

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

|                                                                                            |                       |                                             |                                                                        |
|--------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|------------------------------------------------------------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | Provider CCN: 14-0202 | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet S<br>Parts I-III<br>Date/Time Prepared:<br>7/19/2021 2:11 pm |
|--------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|------------------------------------------------------------------------|

**PART I - COST REPORT STATUS**

|                     |                                                                                                                                                                     |                                                                                                                                                                                                    |                                                                                                                                                  |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Provider use only   | 1. <input checked="" type="checkbox"/> Electronically prepared cost report                                                                                          | Date: 7/19/2021                                                                                                                                                                                    | Time: 2:11 pm                                                                                                                                    |
|                     | 2. <input type="checkbox"/> Manually prepared cost report                                                                                                           |                                                                                                                                                                                                    |                                                                                                                                                  |
|                     | 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report                                        |                                                                                                                                                                                                    |                                                                                                                                                  |
|                     | 4. <input checked="" type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.                                                                     |                                                                                                                                                                                                    |                                                                                                                                                  |
| Contractor use only | 5. <input checked="" type="checkbox"/> Cost Report Status<br>(1) As Submitted<br>(2) Settled without Audit<br>(3) Settled with Audit<br>(4) Reopened<br>(5) Amended | 6. Date Received:<br>7. Contractor No.<br>8. <input checked="" type="checkbox"/> Initial Report for this Provider CCN<br>9. <input checked="" type="checkbox"/> Final Report for this Provider CCN | 10. NPR Date:<br>11. Contractor's Vendor Code: 4<br>12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9. |

**PART II - CERTIFICATION**

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CONDELL MEDICAL CENTER ( 14-0202 ) for the cost reporting period beginning 01/01/2020 and ending 12/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) MICHAEL VOLANTE

Officer or Administrator of Provider(s)

VP FINANCE

Title

(Dated when report is electronically signed.)

Date

| Cost Center Description              |                                     | Title V | Title XVIII |          | HIT  | Title XIX |        |
|--------------------------------------|-------------------------------------|---------|-------------|----------|------|-----------|--------|
|                                      |                                     |         | Part A      | Part B   |      |           |        |
|                                      |                                     | 1.00    | 2.00        | 3.00     | 4.00 | 5.00      |        |
| <b>PART III - SETTLEMENT SUMMARY</b> |                                     |         |             |          |      |           |        |
| 1.00                                 | Hospital                            | 0       | 469,318     | -288,040 | 0    | 0         | 1.00   |
| 2.00                                 | Subprovider - IPF                   | 0       | 0           | 0        |      | 0         | 2.00   |
| 3.00                                 | Subprovider - IRF                   | 0       | 0           | 0        |      | 0         | 3.00   |
| 4.00                                 | SUBPROVIDER I                       |         |             |          |      |           | 4.00   |
| 5.00                                 | Swing Bed - SNF                     | 0       | 0           | 0        |      | 0         | 5.00   |
| 6.00                                 | Swing Bed - NF                      | 0       |             |          |      | 0         | 6.00   |
| 8.00                                 | NURSING FACILITY                    | 0       |             |          |      | 0         | 8.00   |
| 9.00                                 | HOME HEALTH AGENCY I                | 0       | 0           | 0        |      | 0         | 9.00   |
| 10.00                                | RURAL HEALTH CLINIC I               | 0       |             | 0        |      | 0         | 10.00  |
| 11.00                                | FEDERALLY QUALIFIED HEALTH CENTER I | 0       |             | 0        |      | 0         | 11.00  |
| 200.00                               | Total                               | 0       | 469,318     | -288,040 | 0    | 0         | 200.00 |

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

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

|                                                               |  |  |  |                       |                                             |                                                                     |  |
|---------------------------------------------------------------|--|--|--|-----------------------|---------------------------------------------|---------------------------------------------------------------------|--|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA |  |  |  | Provider CCN: 14-0202 | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>7/19/2021 2:11 pm |  |
|---------------------------------------------------------------|--|--|--|-----------------------|---------------------------------------------|---------------------------------------------------------------------|--|

|      |                                                    |           |                  |              |      |
|------|----------------------------------------------------|-----------|------------------|--------------|------|
|      | 1.00                                               | 2.00      | 3.00             | 4.00         |      |
|      | Hospital and Hospital Health Care Complex Address: |           |                  |              |      |
| 1.00 | Street: 900 GARFIELD AVE                           | PO Box:   |                  |              | 1.00 |
| 2.00 | City: LIBERTYVILLE                                 | State: IL | Zip Code: 60648- | County: LAKE | 2.00 |

|  | Component Name | CCN<br>Number | CBSA<br>Number | Provider<br>Type | Date<br>Certified | Payment System (P,<br>T, O, or N) |       |      |  |
|--|----------------|---------------|----------------|------------------|-------------------|-----------------------------------|-------|------|--|
|  |                |               |                |                  |                   | V                                 | XVIII | XIX  |  |
|  | 1.00           | 2.00          | 3.00           | 4.00             | 5.00              | 6.00                              | 7.00  | 8.00 |  |

|       | Hospital and Hospital-Based Component Identification: |                               |        |       |   |            |   |   |   |       |
|-------|-------------------------------------------------------|-------------------------------|--------|-------|---|------------|---|---|---|-------|
| 3.00  | Hospital                                              | CONDELL MEDICAL CENTER        | 140202 | 29404 | 1 | 01/01/1966 | O | P | O | 3.00  |
| 4.00  | Subprovider - IPF                                     |                               |        |       |   |            |   |   |   | 4.00  |
| 5.00  | Subprovider - IRF                                     |                               |        |       |   |            |   |   |   | 5.00  |
| 6.00  | Subprovider - (Other)                                 |                               |        |       |   |            |   |   |   | 6.00  |
| 7.00  | Swing Beds - SNF                                      |                               |        |       |   |            |   |   |   | 7.00  |
| 8.00  | Swing Beds - NF                                       |                               |        |       |   |            |   |   |   | 8.00  |
| 9.00  | Hospital-Based SNF                                    |                               |        |       |   |            |   |   |   | 9.00  |
| 10.00 | Hospital-Based NF                                     |                               |        |       |   |            |   |   |   | 10.00 |
| 10.01 | ICF/IID                                               |                               |        |       |   |            |   |   |   | 10.01 |
| 11.00 | Hospital-Based OLTC                                   |                               |        |       |   |            |   |   |   | 11.00 |
| 12.00 | Hospital-Based HHA                                    | CONDELL MEDICAL CENTER<br>HHA | 147247 | 29404 |   | 07/01/1996 | N | P | N | 12.00 |
| 13.00 | Separately Certified ASC                              |                               |        |       |   |            |   |   |   | 13.00 |
| 14.00 | Hospital-Based Hospice                                |                               |        |       |   |            |   |   |   | 14.00 |
| 15.00 | Hospital-Based Health Clinic - RHC                    |                               |        |       |   |            |   |   |   | 15.00 |
| 16.00 | Hospital-Based Health Clinic - FQHC                   |                               |        |       |   |            |   |   |   | 16.00 |
| 17.00 | Hospital-Based (CMHC) I                               |                               |        |       |   |            |   |   |   | 17.00 |
| 17.10 | Hospital-Based (CORF) I                               |                               |        |       |   |            |   |   |   | 17.10 |
| 17.20 | Hospital-Based (OPT) I                                |                               |        |       |   |            |   |   |   | 17.20 |
| 17.30 | Hospital-Based (OOT) I                                |                               |        |       |   |            |   |   |   | 17.30 |
| 17.40 | Hospital-Based (OSP) I                                |                               |        |       |   |            |   |   |   | 17.40 |
| 18.00 | Renal Dialysis                                        |                               |        |       |   |            |   |   |   | 18.00 |
| 19.00 | Other                                                 |                               |        |       |   |            |   |   |   | 19.00 |

|       |                                    |            |            |       |
|-------|------------------------------------|------------|------------|-------|
|       |                                    | From:      | To:        |       |
|       |                                    | 1.00       | 2.00       |       |
| 20.00 | Cost Reporting Period (mm/dd/yyyy) | 01/01/2020 | 12/31/2020 | 20.00 |
| 21.00 | Type of Control (see instructions) | 1          |            | 21.00 |

|  |      |      |      |  |
|--|------|------|------|--|
|  | 1.00 | 2.00 | 3.00 |  |
|--|------|------|------|--|

|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |   |   |       |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|-------|
|       | Inpatient PPS Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |   |   |       |
| 22.00 | Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                               | Y | N |   | 22.00 |
| 22.01 | Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)                                                                                                                                                                                                                                   | Y | Y |   | 22.01 |
| 22.02 | Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.                                                                                                                                                                                                                       | N | N |   | 22.02 |
| 22.03 | Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no. | N | N | N | 22.03 |
| 23.00 | Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                             | 1 | N |   | 23.00 |

