | SUBPROVIDER                                                        |                             | 0                                           | 42.00                                                      |
| 43.00                                          | 04300 | NURSERY                                                            |                             | 0                                           | 43.00                                                      |
| ANCILLARY SERVICE COST CENTERS                 |       |                                                                    |                             |                                             |                                                            |
| 50.00                                          | 05000 | OPERATING ROOM                                                     | 0.260548                    | 254,299                                     | 50.00                                                      |
| 51.00                                          | 05100 | RECOVERY ROOM                                                      | 1.183924                    | 5,315                                       | 51.00                                                      |
| 52.00                                          | 05200 | DELIVERY ROOM & LABOR ROOM                                         | 0.000000                    | 0                                           | 52.00                                                      |
| 53.00                                          | 05300 | ANESTHESIOLOGY                                                     | 0.076552                    | 73,839                                      | 53.00                                                      |
| 54.00                                          | 05400 | RADIOLOGY-DIAGNOSTIC                                               | 0.538256                    | 10,375                                      | 54.00                                                      |
| 55.00                                          | 05500 | RADIOLOGY-THERAPEUTIC                                              | 0.000000                    | 0                                           | 55.00                                                      |
| 56.00                                          | 05600 | RADIOISOTOPE                                                       | 0.000000                    | 0                                           | 56.00                                                      |
| 57.00                                          | 05700 | CT SCAN                                                            | 0.000000                    | 0                                           | 57.00                                                      |
| 58.00                                          | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                                   | 0.000000                    | 0                                           | 58.00                                                      |
| 59.00                                          | 05900 | CARDIAC CATHETERIZATION                                            | 0.000000                    | 0                                           | 59.00                                                      |
| 60.00                                          | 06000 | LABORATORY                                                         | 1.013537                    | 35,302                                      | 60.00                                                      |
| 60.01                                          | 06001 | BLOOD LABORATORY                                                   | 0.000000                    | 0                                           | 60.01                                                      |
| 61.00                                          | 06100 | PBP CLINICAL LAB SERVICES-PRGM ONLY                                | 0.000000                    | 0                                           | 61.00                                                      |
| 62.00                                          | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELLS                               | 0.000000                    | 0                                           | 62.00                                                      |
| 63.00                                          | 06300 | BLOOD STORING, PROCESSING & TRANS.                                 | 0.000000                    | 0                                           | 63.00                                                      |
| 64.00                                          | 06400 | INTRAVENOUS THERAPY                                                | 0.000000                    | 0                                           | 64.00                                                      |
| 65.00                                          | 06500 | RESPIRATORY THERAPY                                                | 3.864506                    | 11,544                                      | 65.00                                                      |
| 66.00                                          | 06600 | PHYSICAL THERAPY                                                   | 0.663846                    | 21,113                                      | 66.00                                                      |
| 67.00                                          | 06700 | OCCUPATIONAL THERAPY                                               | 1.171733                    | 18,695                                      | 67.00                                                      |
| 68.00                                          | 06800 | SPEECH PATHOLOGY                                                   | 0.000000                    | 0                                           | 68.00                                                      |
| 69.00                                          | 06900 | ELECTROCARDIOLOGY                                                  | 0.000000                    | 0                                           | 69.00                                                      |
| 70.00                                          | 07000 | ELECTROENCEPHALOGRAPHY                                             | 0.000000                    | 0                                           | 70.00                                                      |
| 71.00                                          | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS                               | 0.648461                    | 13,013                                      | 71.00                                                      |
| 72.00                                          | 07200 | IMPL. DEV. CHARGED TO PATIENTS                                     | 0.741438                    | 442,438                                     | 72.00                                                      |
| 73.00                                          | 07300 | DRUGS CHARGED TO PATIENTS                                          | 0.291294                    | 103,567                                     | 73.00                                                      |
| 74.00                                          | 07400 | RENAL DIALYSIS                                                     | 0.000000                    | 0                                           | 74.00                                                      |
| 75.00                                          | 07500 | ASC (NON-DISTINCT PART)                                            | 0.000000                    | 0                                           | 75.00                                                      |
| OUTPATIENT SERVICE COST CENTERS                |       |                                                                    |                             |                                             |                                                            |
| 88.00                                          | 08800 | RURAL HEALTH CLINIC                                                | 0.000000                    | 0                                           | 88.00                                                      |
| 89.00                                          | 08900 | FEDERALLY QUALIFIED HEALTH CENTER                                  | 0.000000                    | 0                                           | 89.00                                                      |
| 90.00                                          | 09000 | CLINIC                                                             | 1.507155                    | 0                                           | 90.00                                                      |
| 91.00                                          | 09100 | EMERGENCY                                                          | 0.000000                    | 0                                           | 91.00                                                      |
| 92.00                                          | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)                               | 0.000000                    | 0                                           | 92.00                                                      |
| OTHER REIMBURSABLE COST CENTERS                |       |                                                                    |                             |                                             |                                                            |
| 94.00                                          | 09400 | HOME PROGRAM DIALYSIS                                              | 0.000000                    | 0                                           | 94.00                                                      |
| 95.00                                          | 09500 | AMBULANCE SERVICES                                                 |                             |                                             | 95.00                                                      |
| 96.00                                          | 09600 | DURABLE MEDICAL EQUIP-RENTED                                       | 0.000000                    | 0                                           | 96.00                                                      |
| 97.00                                          | 09700 | DURABLE MEDICAL EQUIP-SOLD                                         | 0.000000                    | 0                                           | 97.00                                                      |
| 98.00                                          | 09850 | OTHER REIMBURSABLE COST CENTERS                                    | 0.000000                    | 0                                           | 98.00                                                      |
| 200.00                                         |       | Total (sum of lines 50 through 94 and 96 through 98)               |                             | 989,500                                     | 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)                              |                             | 989,500                                     | 202.00                                                     |