Worksheet S-2  
Part I  
Date/Time Prepared:  
7/19/2021 2:11 pm

MCRIF32 - 16.10.172.3

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet S-2  
Part I  
Date/Time Prepared:  
7/19/2021 2:11 pm

|                                                                                  |                                                                                                                                                                                                                                                                                                                                              | NAHE 413.85<br>Y/N | Worksheet A<br>Line # | Pass-Through<br>Qualification<br>Criterion Code |                                       |            |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|-------------------------------------------------|---------------------------------------|------------|
|                                                                                  |                                                                                                                                                                                                                                                                                                                                              | 1.00               | 2.00                  | 3.00                                            |                                       |            |
| 60.00                                                                            | Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.  | Y                  | Y                     |                                                 | 60.00                                 |            |
| 60.01                                                                            | If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)                                                                                                                                                                                                                                                             |                    | 23.00                 | 1                                               | 60.01                                 |            |
| 60.02                                                                            | If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)                                                                                                                                                                                                                                                             |                    | 23.01                 | 1                                               | 60.02                                 |            |
|                                                                                  |                                                                                                                                                                                                                                                                                                                                              | Y/N                | IME                   | Direct GME                                      | IME                                   | Direct GME |
|                                                                                  |                                                                                                                                                                                                                                                                                                                                              | 1.00               | 2.00                  | 3.00                                            | 4.00                                  | 5.00       |
| 61.00                                                                            | Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)                                                                                                                                                                                                                  | N                  |                       |                                                 | 0.00                                  | 0.00       |
| 61.01                                                                            | Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)                                                                                                                                                                       |                    |                       |                                                 |                                       |            |
| 61.02                                                                            | Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)                                                                                                                                                           |                    |                       |                                                 |                                       |            |
| 61.03                                                                            | Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)                                                                                                                                                                              |                    |                       |                                                 |                                       |            |
| 61.04                                                                            | Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).                                                                                                                                                                                           |                    |                       |                                                 |                                       |            |
| 61.05                                                                            | Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)                                                                                                                                        |                    |                       |                                                 |                                       |            |
| 61.06                                                                            | Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)                                                                                                                                                                                           |                    |                       |                                                 |                                       |            |
|                                                                                  |                                                                                                                                                                                                                                                                                                                                              | Program Name       | Program Code          | Unweighted IME<br>FTE Count                     | Unweighted<br>Direct GME FTE<br>Count |            |
|                                                                                  |                                                                                                                                                                                                                                                                                                                                              | 1.00               | 2.00                  | 3.00                                            | 4.00                                  |            |
| 61.10                                                                            | Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.           |                    |                       | 0.00                                            | 0.00                                  | 61.10      |
| 61.20                                                                            | Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count. |                    |                       | 0.00                                            | 0.00                                  | 61.20      |
|                                                                                  |                                                                                                                                                                                                                                                                                                                                              |                    |                       |                                                 |                                       | 1.00       |
| 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      |

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet S-2  
Part I  
Date/Time Prepared:  
7/19/2021 2:11 pm

|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              | Unweighted<br>FTEs<br>Nonprovider<br>Site | Unweighted<br>FTEs in<br>Hospital         | Ratio (col. 1/<br>(col. 1 + col.<br>2)) |                                         |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------|-------------------------------------------|-----------------------------------------|-----------------------------------------|-------|
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              | 1.00                                      | 2.00                                      | 3.00                                    |                                         |       |
| Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                           |                                           |                                         |                                         |       |
| 64.00                                                                                                                                                                                | Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)                                                                                                                                                                     |              | 0.00                                      | 0.00                                      | 0.000000                                | 64.00                                   |       |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Program Name | Program Code                              | Unweighted<br>FTEs<br>Nonprovider<br>Site | Unweighted<br>FTEs in<br>Hospital       | Ratio (col. 3/<br>(col. 3 + col.<br>4)) |       |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1.00         | 2.00                                      | 3.00                                      | 4.00                                    | 5.00                                    |       |
| 65.00                                                                                                                                                                                | Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions) |              |                                           | 0.00                                      | 0.00                                    | 0.000000                                | 65.00 |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              | Unweighted<br>FTEs<br>Nonprovider<br>Site | Unweighted<br>FTEs in<br>Hospital         | Ratio (col. 1/<br>(col. 1 + col.<br>2)) |                                         |       |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              | 1.00                                      | 2.00                                      | 3.00                                    |                                         |       |
| Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                           |                                           |                                         |                                         |       |
| 66.00                                                                                                                                                                                | Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)                                                                                                                                                                                                                                                     |              | 0.00                                      | 0.00                                      | 0.000000                                | 66.00                                   |       |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Program Name | Program Code                              | Unweighted<br>FTEs<br>Nonprovider<br>Site | Unweighted<br>FTEs in<br>Hospital       | Ratio (col. 3/<br>(col. 3 + col.<br>4)) |       |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1.00         | 2.00                                      | 3.00                                      | 4.00                                    | 5.00                                    |       |
| 67.00                                                                                                                                                                                | Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)                                                                                             |              |                                           | 0.00                                      | 0.00                                    | 0.000000                                | 67.00 |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Provider CCN: 14-0202 | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>7/19/2021 2:11 pm |        |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|---------------------------------------------------------------------|--------|
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | 1.00                                        | 2.00                                                                | 3.00   |
| <b>Inpatient Psychiatric Facility PPS</b>                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                             |                                                                     |        |
| 70.00                                                         | Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                                         | N                     |                                             |                                                                     | 70.00  |
| 71.00                                                         | If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions) |                       |                                             | 0                                                                   | 71.00  |
| <b>Inpatient Rehabilitation Facility PPS</b>                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                             |                                                                     |        |
| 75.00                                                         | Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.                                                                                                                                                                                                                                                                                                                                                                     | N                     |                                             |                                                                     | 75.00  |
| 76.00                                                         | If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)                         |                       |                                             | 0                                                                   | 76.00  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | 1.00                                        |                                                                     |        |
| <b>Long Term Care Hospital PPS</b>                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                             |                                                                     |        |
| 80.00                                                         | Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.                                                                                                                                                                                                                                                                                                                                                                                                                               | N                     |                                             |                                                                     | 80.00  |
| 81.00                                                         | Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.                                                                                                                                                                                                                                                                                                                                                                         | N                     |                                             |                                                                     | 81.00  |
| <b>TEFRA Providers</b>                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                             |                                                                     |        |
| 85.00                                                         | Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                                                                      | N                     |                                             |                                                                     | 85.00  |
| 86.00                                                         | Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.                                                                                                                                                                                                                                                                                                                                                             |                       |                                             |                                                                     | 86.00  |
| 87.00                                                         | Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                                | N                     |                                             |                                                                     | 87.00  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | V                                           | XIX                                                                 |        |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | 1.00                                        | 2.00                                                                |        |
| <b>Title V and XIX Services</b>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                             |                                                                     |        |
| 90.00                                                         | Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.                                                                                                                                                                                                                                                                                                                                                                         | Y                     |                                             | Y                                                                   | 90.00  |
| 91.00                                                         | Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.                                                                                                                                                                                                                                                                                                                                           | N                     |                                             | N                                                                   | 91.00  |
| 92.00                                                         | Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.                                                                                                                                                                                                                                                                                                                                               |                       |                                             | N                                                                   | 92.00  |
| 93.00                                                         | Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.                                                                                                                                                                                                                                                                                                                                                                 | N                     |                                             | N                                                                   | 93.00  |
| 94.00                                                         | Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.                                                                                                                                                                                                                                                                                                                                                                                                      | N                     |                                             | N                                                                   | 94.00  |
| 95.00                                                         | If line 94 is "Y", enter the reduction percentage in the applicable column.                                                                                                                                                                                                                                                                                                                                                                                                                               | 0.00                  |                                             | 0.00                                                                | 95.00  |
| 96.00                                                         | Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.                                                                                                                                                                                                                                                                                                                                                                                                      | N                     |                                             | N                                                                   | 96.00  |
| 97.00                                                         | If line 96 is "Y", enter the reduction percentage in the applicable column.                                                                                                                                                                                                                                                                                                                                                                                                                               | 0.00                  |                                             | 0.00                                                                | 97.00  |
| 98.00                                                         | Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                                                                                                                             | Y                     |                                             | Y                                                                   | 98.00  |
| 98.01                                                         | Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                                                                                                                                                                 | Y                     |                                             | Y                                                                   | 98.01  |
| 98.02                                                         | Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                                                                                                                                     | Y                     |                                             | Y                                                                   | 98.02  |
| 98.03                                                         | Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                                                                                                                                | N                     |                                             | N                                                                   | 98.03  |
| 98.04                                                         | Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                                                                                                                                                          | N                     |                                             | N                                                                   | 98.04  |
| 98.05                                                         | Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                                                                                                                                                    | Y                     |                                             | Y                                                                   | 98.05  |
| 98.06                                                         | Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                                                                                                                                                            | Y                     |                                             | Y                                                                   | 98.06  |
| <b>Rural Providers</b>                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                             |                                                                     |        |
| 105.00                                                        | Does this hospital qualify as a CAH?                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | N                     |                                             |                                                                     | 105.00 |
| 106.00                                                        | If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)                                                                                                                                                                                                                                                                                                                                                                       | N                     |                                             |                                                                     | 106.00 |
| 107.00                                                        | Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)                                                                                                  | N                     |                                             |                                                                     | 107.00 |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Provider CCN: 14-0202 |              | Period:<br>From 01/01/2020<br>To 12/31/2020 |             | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>7/19/2021 2:11 pm |  |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------|---------------------------------------------|-------------|---------------------------------------------------------------------|--|
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              | V                                           | XIX         |                                                                     |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              | 1.00                                        | 2.00        |                                                                     |  |
| 108.00                                                        | Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                 | N                     |              |                                             |             | 108.00                                                              |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Physical              | Occupational | Speech                                      | Respiratory |                                                                     |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.00                  | 2.00         | 3.00                                        | 4.00        |                                                                     |  |
| 109.00                                                        | If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.                                                                                                                                                                                                                                                                                                    | N                     | N            | N                                           | N           | 109.00                                                              |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              | 1.00                                        |             |                                                                     |  |
| 110.00                                                        | Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.                                                                                                                                                         | N                     |              |                                             |             | 110.00                                                              |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              | 1.00                                        | 2.00        |                                                                     |  |
| 111.00                                                        | If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services. | N                     |              |                                             |             | 111.00                                                              |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              | 1.00                                        | 2.00        | 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                     |              |                                             |             | 0 115.00                                                            |  |
| 116.00                                                        | Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                                              | N                     |              |                                             |             | 116.00                                                              |  |
| 117.00                                                        | Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                              | N                     |              |                                             |             | 117.00                                                              |  |
| 118.00                                                        | Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.                                                                                                                                                                                                                                                                                                                      | 1                     |              |                                             |             | 118.00                                                              |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Premiums              | Losses       | Insurance                                   |             |                                                                     |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.00                  | 2.00         | 3.00                                        |             |                                                                     |  |
| 118.01                                                        | List amounts of malpractice premiums and paid losses:                                                                                                                                                                                                                                                                                                                                                                                                           | 210,482               |              | 0                                           |             | 2,678,315 118.01                                                    |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              | 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                                                              |  |