|                                           |                                                                                                        |                       |                                             |                                                                      |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|----------------------------------------------------------------------|
| CALCULATION OF REIMBURSEMENT SETTLEMENT   |                                                                                                        | Provider CCN: 14-3302 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet E-3<br>Part I<br>Date/Time Prepared:<br>6/21/2020 11:31 am |
|                                           |                                                                                                        | Title XVIII           | Hospital                                    | TEFRA                                                                |
|                                           |                                                                                                        |                       |                                             | 1.00                                                                 |
| PART I - MEDICARE PART A SERVICES - TEFRA |                                                                                                        |                       |                                             |                                                                      |
| 1.00                                      | Inpatient hospital services (see instructions)                                                         |                       | 0                                           | 1.00                                                                 |
| 1.01                                      | Nursing and allied health managed care payment (see instructions)                                      |                       | 0                                           | 1.01                                                                 |
| 2.00                                      | Organ acquisition                                                                                      |                       | 0                                           | 2.00                                                                 |
| 3.00                                      | Cost of physicians' services in a teaching hospital (see instructions)                                 |                       | 0                                           | 3.00                                                                 |
| 4.00                                      | Subtotal (sum of lines 1 through 3)                                                                    |                       | 0                                           | 4.00                                                                 |
| 5.00                                      | Primary payer payments                                                                                 |                       | 0                                           | 5.00                                                                 |
| 6.00                                      | Subtotal (line 4 less line 5).                                                                         |                       | 0                                           | 6.00                                                                 |
| 7.00                                      | Deductibles                                                                                            |                       | 0                                           | 7.00                                                                 |
| 8.00                                      | Subtotal (line 6 minus line 7)                                                                         |                       | 0                                           | 8.00                                                                 |
| 9.00                                      | Coinsurance                                                                                            |                       | 0                                           | 9.00                                                                 |
| 10.00                                     | Subtotal (line 8 minus line 9)                                                                         |                       | 0                                           | 10.00                                                                |
| 11.00                                     | Allowable bad debts (exclude bad debts for professional services) (see instructions)                   |                       | 0                                           | 11.00                                                                |
| 12.00                                     | Adjusted reimbursable bad debts (see instructions)                                                     |                       | 0                                           | 12.00                                                                |
| 13.00                                     | Allowable bad debts for dual eligible beneficiaries (see instructions)                                 |                       | 0                                           | 13.00                                                                |
| 14.00                                     | Subtotal (sum of lines 10 and 12)                                                                      |                       | 0                                           | 14.00                                                                |
| 15.00                                     | Direct graduate medical education payments (from Wkst. E-4, line 49)                                   |                       | 0                                           | 15.00                                                                |
| 16.00                                     | DO NOT USE THIS LINE                                                                                   |                       |                                             | 16.00                                                                |
| 17.00                                     | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)                                                         |                       | 0                                           | 17.00                                                                |
| 17.50                                     | Pioneer ACO demonstration payment adjustment (see instructions)                                        |                       | 0                                           | 17.50                                                                |
| 17.99                                     | Demonstration payment adjustment amount before sequestration                                           |                       | 0                                           | 17.99                                                                |
| 18.00                                     | Total amount payable to the provider (see instructions)                                                |                       | 0                                           | 18.00                                                                |
| 18.01                                     | Sequestration adjustment (see instructions)                                                            |                       | 0                                           | 18.01                                                                |
| 18.02                                     | Demonstration payment adjustment amount after sequestration                                            |                       | 0                                           | 18.02                                                                |
| 19.00                                     | Interim payments                                                                                       |                       | 0                                           | 19.00                                                                |
| 20.00                                     | Tentative settlement (for contractor use only)                                                         |                       | 0                                           | 20.00                                                                |
| 21.00                                     | Balance due provider/program (line 18 minus lines 18.01, 18.02, 19, and 20)                            |                       | 0                                           | 21.00                                                                |
| 22.00                                     | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 |                       | 0                                           | 22.00                                                                |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                                                 |                                                                                                                                                                       | Provider CCN: 14-3302 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet E-3<br>Part VII<br>Date/Time Prepared:<br>6/21/2020 11:31 am |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|------------------------------------------------------------------------|
|                                                                                                         |                                                                                                                                                                       | Title XIX             | Hospital                                    | Cost                                                                   |
|                                                                                                         |                                                                                                                                                                       |                       | Inpatient                                   | Outpatient                                                             |