|                                                               |                       |                                             |                                                                     |
|---------------------------------------------------------------|-----------------------|---------------------------------------------|---------------------------------------------------------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0202 | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>7/19/2021 2:11 pm |
|---------------------------------------------------------------|-----------------------|---------------------------------------------|---------------------------------------------------------------------|

|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                        |                  |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------|--------------------|
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              | 1.00                   | 2.00             |                    |
| 131.00                                                                                                                                                                                                                      | If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.                                                                                                                                                     |                        |                  | 131.00             |
| 132.00                                                                                                                                                                                                                      | If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.                                                                                                                                                          |                        |                  | 132.00             |
| 133.00                                                                                                                                                                                                                      | Removed and reserved                                                                                                                                                                                                                                                                                         |                        |                  | 133.00             |
| 134.00                                                                                                                                                                                                                      | If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                       |                        |                  | 134.00             |
| All Providers                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                              |                        |                  |                    |
| 140.00                                                                                                                                                                                                                      | Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)                                                  | Y                      | 14H036           | 140.00             |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              | 1.00                   | 2.00             | 3.00               |
| If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.                                   |                                                                                                                                                                                                                                                                                                              |                        |                  |                    |
| 141.00                                                                                                                                                                                                                      | Name: ADVOCATE HEALTH CARE                                                                                                                                                                                                                                                                                   | Contractor's Name: NGS |                  | 141.00             |
| 142.00                                                                                                                                                                                                                      | Street: 3075 HIGHLAND PARKWAY                                                                                                                                                                                                                                                                                | PO Box:                |                  | 142.00             |
| 143.00                                                                                                                                                                                                                      | City: DOWNERS GROVE                                                                                                                                                                                                                                                                                          | State: IL              | Zip Code: 60515  | 143.00             |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              | 1.00                   |                  |                    |
| 144.00                                                                                                                                                                                                                      | Are provider based physicians' costs included in worksheet A?                                                                                                                                                                                                                                                | Y                      |                  | 144.00             |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              | 1.00                   | 2.00             |                    |
| 145.00                                                                                                                                                                                                                      | If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2. | N                      | N                | 145.00             |
| 146.00                                                                                                                                                                                                                      | Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.                                                                             | N                      |                  | 146.00             |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                        | 1.00             |                    |
| 147.00                                                                                                                                                                                                                      | Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                | N                      |                  | 147.00             |
| 148.00                                                                                                                                                                                                                      | Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                              | N                      |                  | 148.00             |
| 149.00                                                                                                                                                                                                                      | Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                   | N                      |                  | 149.00             |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              | Part A<br>1.00         | Part B<br>2.00   | Title V<br>3.00    |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                        |                  | Title XIX<br>4.00  |
| Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13) |                                                                                                                                                                                                                                                                                                              |                        |                  |                    |
| 155.00                                                                                                                                                                                                                      | Hospital                                                                                                                                                                                                                                                                                                     | N                      | N                | N                  |
| 156.00                                                                                                                                                                                                                      | Subprovider - IPF                                                                                                                                                                                                                                                                                            | N                      | N                | N                  |
| 157.00                                                                                                                                                                                                                      | Subprovider - IRF                                                                                                                                                                                                                                                                                            | N                      | N                | N                  |
| 158.00                                                                                                                                                                                                                      | SUBPROVIDER                                                                                                                                                                                                                                                                                                  |                        |                  |                    |
| 159.00                                                                                                                                                                                                                      | SNF                                                                                                                                                                                                                                                                                                          | N                      | N                | N                  |
| 160.00                                                                                                                                                                                                                      | HOME HEALTH AGENCY                                                                                                                                                                                                                                                                                           | N                      | N                | N                  |
| 161.00                                                                                                                                                                                                                      | CMHC                                                                                                                                                                                                                                                                                                         |                        | N                | N                  |
| 161.10                                                                                                                                                                                                                      | CORF                                                                                                                                                                                                                                                                                                         |                        | N                | N                  |
| 161.20                                                                                                                                                                                                                      | OPT                                                                                                                                                                                                                                                                                                          |                        | N                | N                  |
| 161.30                                                                                                                                                                                                                      | OOT                                                                                                                                                                                                                                                                                                          |                        | N                | N                  |
| 161.40                                                                                                                                                                                                                      | OSP                                                                                                                                                                                                                                                                                                          |                        | N                | N                  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                        |                  | 1.00               |
| 165.00                                                                                                                                                                                                                      | Multicampus<br>Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs?<br>Enter "Y" for yes or "N" for no.                                                                                                                                                         | N                      |                  |                    |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              | Name<br>0              | County<br>1.00   | State<br>2.00      |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                        | Zip Code<br>3.00 | CBSA<br>4.00       |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                        |                  | FTE/Campus<br>5.00 |
| 166.00                                                                                                                                                                                                                      | If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)                                                                                                                     |                        |                  | 0.00               |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                        |                  | 1.00               |
| Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act                                                                                                                                 |                                                                                                                                                                                                                                                                                                              |                        |                  |                    |
| 167.00                                                                                                                                                                                                                      | Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                          | Y                      |                  |                    |
| 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)                                                                                                                                             |                        |                  |                    |
| 168.01                                                                                                                                                                                                                      | 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)                                                                                                                     |                        |                  |                    |
| 169.00                                                                                                                                                                                                                      | If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)                                                                                                                                                                  | 9.99                   |                  |                    |

|                                                               |                                                                                                                                                                                                                                                                                                                  |                       |                                             |                                                                     |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|---------------------------------------------------------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA |                                                                                                                                                                                                                                                                                                                  | Provider CCN: 14-0202 | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>7/19/2021 2:11 pm |
|                                                               |                                                                                                                                                                                                                                                                                                                  |                       | Beginning<br>1.00                           | Ending<br>2.00                                                      |
| 170.00                                                        | Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)                                                                                                                                                                                               |                       |                                             | 170.00                                                              |
|                                                               |                                                                                                                                                                                                                                                                                                                  |                       | 1.00                                        | 2.00                                                                |
| 171.00                                                        | If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions) | Y                     | 9,860                                       | 171.00                                                              |

| HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE                                                               |                                                                                                                                                                                                                                                                                                                                                                                                    | Provider CCN: 14-0202 |  | Period:<br>From 01/01/2020<br>To 12/31/2020 |             | Worksheet S-2<br>Part II<br>Date/Time Prepared:<br>7/19/2021 2:11 pm |            |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|---------------------------------------------|-------------|----------------------------------------------------------------------|------------|
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | Y/N                                         | Date        |                                                                      |            |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | 1.00                                        | 2.00        |                                                                      |            |
| General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format. |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  |                                             |             |                                                                      |            |
| COMPLETED BY ALL HOSPITALS                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  |                                             |             |                                                                      |            |
| Provider Organization and Operation                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  |                                             |             |                                                                      |            |
| 1.00                                                                                                                        | Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)                                                                                                                                                                                                                           |                       |  | N                                           |             |                                                                      | 1.00       |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | Y/N                                         | Date        | V/I                                                                  |            |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | 1.00                                        | 2.00        | 3.00                                                                 |            |
| 2.00                                                                                                                        | Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.                                                                                                                                                                                                                    |                       |  | N                                           |             |                                                                      | 2.00       |
| 3.00                                                                                                                        | Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions) |                       |  | Y                                           |             |                                                                      | 3.00       |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | Y/N                                         | Type        | Date                                                                 |            |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | 1.00                                        | 2.00        | 3.00                                                                 |            |
| Financial Data and Reports                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  |                                             |             |                                                                      |            |
| 4.00                                                                                                                        | Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.                                                                                                                           |                       |  | Y                                           | A           | 03/22/2021                                                           | 4.00       |
| 5.00                                                                                                                        | Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.                                                                                                                                                                                                                                                       |                       |  | N                                           |             |                                                                      | 5.00       |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | Y/N                                         | Legal Oper. |                                                                      |            |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | 1.00                                        | 2.00        |                                                                      |            |
| Approved Educational Activities                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  |                                             |             |                                                                      |            |
| 6.00                                                                                                                        | Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?                                                                                                                                                                                                                                                                            |                       |  | N                                           |             |                                                                      | 6.00       |
| 7.00                                                                                                                        | Are costs claimed for Allied Health Programs? If "Y" see instructions.                                                                                                                                                                                                                                                                                                                             |                       |  | Y                                           |             |                                                                      | 7.00       |
| 8.00                                                                                                                        | Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.                                                                                                                                                                                                                                                              |                       |  | Y                                           |             |                                                                      | 8.00       |
| 9.00                                                                                                                        | Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.                                                                                                                                                                                                                                                |                       |  | N                                           |             |                                                                      | 9.00       |
| 10.00                                                                                                                       | Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.                                                                                                                                                                                                                                                               |                       |  | N                                           |             |                                                                      | 10.00      |
| 11.00                                                                                                                       | Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.                                                                                                                                                                                                                                                          |                       |  | N                                           |             |                                                                      | 11.00      |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | Y/N                                         |             |                                                                      |            |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | 1.00                                        |             |                                                                      |            |
| Bad Debts                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  |                                             |             |                                                                      |            |
| 12.00                                                                                                                       | Is the provider seeking reimbursement for bad debts? If yes, see instructions.                                                                                                                                                                                                                                                                                                                     |                       |  |                                             |             | Y                                                                    | 12.00      |
| 13.00                                                                                                                       | If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.                                                                                                                                                                                                                                                                    |                       |  |                                             |             | N                                                                    | 13.00      |
| 14.00                                                                                                                       | If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.                                                                                                                                                                                                                                                                                                   |                       |  |                                             |             | N                                                                    | 14.00      |
| Bed Complement                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  |                                             |             |                                                                      |            |
| 15.00                                                                                                                       | Did total beds available change from the prior cost reporting period? If yes, see instructions.                                                                                                                                                                                                                                                                                                    |                       |  |                                             |             | N                                                                    | 15.00      |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | Part A                                      |             | Part B                                                               |            |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | Y/N                                         | Date        | Y/N                                                                  | Date       |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | 1.00                                        | 2.00        | 3.00                                                                 | 4.00       |
| PS&R Data                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  |                                             |             |                                                                      |            |
| 16.00                                                                                                                       | Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)                                                                                                                                                                                                                |                       |  | N                                           |             | N                                                                    | 16.00      |
| 17.00                                                                                                                       | Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)                                                                                                                                                                                        |                       |  | Y                                           | 06/01/2021  | Y                                                                    | 06/01/2021 |
| 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: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet S-2  
Part II  
Date/Time Prepared:  
7/19/2021 2:11 pm

|                                                                                    |                                                                                                                                                                            | Description          | Y/N                                   | Y/N  |       |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------|------|-------|
|                                                                                    |                                                                                                                                                                            | 0                    | 1.00                                  | 3.00 |       |
| 20.00                                                                              | If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:                                                              |                      | N                                     | N    | 20.00 |
|                                                                                    |                                                                                                                                                                            | Y/N                  | Date                                  | Y/N  | Date  |
|                                                                                    |                                                                                                                                                                            | 1.00                 | 2.00                                  | 3.00 | 4.00  |
| 21.00                                                                              | Was the cost report prepared only using the provider's records? If yes, see instructions.                                                                                  | N                    |                                       | N    | 21.00 |
|                                                                                    |                                                                                                                                                                            |                      |                                       | 1.00 |       |
| COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS) |                                                                                                                                                                            |                      |                                       |      |       |
| Capital Related Cost                                                               |                                                                                                                                                                            |                      |                                       |      |       |
| 22.00                                                                              | Have assets been relifed for Medicare purposes? If yes, see instructions                                                                                                   |                      |                                       |      | 22.00 |
| 23.00                                                                              | Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.                              |                      |                                       |      | 23.00 |
| 24.00                                                                              | Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions                                              |                      |                                       |      | 24.00 |
| 25.00                                                                              | Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.                                                            |                      |                                       |      | 25.00 |
| 26.00                                                                              | Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.                                                              |                      |                                       |      | 26.00 |
| 27.00                                                                              | Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.                                                                    |                      |                                       |      | 27.00 |
| Interest Expense                                                                   |                                                                                                                                                                            |                      |                                       |      |       |
| 28.00                                                                              | Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.                                          |                      |                                       |      | 28.00 |
| 29.00                                                                              | Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions       |                      |                                       |      | 29.00 |
| 30.00                                                                              | Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.                                                                   |                      |                                       |      | 30.00 |
| 31.00                                                                              | Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.                                                                   |                      |                                       |      | 31.00 |
| Purchased Services                                                                 |                                                                                                                                                                            |                      |                                       |      |       |
| 32.00                                                                              | Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.          |                      |                                       |      | 32.00 |
| 33.00                                                                              | If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.                                                |                      |                                       |      | 33.00 |
| Provider-Based Physicians                                                          |                                                                                                                                                                            |                      |                                       |      |       |
| 34.00                                                                              | Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.                                             |                      |                                       |      | 34.00 |
| 35.00                                                                              | If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions. |                      |                                       |      | 35.00 |
|                                                                                    |                                                                                                                                                                            | Y/N                  | Date                                  |      |       |
|                                                                                    |                                                                                                                                                                            | 1.00                 | 2.00                                  |      |       |
| Home Office Costs                                                                  |                                                                                                                                                                            |                      |                                       |      |       |
| 36.00                                                                              | Were home office costs claimed on the cost report?                                                                                                                         |                      |                                       |      | 36.00 |
| 37.00                                                                              | If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.                                                            |                      |                                       |      | 37.00 |
| 38.00                                                                              | If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.       |                      |                                       |      | 38.00 |
| 39.00                                                                              | If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.                                                                   |                      |                                       |      | 39.00 |
| 40.00                                                                              | If line 36 is yes, did the provider render services to the home office? If yes, see instructions.                                                                          |                      |                                       |      | 40.00 |
|                                                                                    |                                                                                                                                                                            | 1.00                 | 2.00                                  |      |       |
| Cost Report Preparer Contact Information                                           |                                                                                                                                                                            |                      |                                       |      |       |
| 41.00                                                                              | Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.                                              | PAMELA               | DYE                                   |      | 41.00 |
| 42.00                                                                              | Enter the employer/company name of the cost report preparer.                                                                                                               | ADVOCATE HEALTH CARE |                                       |      | 42.00 |
| 43.00                                                                              | Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.                                                                 | 630.637.9522         | ROBERT.LEPPERT@ADVOCATEHEALT<br>H.COM |      | 43.00 |

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet S-2  
Part II  
Date/Time Prepared:  
7/19/2021 2:11 pm

|                                                 |                                                                                                                               |                                 |       |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------|
|                                                 |                                                                                                                               | 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. | SENIOR REIMBURSEMENT SPECIALIST | 41.00 |
| 42.00                                           | Enter the employer/company name of the cost report preparer.                                                                  |                                 | 42.00 |
| 43.00                                           | Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.                    |                                 | 43.00 |