|                                                                                                         |                                                                                                                                                                       |                       | 1.00                                        | 2.00                                                                   |
| <b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b> |                                                                                                                                                                       |                       |                                             |                                                                        |
| <b>COMPUTATION OF NET COST OF COVERED SERVICES</b>                                                      |                                                                                                                                                                       |                       |                                             |                                                                        |
| 1.00                                                                                                    | Inpatient hospital/SNF/NF services                                                                                                                                    | 0                     |                                             | 1.00                                                                   |
| 2.00                                                                                                    | Medical and other services                                                                                                                                            |                       | 119,670                                     | 2.00                                                                   |
| 3.00                                                                                                    | Organ acquisition (certified transplant centers only)                                                                                                                 | 0                     |                                             | 3.00                                                                   |
| 4.00                                                                                                    | Subtotal (sum of lines 1, 2 and 3)                                                                                                                                    | 0                     | 119,670                                     | 4.00                                                                   |
| 5.00                                                                                                    | Inpatient primary payer payments                                                                                                                                      | 282,041               |                                             | 5.00                                                                   |
| 6.00                                                                                                    | Outpatient primary payer payments                                                                                                                                     |                       | 34,065                                      | 6.00                                                                   |
| 7.00                                                                                                    | Subtotal (line 4 less sum of lines 5 and 6)                                                                                                                           | -282,041              | 85,605                                      | 7.00                                                                   |
| <b>COMPUTATION OF LESSER OF COST OR CHARGES</b>                                                         |                                                                                                                                                                       |                       |                                             |                                                                        |
| <b>Reasonable Charges</b>                                                                               |                                                                                                                                                                       |                       |                                             |                                                                        |
| 8.00                                                                                                    | Routine service charges                                                                                                                                               | 232,198               |                                             | 8.00                                                                   |
| 9.00                                                                                                    | Ancillary service charges                                                                                                                                             | 989,500               | 328,707                                     | 9.00                                                                   |
| 10.00                                                                                                   | Organ acquisition charges, net of revenue                                                                                                                             | 0                     |                                             | 10.00                                                                  |
| 11.00                                                                                                   | Incentive from target amount computation                                                                                                                              | 0                     |                                             | 11.00                                                                  |
| 12.00                                                                                                   | Total reasonable charges (sum of lines 8 through 11)                                                                                                                  | 1,221,698             | 328,707                                     | 12.00                                                                  |
| <b>CUSTOMARY CHARGES</b>                                                                                |                                                                                                                                                                       |                       |                                             |                                                                        |
| 13.00                                                                                                   | Amount actually collected from patients liable for payment for services on a charge basis                                                                             | 0                     | 0                                           | 13.00                                                                  |
| 14.00                                                                                                   | Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e) | 0                     | 0                                           | 14.00                                                                  |
| 15.00                                                                                                   | Ratio of line 13 to line 14 (not to exceed 1.000000)                                                                                                                  | 0.000000              | 0.000000                                    | 15.00                                                                  |
| 16.00                                                                                                   | Total customary charges (see instructions)                                                                                                                            | 1,221,698             | 328,707                                     | 16.00                                                                  |
| 17.00                                                                                                   | Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)                                                         | 1,221,698             | 209,037                                     | 17.00                                                                  |
| 18.00                                                                                                   | Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)                                                         | 0                     | 0                                           | 18.00                                                                  |
| 19.00                                                                                                   | Interns and Residents (see instructions)                                                                                                                              | 0                     | 0                                           | 19.00                                                                  |
| 20.00                                                                                                   | Cost of physicians' services in a teaching hospital (see instructions)                                                                                                | 0                     | 0                                           | 20.00                                                                  |
| 21.00                                                                                                   | Cost of covered services (enter the lesser of line 4 or line 16)                                                                                                      | 0                     | 119,670                                     | 21.00                                                                  |
| <b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>       |                                                                                                                                                                       |                       |                                             |                                                                        |
| 22.00                                                                                                   | Other than outlier payments                                                                                                                                           | 0                     | 0                                           | 22.00                                                                  |
| 23.00                                                                                                   | Outlier payments                                                                                                                                                      | 0                     | 0                                           | 23.00                                                                  |
| 24.00                                                                                                   | Program capital payments                                                                                                                                              | 0                     | 0                                           | 24.00                                                                  |
| 25.00                                                                                                   | Capital exception payments (see instructions)                                                                                                                         | 0                     | 0                                           | 25.00                                                                  |
| 26.00                                                                                                   | Routine and Ancillary service other pass through costs                                                                                                                | 0                     | 0                                           | 26.00                                                                  |
| 27.00                                                                                                   | Subtotal (sum of lines 22 through 26)                                                                                                                                 | 0                     | 0                                           | 27.00                                                                  |
| 28.00                                                                                                   | Customary charges (title V or XIX PPS covered services only)                                                                                                          | 0                     | 0                                           | 28.00                                                                  |
| 29.00                                                                                                   | Titles V or XIX (sum of lines 21 and 27)                                                                                                                              | 0                     | 119,670                                     | 29.00                                                                  |
| <b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>                                                          |                                                                                                                                                                       |                       |                                             |                                                                        |
| 30.00                                                                                                   | Excess of reasonable cost (from line 18)                                                                                                                              | 0                     | 0                                           | 30.00                                                                  |
| 31.00                                                                                                   | Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)                                                                                                        | -282,041              | 85,605                                      | 31.00                                                                  |
| 32.00                                                                                                   | Deductibles                                                                                                                                                           | 0                     | 0                                           | 32.00                                                                  |
| 33.00                                                                                                   | Coinurance                                                                                                                                                            | 0                     | 0                                           | 33.00                                                                  |
| 34.00                                                                                                   | Allowable bad debts (see instructions)                                                                                                                                | 0                     | 0                                           | 34.00                                                                  |
| 35.00                                                                                                   | Utilization review                                                                                                                                                    | 0                     | 0                                           | 35.00                                                                  |
| 36.00                                                                                                   | Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)                                                                                                    | -282,041              | 85,605                                      | 36.00                                                                  |
| 37.00                                                                                                   | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)                                                                                                                        | 0                     | 0                                           | 37.00                                                                  |
| 38.00                                                                                                   | Subtotal (line 36 ± line 37)                                                                                                                                          | -282,041              | 85,605                                      | 38.00                                                                  |
| 39.00                                                                                                   | Direct graduate medical education payments (from Wkst. E-4)                                                                                                           | 0                     | 0                                           | 39.00                                                                  |
| 40.00                                                                                                   | Total amount payable to the provider (sum of lines 38 and 39)                                                                                                         | -282,041              | 85,605                                      | 40.00                                                                  |
| 41.00                                                                                                   | Interim payments                                                                                                                                                      | 0                     | 0                                           | 41.00                                                                  |
| 42.00                                                                                                   | Balance due provider/program (line 40 minus line 41)                                                                                                                  | -282,041              | 85,605                                      | 42.00                                                                  |
| 43.00                                                                                                   | Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2                                                                 | 0                     | 0                                           | 43.00                                                                  |