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet S-3  
Part I  
Date/Time Prepared:  
7/19/2021 2:11 pm

| Component                                                                                                                                                                        | Worksheet A<br>Line Number | No. of Beds | Bed Days<br>Available | CAH Hours | I/P Days / O/P<br>Visits / Trips |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------|-----------------------|-----------|----------------------------------|-------|
|                                                                                                                                                                                  |                            |             |                       |           | Title V                          |       |
|                                                                                                                                                                                  | 1.00                       | 2.00        | 3.00                  | 4.00      | 5.00                             |       |
| 1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds) | 30.00                      | 256         | 93,696                | 0.00      | 0                                | 1.00  |
| 2.00 HMO and other (see instructions)                                                                                                                                            |                            |             |                       |           |                                  | 2.00  |
| 3.00 HMO IPF Subprovider                                                                                                                                                         |                            |             |                       |           |                                  | 3.00  |
| 4.00 HMO IRF Subprovider                                                                                                                                                         |                            |             |                       |           |                                  | 4.00  |
| 5.00 Hospital Adults & Peds. Swing Bed SNF                                                                                                                                       |                            |             |                       |           | 0                                | 5.00  |
| 6.00 Hospital Adults & Peds. Swing Bed NF                                                                                                                                        |                            |             |                       |           | 0                                | 6.00  |
| 7.00 Total Adults and Peds. (exclude observation beds) (see instructions)                                                                                                        |                            | 256         | 93,696                | 0.00      | 0                                | 7.00  |
| 8.00 INTENSIVE CARE UNIT                                                                                                                                                         | 31.00                      | 17          | 6,222                 | 0.00      | 0                                | 8.00  |
| 9.00 CORONARY CARE UNIT                                                                                                                                                          |                            |             |                       |           |                                  | 9.00  |
| 10.00 BURN INTENSIVE CARE UNIT                                                                                                                                                   |                            |             |                       |           |                                  | 10.00 |
| 11.00 SURGICAL INTENSIVE CARE UNIT                                                                                                                                               |                            |             |                       |           |                                  | 11.00 |
| 12.00 OTHER SPECIAL CARE (SPECIFY)                                                                                                                                               |                            |             |                       |           |                                  | 12.00 |
| 13.00 NURSERY                                                                                                                                                                    | 43.00                      |             |                       |           | 0                                | 13.00 |
| 14.00 Total (see instructions)                                                                                                                                                   |                            | 273         | 99,918                | 0.00      | 0                                | 14.00 |
| 15.00 CAH visits                                                                                                                                                                 |                            |             |                       |           | 0                                | 15.00 |
| 16.00 SUBPROVIDER - IPF                                                                                                                                                          |                            |             |                       |           |                                  | 16.00 |
| 17.00 SUBPROVIDER - IRF                                                                                                                                                          | 41.00                      | 0           | 0                     |           | 0                                | 17.00 |
| 18.00 SUBPROVIDER                                                                                                                                                                | 42.00                      | 0           | 0                     |           | 0                                | 18.00 |
| 19.00 SKILLED NURSING FACILITY                                                                                                                                                   |                            |             |                       |           |                                  | 19.00 |
| 20.00 NURSING FACILITY                                                                                                                                                           | 45.00                      | 0           | 0                     |           | 0                                | 20.00 |
| 20.01 ICF/MR                                                                                                                                                                     | 45.01                      | 0           | 0                     | 0.00      | 0                                | 20.01 |
| 21.00 OTHER LONG TERM CARE                                                                                                                                                       |                            |             |                       |           |                                  | 21.00 |
| 22.00 HOME HEALTH AGENCY                                                                                                                                                         | 101.00                     |             |                       |           | 0                                | 22.00 |
| 23.00 AMBULATORY SURGICAL CENTER (D.P.)                                                                                                                                          |                            |             |                       |           |                                  | 23.00 |
| 24.00 HOSPICE                                                                                                                                                                    | 116.00                     | 0           | 0                     |           |                                  | 24.00 |
| 24.10 HOSPICE (non-distinct part)                                                                                                                                                | 30.00                      |             |                       |           |                                  | 24.10 |
| 25.00 CMHC - CMHC                                                                                                                                                                |                            |             |                       |           |                                  | 25.00 |
| 25.10 CMHC - CORF                                                                                                                                                                | 99.10                      |             |                       |           | 0                                | 25.10 |
| 25.20 CMHC - OPT                                                                                                                                                                 | 99.20                      |             |                       |           | 0                                | 25.20 |
| 25.30 CMHC - OOT                                                                                                                                                                 | 99.30                      |             |                       |           | 0                                | 25.30 |
| 25.40 CMHC - OSP                                                                                                                                                                 | 99.40                      |             |                       |           | 0                                | 25.40 |
| 26.00 RURAL HEALTH CLINIC                                                                                                                                                        | 88.00                      |             |                       |           | 0                                | 26.00 |
| 26.25 FEDERALLY QUALIFIED HEALTH CENTER                                                                                                                                          | 89.00                      |             |                       |           | 0                                | 26.25 |
| 27.00 Total (sum of lines 14-26)                                                                                                                                                 |                            | 273         |                       |           |                                  | 27.00 |
| 28.00 Observation Bed Days                                                                                                                                                       |                            |             |                       |           | 0                                | 28.00 |
| 29.00 Ambulance Trips                                                                                                                                                            |                            |             |                       |           |                                  | 29.00 |
| 30.00 Employee discount days (see instruction)                                                                                                                                   |                            |             |                       |           |                                  | 30.00 |
| 31.00 Employee discount days - IRF                                                                                                                                               |                            |             |                       |           |                                  | 31.00 |
| 32.00 Labor & delivery days (see instructions)                                                                                                                                   |                            | 0           | 0                     |           |                                  | 32.00 |
| 32.01 Total ancillary labor & delivery room outpatient days (see instructions)                                                                                                   |                            |             |                       |           |                                  | 32.01 |
| 33.00 LTCH non-covered days                                                                                                                                                      |                            |             |                       |           |                                  | 33.00 |
| 33.01 LTCH site neutral days and discharges                                                                                                                                      |                            |             |                       |           |                                  | 33.01 |

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet S-3  
Part I  
Date/Time Prepared:  
7/19/2021 2:11 pm

| Component |                                                                                                                                                                             | I/P Days / O/P Visits / Trips |           |                    | Full Time Equivalents     |                      |       |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------|--------------------|---------------------------|----------------------|-------|
|           |                                                                                                                                                                             | Title XVIII                   | Title XIX | Total All Patients | Total Interns & Residents | Employees On Payroll |       |
|           |                                                                                                                                                                             | 6.00                          | 7.00      | 8.00               | 9.00                      | 10.00                |       |
| 1.00      | Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds) | 28,229                        | 3,842     | 64,043             |                           |                      | 1.00  |
| 2.00      | HMO and other (see instructions)                                                                                                                                            | 9,860                         | 5,490     |                    |                           |                      | 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)                                                                                                        | 28,229                        | 3,842     | 64,043             |                           |                      | 7.00  |
| 8.00      | INTENSIVE CARE UNIT                                                                                                                                                         | 1,793                         | 551       | 5,279              |                           |                      | 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                                                                                                                                                                     |                               | 241       | 2,031              |                           |                      | 13.00 |
| 14.00     | Total (see instructions)                                                                                                                                                    | 30,022                        | 4,634     | 71,353             | 0.00                      | 1,305.67             | 14.00 |
| 15.00     | CAH visits                                                                                                                                                                  | 0                             | 0         | 0                  |                           |                      | 15.00 |
| 16.00     | SUBPROVIDER - IPF                                                                                                                                                           |                               |           |                    |                           |                      | 16.00 |
| 17.00     | SUBPROVIDER - IRF                                                                                                                                                           | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 17.00 |
| 18.00     | SUBPROVIDER                                                                                                                                                                 |                               | 0         | 0                  | 0.00                      | 0.00                 | 18.00 |
| 19.00     | SKILLED NURSING FACILITY                                                                                                                                                    |                               |           |                    |                           |                      | 19.00 |
| 20.00     | NURSING FACILITY                                                                                                                                                            |                               | 0         | 0                  | 0.00                      | 0.00                 | 20.00 |
| 20.01     | ICF/MR                                                                                                                                                                      | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 20.01 |
| 21.00     | OTHER LONG TERM CARE                                                                                                                                                        |                               |           |                    |                           |                      | 21.00 |
| 22.00     | HOME HEALTH AGENCY                                                                                                                                                          | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 22.00 |
| 23.00     | AMBULATORY SURGICAL CENTER (D.P.)                                                                                                                                           |                               |           |                    |                           |                      | 23.00 |
| 24.00     | HOSPICE                                                                                                                                                                     | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 24.00 |
| 24.10     | HOSPICE (non-distinct part)                                                                                                                                                 |                               |           | 857                |                           |                      | 24.10 |
| 25.00     | CMHC - CMHC                                                                                                                                                                 |                               |           |                    |                           |                      | 25.00 |
| 25.10     | CMHC - CORF                                                                                                                                                                 | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 25.10 |
| 25.20     | CMHC - OPT                                                                                                                                                                  | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 25.20 |
| 25.30     | CMHC - OOT                                                                                                                                                                  | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 25.30 |
| 25.40     | CMHC - OSP                                                                                                                                                                  | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 25.40 |
| 26.00     | RURAL HEALTH CLINIC                                                                                                                                                         | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 26.00 |
| 26.25     | FEDERALLY QUALIFIED HEALTH CENTER                                                                                                                                           | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 26.25 |
| 27.00     | Total (sum of lines 14-26)                                                                                                                                                  |                               |           |                    | 0.00                      | 1,305.67             | 27.00 |
| 28.00     | Observation Bed Days                                                                                                                                                        |                               | 241       | 5,923              |                           |                      | 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                             | 71        | 301                |                           |                      | 32.00 |
| 32.01     | Total ancillary labor & delivery room outpatient days (see instructions)                                                                                                    |                               |           | 0                  |                           |                      | 32.01 |
| 33.00     | LTCH non-covered days                                                                                                                                                       | 0                             |           |                    |                           |                      | 33.00 |
| 33.01     | LTCH site neutral days and discharges                                                                                                                                       | 0                             |           |                    |                           |                      | 33.01 |

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet S-3  
Part I  
Date/Time Prepared:  
7/19/2021 2:11 pm

| Component                                                                                                                                                                        | Full Time<br>Equivalents | Discharges |             |           | Total All<br>Patients |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|-------------|-----------|-----------------------|-------|
|                                                                                                                                                                                  | Nonpaid<br>Workers       | Title V    | Title XVIII | Title XIX |                       |       |
|                                                                                                                                                                                  | 11.00                    | 12.00      | 13.00       | 14.00     | 15.00                 |       |
| 1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds) |                          | 0          | 5,345       | 525       | 14,177                | 1.00  |
| 2.00 HMO and other (see instructions)                                                                                                                                            |                          |            | 1,758       | 0         |                       | 2.00  |
| 3.00 HMO IPF Subprovider                                                                                                                                                         |                          |            |             | 0         |                       | 3.00  |
| 4.00 HMO IRF Subprovider                                                                                                                                                         |                          |            |             | 0         |                       | 4.00  |
| 5.00 Hospital Adults & Peds. Swing Bed SNF                                                                                                                                       |                          |            |             |           |                       | 5.00  |
| 6.00 Hospital Adults & Peds. Swing Bed NF                                                                                                                                        |                          |            |             |           |                       | 6.00  |
| 7.00 Total Adults and Peds. (exclude observation beds) (see instructions)                                                                                                        |                          |            |             |           |                       | 7.00  |
| 8.00 INTENSIVE CARE UNIT                                                                                                                                                         |                          |            |             |           |                       | 8.00  |
| 9.00 CORONARY CARE UNIT                                                                                                                                                          |                          |            |             |           |                       | 9.00  |
| 10.00 BURN INTENSIVE CARE UNIT                                                                                                                                                   |                          |            |             |           |                       | 10.00 |
| 11.00 SURGICAL INTENSIVE CARE UNIT                                                                                                                                               |                          |            |             |           |                       | 11.00 |
| 12.00 OTHER SPECIAL CARE (SPECIFY)                                                                                                                                               |                          |            |             |           |                       | 12.00 |
| 13.00 NURSERY                                                                                                                                                                    |                          |            |             |           |                       | 13.00 |
| 14.00 Total (see instructions)                                                                                                                                                   | 0.00                     | 0          | 5,345       | 525       | 14,177                | 14.00 |
| 15.00 CAH visits                                                                                                                                                                 |                          |            |             |           |                       | 15.00 |
| 16.00 SUBPROVIDER - IPF                                                                                                                                                          |                          |            |             |           |                       | 16.00 |
| 17.00 SUBPROVIDER - IRF                                                                                                                                                          | 0.00                     | 0          | 0           | 0         | 0                     | 17.00 |
| 18.00 SUBPROVIDER                                                                                                                                                                | 0.00                     | 0          |             | 0         | 0                     | 18.00 |
| 19.00 SKILLED NURSING FACILITY                                                                                                                                                   |                          |            |             |           |                       | 19.00 |
| 20.00 NURSING FACILITY                                                                                                                                                           | 0.00                     |            |             |           |                       | 20.00 |
| 20.01 ICF/MR                                                                                                                                                                     | 0.00                     | 0          | 0           | 0         | 0                     | 20.01 |
| 21.00 OTHER LONG TERM CARE                                                                                                                                                       |                          |            |             |           |                       | 21.00 |
| 22.00 HOME HEALTH AGENCY                                                                                                                                                         | 0.00                     |            |             |           |                       | 22.00 |
| 23.00 AMBULATORY SURGICAL CENTER (D.P.)                                                                                                                                          |                          |            |             |           |                       | 23.00 |
| 24.00 HOSPICE                                                                                                                                                                    | 0.00                     |            |             |           |                       | 24.00 |
| 24.10 HOSPICE (non-distinct part)                                                                                                                                                |                          |            |             |           |                       | 24.10 |
| 25.00 CMHC - CMHC                                                                                                                                                                |                          |            |             |           |                       | 25.00 |
| 25.10 CMHC - CORF                                                                                                                                                                | 0.00                     |            |             |           |                       | 25.10 |
| 25.20 CMHC - OPT                                                                                                                                                                 | 0.00                     |            |             |           |                       | 25.20 |
| 25.30 CMHC - OOT                                                                                                                                                                 | 0.00                     |            |             |           |                       | 25.30 |
| 25.40 CMHC - OSP                                                                                                                                                                 | 0.00                     |            |             |           |                       | 25.40 |
| 26.00 RURAL HEALTH CLINIC                                                                                                                                                        | 0.00                     |            |             |           |                       | 26.00 |
| 26.25 FEDERALLY QUALIFIED HEALTH CENTER                                                                                                                                          | 0.00                     |            |             |           |                       | 26.25 |
| 27.00 Total (sum of lines 14-26)                                                                                                                                                 | 0.00                     |            |             |           |                       | 27.00 |
| 28.00 Observation Bed Days                                                                                                                                                       |                          |            |             |           |                       | 28.00 |
| 29.00 Ambulance Trips                                                                                                                                                            |                          |            |             |           |                       | 29.00 |
| 30.00 Employee discount days (see instruction)                                                                                                                                   |                          |            |             |           |                       | 30.00 |
| 31.00 Employee discount days - IRF                                                                                                                                               |                          |            |             |           |                       | 31.00 |
| 32.00 Labor & delivery days (see instructions)                                                                                                                                   |                          |            |             |           |                       | 32.00 |
| 32.01 Total ancillary labor & delivery room outpatient days (see instructions)                                                                                                   |                          |            |             |           |                       | 32.01 |
| 33.00 LTCH non-covered days                                                                                                                                                      |                          |            | 0           |           |                       | 33.00 |
| 33.01 LTCH site neutral days and discharges                                                                                                                                      |                          |            | 0           |           |                       | 33.01 |

## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet S-3  
Part II  
Date/Time Prepared:  
7/19/2021 2:11 pm