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

Provider CCN: 14-3302

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

Worksheet G

Date/Time Prepared:  
6/21/2020 11:31 am

|                              |                                                                                | General Fund | Specific Purpose Fund | Endowment Fund | Plant Fund |       |
|------------------------------|--------------------------------------------------------------------------------|--------------|-----------------------|----------------|------------|-------|
|                              |                                                                                | 1.00         | 2.00                  | 3.00           | 4.00       |       |
| <b>CURRENT ASSETS</b>        |                                                                                |              |                       |                |            |       |
| 1.00                         | Cash on hand in banks                                                          | 186,183      | 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                                                            | 13,918,698   | 0                     | 0              | 0          | 4.00  |
| 5.00                         | Other receivable                                                               | 61,402       | 0                     | 0              | 0          | 5.00  |
| 6.00                         | Allowances for uncollectible notes and accounts receivable                     | -11,338,780  | 0                     | 0              | 0          | 6.00  |
| 7.00                         | Inventory                                                                      | 764,335      | 0                     | 0              | 0          | 7.00  |
| 8.00                         | Prepaid expenses                                                               | 258,799      | 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)                                       | 3,850,637    | 0                     | 0              | 0          | 11.00 |
| <b>FIXED ASSETS</b>          |                                                                                |              |                       |                |            |       |
| 12.00                        | Land                                                                           | 137,292      | 0                     | 0              | 0          | 12.00 |
| 13.00                        | Land improvements                                                              | 1,056,797    | 0                     | 0              | 0          | 13.00 |
| 14.00                        | Accumulated depreciation                                                       | -1,018,512   | 0                     | 0              | 0          | 14.00 |
| 15.00                        | Buildings                                                                      | 48,489,306   | 0                     | 0              | 0          | 15.00 |
| 16.00                        | Accumulated depreciation                                                       | -27,781,259  | 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                                                                | 3,218,566    | 0                     | 0              | 0          | 19.00 |
| 20.00                        | Accumulated depreciation                                                       | -2,077,936   | 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                                                        | 16,018,984   | 0                     | 0              | 0          | 23.00 |
| 24.00                        | Accumulated depreciation                                                       | -11,019,859  | 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)                                        | 27,023,379   | 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                                                                   | 301,882      | 0                     | 0              | 0          | 34.00 |
| 35.00                        | Total other assets (sum of lines 31-34)                                        | 301,882      | 0                     | 0              | 0          | 35.00 |
| 36.00                        | Total assets (sum of lines 11, 30, and 35)                                     | 31,175,898   | 0                     | 0              | 0          | 36.00 |
| <b>CURRENT LIABILITIES</b>   |                                                                                |              |                       |                |            |       |
| 37.00                        | Accounts payable                                                               | 1,238,160    | 0                     | 0              | 0          | 37.00 |
| 38.00                        | Salaries, wages, and fees payable                                              | 3,144,864    | 0                     | 0              | 0          | 38.00 |
| 39.00                        | Payroll taxes payable                                                          | 87,902       | 0                     | 0              | 0          | 39.00 |
| 40.00                        | Notes and loans payable (short term)                                           | 0            | 0                     | 0              | 0          | 40.00 |
| 41.00                        | Deferred income                                                                | 447,169      | 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)                            | 4,918,095    | 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)                                     | 4,918,095    | 0                     | 0              | 0          | 51.00 |
| <b>CAPITAL ACCOUNTS</b>      |                                                                                |              |                       |                |            |       |
| 52.00                        | General fund balance                                                           | 26,257,405   |                       |                |            | 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)                                  | 26,257,405   | 0                     | 0              | 0          | 59.00 |
| 60.00                        | Total liabilities and fund balances (sum of lines 51 and 59)                   | 31,175,500   | 0                     | 0              | 0          | 60.00 |

## STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-3302

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

Worksheet G-1

Date/Time Prepared:  
6/21/2020 11:31 am

|       |                                                                         | General Fund   |             | Special Purpose Fund |      | Endowment Fund |       |
|-------|-------------------------------------------------------------------------|----------------|-------------|----------------------|------|----------------|-------|
|       |                                                                         | 1.00           | 2.00        | 3.00                 | 4.00 | 5.00           |       |
| 1.00  | Fund balances at beginning of period                                    |                | 69,874,742  |                      | 0    |                | 1.00  |
| 2.00  | Net income (loss) (from Wkst. G-3, line 29)                             |                | -34,361,019 |                      |      |                | 2.00  |
| 3.00  | Total (sum of line 1 and line 2)                                        |                | 35,513,723  |                      | 0    |                | 3.00  |
| 4.00  | ADDITIONS ADJUSTMENT                                                    | -61,771,128    |             | 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)                                       |                | -61,771,128 |                      | 0    |                | 10.00 |
| 11.00 | Subtotal (line 3 plus line 10)                                          |                | -26,257,405 |                      | 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) |                | -26,257,405 |                      | 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 ADJUSTMENT                                                    |                | 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: 14-3302

Period:  
From 01/01/2019  
To 12/31/2019Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
6/21/2020 11:31 am

| Cost Center Description                                |                                                                                                | Inpatient  | Outpatient | Total      |       |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------|------------|------------|------------|-------|
|                                                        |                                                                                                | 1.00       | 2.00       | 3.00       |       |
| <b>PART I - PATIENT REVENUES</b>                       |                                                                                                |            |            |            |       |
| <b>General Inpatient Routine Services</b>              |                                                                                                |            |            |            |       |
| 1.00                                                   | Hospital                                                                                       | 5,003,798  |            | 5,003,798  | 1.00  |
| 2.00                                                   | SUBPROVIDER - IPF                                                                              | 0          |            | 0          | 2.00  |
| 3.00                                                   | SUBPROVIDER - IRF                                                                              | 0          |            | 0          | 3.00  |
| 4.00                                                   | SUBPROVIDER                                                                                    | 0          |            | 0          | 4.00  |
| 5.00                                                   | Swing bed - SNF                                                                                | 0          |            | 0          | 5.00  |
| 6.00                                                   | Swing bed - NF                                                                                 | 0          |            | 0          | 6.00  |
| 7.00                                                   | SKILLED NURSING FACILITY                                                                       | 0          |            | 0          | 7.00  |
| 8.00                                                   | NURSING FACILITY                                                                               | 0          |            | 0          | 8.00  |
| 9.00                                                   | OTHER LONG TERM CARE                                                                           | 0          |            | 0          | 9.00  |
| 10.00                                                  | Total general inpatient care services (sum of lines 1-9)                                       | 5,003,798  |            | 5,003,798  | 10.00 |
| <b>Intensive Care Type Inpatient Hospital Services</b> |                                                                                                |            |            |            |       |
| 11.00                                                  | INTENSIVE CARE UNIT                                                                            | 2,776,599  |            | 2,776,599  | 11.00 |
| 12.00                                                  | CORONARY CARE UNIT                                                                             | 0          |            | 0          | 12.00 |
| 13.00                                                  | BURN INTENSIVE CARE UNIT                                                                       | 0          |            | 0          | 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)                     | 2,776,599  |            | 2,776,599  | 16.00 |
| 17.00                                                  | Total inpatient routine care services (sum of lines 10 and 16)                                 | 7,780,397  |            | 7,780,397  | 17.00 |
| 18.00                                                  | Ancillary services                                                                             | 30,443,668 | 31,610,874 | 62,054,542 | 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                                                                                           |            | 0          | 0          | 24.00 |
| 24.10                                                  | CORF                                                                                           | 0          | 0          | 0          | 24.10 |
| 25.00                                                  | AMBULATORY SURGICAL CENTER (D.P.)                                                              | 0          | 0          | 0          | 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)            | 38,224,065 | 31,610,874 | 69,834,939 | 28.00 |
| <b>PART II - OPERATING EXPENSES</b>                    |                                                                                                |            |            |            |       |
| 29.00                                                  | Operating expenses (per Wkst. A, column 3, line 200)                                           |            | 49,016,139 |            | 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) |            | 49,016,139 |            | 43.00 |

## STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-3302

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

Worksheet G-3

Date/Time Prepared:  
6/21/2020 11:31 am

|              |                                                                           | 1.00        |       |
|--------------|---------------------------------------------------------------------------|-------------|-------|
| 1.00         | Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)        | 69,834,939  | 1.00  |
| 2.00         | Less contractual allowances and discounts on patients' accounts           | 60,022,373  | 2.00  |
| 3.00         | Net patient revenues (line 1 minus line 2)                                | 9,812,566   | 3.00  |
| 4.00         | Less total operating expenses (from Wkst. G-2, Part II, line 43)          | 49,016,139  | 4.00  |
| 5.00         | Net income from service to patients (line 3 minus line 4)                 | -39,203,573 | 5.00  |
| OTHER INCOME |                                                                           |             |       |
| 6.00         | Contributions, donations, bequests, etc                                   | 3,349,165   | 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                           | 324,255     | 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                        | 3,504       | 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                                                  | 4,800       | 22.00 |
| 23.00        | Governmental appropriations                                               | 588,050     | 23.00 |
| 24.00        | OTHER                                                                     | 60,491      | 24.00 |
| 24.01        | GRANT INCOME                                                              | 512,289     | 24.01 |
| 25.00        | Total other income (sum of lines 6-24)                                    | 4,842,554   | 25.00 |
| 26.00        | Total (line 5 plus line 25)                                               | -34,361,019 | 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)               | -34,361,019 | 29.00 |