|                                        | Wkst. A Line<br>Number                                                                | Amount<br>Reported | Reclassificati<br>on of Salaries<br>(from Wkst.<br>A-6) | Adjusted<br>Salaries<br>(col.2 ± col.<br>3) | Paid Hours<br>Related to<br>Salaries in<br>col. 4 | Average Hourly<br>Wage (col. 4 ÷<br>col. 5) |        |
|----------------------------------------|---------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------|---------------------------------------------|---------------------------------------------------|---------------------------------------------|--------|
|                                        | 1.00                                                                                  | 2.00               | 3.00                                                    | 4.00                                        | 5.00                                              | 6.00                                        |        |
| <b>PART II - WAGE DATA</b>             |                                                                                       |                    |                                                         |                                             |                                                   |                                             |        |
| <b>SALARIES</b>                        |                                                                                       |                    |                                                         |                                             |                                                   |                                             |        |
| 1.00                                   | Total salaries (see instructions)                                                     | 200.00             | 109,246,353                                             | 0                                           | 109,246,353                                       | 2,715,794.00                                | 40.23  |
| 2.00                                   | Non-physician anesthetist Part A                                                      |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 3.00                                   | Non-physician anesthetist Part B                                                      |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 4.00                                   | Physician-Part A - Administrative                                                     |                    | 11,546                                                  | 0                                           | 11,546                                            | 77.00                                       | 149.95 |
| 4.01                                   | Physicians - Part A - Teaching                                                        |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 5.00                                   | Physician and Non Physician-Part B                                                    |                    | 427,665                                                 | 0                                           | 427,665                                           | 9,276.00                                    | 46.10  |
| 6.00                                   | Non-physician-Part B for hospital-based RHC and FQHC services                         |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 7.00                                   | Interns & residents (in an approved program)                                          | 21.00              | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 7.01                                   | Contracted interns and residents (in an approved programs)                            |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 8.00                                   | Home office and/or related organization personnel                                     |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 9.00                                   | SNF                                                                                   | 44.00              | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 10.00                                  | Excluded area salaries (see instructions)                                             |                    | 310,326                                                 | 90,531                                      | 400,857                                           | 14,159.00                                   | 28.31  |
| <b>OTHER WAGES &amp; RELATED COSTS</b> |                                                                                       |                    |                                                         |                                             |                                                   |                                             |        |
| 11.00                                  | Contract labor: Direct Patient Care                                                   |                    | 1,563,691                                               | 0                                           | 1,563,691                                         | 17,425.00                                   | 89.74  |
| 12.00                                  | Contract labor: Top level management and other management and administrative services |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 13.00                                  | Contract labor: Physician-Part A - Administrative                                     |                    | 307,827                                                 | 0                                           | 307,827                                           | 1,978.00                                    | 155.63 |
| 14.00                                  | Home office and/or related organization salaries and wage-related costs               |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 14.01                                  | Home office salaries                                                                  |                    | 14,346,327                                              | 0                                           | 14,346,327                                        | 210,016.00                                  | 68.31  |
| 14.02                                  | Related organization salaries                                                         |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 15.00                                  | Home office: Physician Part A - Administrative                                        |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 16.00                                  | Home office and Contract Physicians Part A - Teaching                                 |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 16.01                                  | Home office Physicians Part A - Teaching                                              |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 16.02                                  | Home office contract Physicians Part A - Teaching                                     |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| <b>WAGE-RELATED COSTS</b>              |                                                                                       |                    |                                                         |                                             |                                                   |                                             |        |
| 17.00                                  | Wage-related costs (core) (see instructions)                                          |                    | 28,042,565                                              | 0                                           | 28,042,565                                        |                                             |        |
| 18.00                                  | Wage-related costs (other) (see instructions)                                         |                    |                                                         |                                             |                                                   |                                             |        |
| 19.00                                  | Excluded areas                                                                        |                    | 108,833                                                 | 0                                           | 108,833                                           |                                             |        |
| 20.00                                  | Non-physician anesthetist Part A                                                      |                    | 0                                                       | 0                                           | 0                                                 |                                             |        |
| 21.00                                  | Non-physician anesthetist Part B                                                      |                    | 0                                                       | 0                                           | 0                                                 |                                             |        |
| 22.00                                  | Physician Part A - Administrative                                                     |                    | 2,133                                                   | 0                                           | 2,133                                             |                                             |        |
| 22.01                                  | Physician Part A - Teaching                                                           |                    | 0                                                       | 0                                           | 0                                                 |                                             |        |
| 23.00                                  | Physician Part B                                                                      |                    | 79,008                                                  | 0                                           | 79,008                                            |                                             |        |
| 24.00                                  | Wage-related costs (RHC/FQHC)                                                         |                    | 0                                                       | 0                                           | 0                                                 |                                             |        |
| 25.00                                  | Interns & residents (in an approved program)                                          |                    | 0                                                       | 0                                           | 0                                                 |                                             |        |
| 25.50                                  | Home office wage-related (core)                                                       |                    | 3,186,134                                               | 0                                           | 3,186,134                                         |                                             |        |
| 25.51                                  | Related organization wage-related (core)                                              |                    | 0                                                       | 0                                           | 0                                                 |                                             |        |
| 25.52                                  | Home office: Physician Part A - Administrative - wage-related (core)                  |                    | 0                                                       | 0                                           | 0                                                 |                                             |        |

## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet S-3  
Part II  
Date/Time Prepared:  
7/19/2021 2:11 pm

|                                  |                                                                       | Wkst. A Line<br>Number | Amount<br>Reported | Reclassificati<br>on of Salaries<br>(from Wkst.<br>A-6) | Adjusted<br>Salaries<br>(col.2 ± col.<br>3) | Paid Hours<br>Related to<br>Salaries in<br>col. 4 | Average Hourly<br>Wage (col. 4 ÷<br>col. 5) |       |
|----------------------------------|-----------------------------------------------------------------------|------------------------|--------------------|---------------------------------------------------------|---------------------------------------------|---------------------------------------------------|---------------------------------------------|-------|
|                                  |                                                                       | 1.00                   | 2.00               | 3.00                                                    | 4.00                                        | 5.00                                              | 6.00                                        |       |
| 25.53                            | Home office: Physicians Part A<br>- Teaching - wage-related<br>(core) |                        | 0                  | 0                                                       | 0                                           |                                                   |                                             | 25.53 |
| OVERHEAD COSTS - DIRECT SALARIES |                                                                       |                        |                    |                                                         |                                             |                                                   |                                             |       |
| 26.00                            | Employee Benefits Department                                          | 4.00                   | 1,336,271          | -914,461                                                | 421,810                                     | 9,298.00                                          | 45.37                                       | 26.00 |
| 27.00                            | Administrative & General                                              | 5.00                   | 18,885,098         | -8,497,100                                              | 10,387,998                                  | 303,228.00                                        | 34.26                                       | 27.00 |
| 28.00                            | Administrative & General under<br>contract (see inst.)                |                        | 681,407            | 0                                                       | 681,407                                     | 3,990.00                                          | 170.78                                      | 28.00 |
| 29.00                            | Maintenance & Repairs                                                 | 6.00                   | 0                  | 28,380                                                  | 28,380                                      | 0.00                                              | 0.00                                        | 29.00 |
| 30.00                            | Operation of Plant                                                    | 7.00                   | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 30.00 |
| 31.00                            | Laundry & Linen Service                                               | 8.00                   | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 31.00 |
| 32.00                            | Housekeeping                                                          | 9.00                   | 0                  | 10,570                                                  | 10,570                                      | 0.00                                              | 0.00                                        | 32.00 |
| 33.00                            | Housekeeping under contract<br>(see instructions)                     |                        | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 33.00 |
| 34.00                            | Dietary                                                               | 10.00                  | 0                  | 10,916                                                  | 10,916                                      | 0.00                                              | 0.00                                        | 34.00 |
| 35.00                            | Dietary under contract (see<br>instructions)                          |                        | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 35.00 |
| 36.00                            | Cafeteria                                                             | 11.00                  | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 36.00 |
| 37.00                            | Maintenance of Personnel                                              | 12.00                  | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 37.00 |
| 38.00                            | Nursing Administration                                                | 13.00                  | 2,426,315          | 137,240                                                 | 2,563,555                                   | 47,944.00                                         | 53.47                                       | 38.00 |
| 39.00                            | Central Services and Supply                                           | 14.00                  | 826,954            | 70,383                                                  | 897,337                                     | 36,192.00                                         | 24.79                                       | 39.00 |
| 40.00                            | Pharmacy                                                              | 15.00                  | 4,395,765          | 178,165                                                 | 4,573,930                                   | 91,978.00                                         | 49.73                                       | 40.00 |
| 41.00                            | Medical Records & Medical<br>Records Library                          | 16.00                  | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 41.00 |
| 42.00                            | Social Service                                                        | 17.00                  | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 42.00 |
| 43.00                            | Other General Service                                                 | 18.00                  | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 43.00 |

## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet S-3  
Part III  
Date/Time Prepared:  
7/19/2021 2:11 pm

|                                        | Worksheet A<br>Line Number                       | Amount<br>Reported | Reclassificati<br>on of Salaries<br>(from<br>Worksheet A-6) | Adjusted<br>Salaries<br>(col.2 ± col.<br>3) | Paid Hours<br>Related to<br>Salaries in<br>col. 4 | Average Hourly<br>Wage (col. 4 ÷<br>col. 5) |      |
|----------------------------------------|--------------------------------------------------|--------------------|-------------------------------------------------------------|---------------------------------------------|---------------------------------------------------|---------------------------------------------|------|
|                                        | 1.00                                             | 2.00               | 3.00                                                        | 4.00                                        | 5.00                                              | 6.00                                        |      |
| PART III - HOSPITAL WAGE INDEX SUMMARY |                                                  |                    |                                                             |                                             |                                                   |                                             |      |
| 1.00                                   | Net salaries (see instructions)                  | 109,500,095        | 0                                                           | 109,500,095                                 | 2,710,508.00                                      | 40.40                                       | 1.00 |
| 2.00                                   | Excluded area salaries (see instructions)        | 310,326            | 90,531                                                      | 400,857                                     | 14,159.00                                         | 28.31                                       | 2.00 |
| 3.00                                   | Subtotal salaries (line 1 minus line 2)          | 109,189,769        | -90,531                                                     | 109,099,238                                 | 2,696,349.00                                      | 40.46                                       | 3.00 |
| 4.00                                   | Subtotal other wages & related costs (see inst.) | 16,217,845         | 0                                                           | 16,217,845                                  | 229,419.00                                        | 70.69                                       | 4.00 |
| 5.00                                   | Subtotal wage-related costs (see inst.)          | 31,230,832         | 0                                                           | 31,230,832                                  | 0.00                                              | 28.63                                       | 5.00 |
| 6.00                                   | Total (sum of lines 3 thru 5)                    | 156,638,446        | -90,531                                                     | 156,547,915                                 | 2,925,768.00                                      | 53.51                                       | 6.00 |
| 7.00                                   | Total overhead cost (see instructions)           | 28,551,810         | -8,975,907                                                  | 19,575,903                                  | 492,630.00                                        | 39.74                                       | 7.00 |

## HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet S-3  
Part IV  
Date/Time Prepared:  
7/19/2021 2:11 pm

|                                                           |                                                                                                                             | Amount<br>Reported |       |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------|-------|
|                                                           |                                                                                                                             | 1.00               |       |
| PART IV - WAGE RELATED COSTS                              |                                                                                                                             |                    |       |
| Part A - Core List                                        |                                                                                                                             |                    |       |
| RETIREMENT COST                                           |                                                                                                                             |                    |       |
| 1.00                                                      | 401K Employer Contributions                                                                                                 | 5,810,464          | 1.00  |
| 2.00                                                      | Tax Sheltered Annuity (TSA) Employer Contribution                                                                           | 0                  | 2.00  |
| 3.00                                                      | Nonqualified Defined Benefit Plan Cost (see instructions)                                                                   | 0                  | 3.00  |
| 4.00                                                      | Qualified Defined Benefit Plan Cost (see instructions)                                                                      | 603,255            | 4.00  |
| PLAN ADMINISTRATIVE COSTS (Paid to External Organization) |                                                                                                                             |                    |       |
| 5.00                                                      | 401K/TSA Plan Administration fees                                                                                           | 0                  | 5.00  |
| 6.00                                                      | Legal/Accounting/Management Fees-Pension Plan                                                                               | 80,611             | 6.00  |
| 7.00                                                      | Employee Managed Care Program Administration Fees                                                                           | 932,036            | 7.00  |
| HEALTH AND INSURANCE COST                                 |                                                                                                                             |                    |       |
| 8.00                                                      | Health Insurance (Purchased or Self Funded)                                                                                 | 0                  | 8.00  |
| 8.01                                                      | Health Insurance (Self Funded without a Third Party Administrator)                                                          | 0                  | 8.01  |
| 8.02                                                      | Health Insurance (Self Funded with a Third Party Administrator)                                                             | 6,957,713          | 8.02  |
| 8.03                                                      | Health Insurance (Purchased)                                                                                                | 0                  | 8.03  |
| 9.00                                                      | Prescription Drug Plan                                                                                                      | 2,295,087          | 9.00  |
| 10.00                                                     | Dental, Hearing and Vision Plan                                                                                             | 295,695            | 10.00 |
| 11.00                                                     | Life Insurance (If employee is owner or beneficiary)                                                                        | 68,176             | 11.00 |
| 12.00                                                     | Accident Insurance (If employee is owner or beneficiary)                                                                    | 0                  | 12.00 |
| 13.00                                                     | Disability Insurance (If employee is owner or beneficiary)                                                                  | 1,013,870          | 13.00 |
| 14.00                                                     | Long-Term Care Insurance (If employee is owner or beneficiary)                                                              | 0                  | 14.00 |
| 15.00                                                     | 'Workers' Compensation Insurance                                                                                            | 1,140,700          | 15.00 |
| 16.00                                                     | Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion) | 0                  | 16.00 |
| TAXES                                                     |                                                                                                                             |                    |       |
| 17.00                                                     | FICA-Employers Portion Only                                                                                                 | 8,050,070          | 17.00 |
| 18.00                                                     | Medicare Taxes - Employers Portion Only                                                                                     | 0                  | 18.00 |
| 19.00                                                     | Unemployment Insurance                                                                                                      | 84,710             | 19.00 |
| 20.00                                                     | State or Federal Unemployment Taxes                                                                                         | 0                  | 20.00 |
| OTHER                                                     |                                                                                                                             |                    |       |
| 21.00                                                     | Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))        | 183,826            | 21.00 |
| 22.00                                                     | Day Care Cost and Allowances                                                                                                | 277,747            | 22.00 |
| 23.00                                                     | Tuition Reimbursement                                                                                                       | 716,326            | 23.00 |
| 24.00                                                     | Total Wage Related cost (Sum of lines 1 -23)                                                                                | 28,510,286         | 24.00 |
| Part B - Other than Core Related Cost                     |                                                                                                                             |                    |       |
| 25.00                                                     | OTHER WAGE RELATED COSTS (SPECIFY)                                                                                          |                    | 25.00 |

## HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet S-3  
Part V  
Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description                                      |                                                  | Contract Labor | Benefit Cost |       |
|--------------------------------------------------------------|--------------------------------------------------|----------------|--------------|-------|
|                                                              |                                                  | 1.00           | 2.00         |       |
| <b>PART V - Contract Labor and Benefit Cost</b>              |                                                  |                |              |       |
| <b>Hospital and Hospital-Based Component Identification:</b> |                                                  |                |              |       |
| 1.00                                                         | Total facility's contract labor and benefit cost | 1,563,691      | 28,510,286   | 1.00  |
| 2.00                                                         | Hospital                                         | 1,563,691      | 28,510,286   | 2.00  |
| 3.00                                                         | Subprovider - IPF                                |                |              | 3.00  |
| 4.00                                                         | Subprovider - IRF                                | 0              | 0            | 4.00  |
| 5.00                                                         | Subprovider - (Other)                            | 0              | 0            | 5.00  |
| 6.00                                                         | Swing Beds - SNF                                 | 0              | 0            | 6.00  |
| 7.00                                                         | Swing Beds - NF                                  | 0              | 0            | 7.00  |
| 8.00                                                         | Hospital-Based SNF                               |                |              | 8.00  |
| 9.00                                                         | Hospital-Based NF                                | 0              | 0            | 9.00  |
| 9.01                                                         | Hospital-Based NF                                | 0              | 0            | 9.01  |
| 10.00                                                        | Hospital-Based OLTC                              |                |              | 10.00 |
| 11.00                                                        | Hospital-Based HHA                               | 0              | 0            | 11.00 |
| 12.00                                                        | Separately Certified ASC                         |                |              | 12.00 |
| 13.00                                                        | Hospital-Based Hospice                           | 0              | 0            | 13.00 |
| 14.00                                                        | Hospital-Based Health Clinic RHC                 | 0              | 0            | 14.00 |
| 15.00                                                        | Hospital-Based Health Clinic FQHC                | 0              | 0            | 15.00 |
| 16.00                                                        | Hospital-Based-CMHC                              |                |              | 16.00 |
| 16.10                                                        | Hospital-Based-CMHC 10                           | 0              | 0            | 16.10 |
| 16.20                                                        | Hospital-Based-CMHC 20                           | 0              | 0            | 16.20 |
| 16.30                                                        | Hospital-Based-CMHC 30                           | 0              | 0            | 16.30 |
| 16.40                                                        | Hospital-Based-CMHC 40                           | 0              | 0            | 16.40 |
| 17.00                                                        | Renal Dialysis                                   | 0              | 0            | 17.00 |
| 18.00                                                        | Other                                            | 0              | 0            | 18.00 |

| HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA                                                                                                   |                                                                                                                                                                             | Provider CCN: 14-0202 | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet S-10<br>Date/Time Prepared:<br>7/19/2021 2:11 pm |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|------------------------------------------------------------|-------|
|                                                                                                                                                 |                                                                                                                                                                             |                       |                                             | 1.00                                                       |       |
| <b>Uncompensated and indigent care cost computation</b>                                                                                         |                                                                                                                                                                             |                       |                                             |                                                            |       |
| 1.00                                                                                                                                            | Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)                                                                                   |                       | 0.225539                                    |                                                            | 1.00  |
| <b>Medicaid (see instructions for each line)</b>                                                                                                |                                                                                                                                                                             |                       |                                             |                                                            |       |
| 2.00                                                                                                                                            | Net revenue from Medicaid                                                                                                                                                   |                       | 45,246,152                                  |                                                            | 2.00  |
| 3.00                                                                                                                                            | Did you receive DSH or supplemental payments from Medicaid?                                                                                                                 |                       | Y                                           |                                                            | 3.00  |
| 4.00                                                                                                                                            | If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?                                                                                   |                       | Y                                           |                                                            | 4.00  |
| 5.00                                                                                                                                            | If line 4 is no, then enter DSH and/or supplemental payments from Medicaid                                                                                                  |                       | 0                                           |                                                            | 5.00  |
| 6.00                                                                                                                                            | Medicaid charges                                                                                                                                                            |                       | 192,573,888                                 |                                                            | 6.00  |
| 7.00                                                                                                                                            | Medicaid cost (line 1 times line 6)                                                                                                                                         |                       | 43,432,922                                  |                                                            | 7.00  |
| 8.00                                                                                                                                            | Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)                                                |                       | 0                                           |                                                            | 8.00  |
| <b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>                                                              |                                                                                                                                                                             |                       |                                             |                                                            |       |
| 9.00                                                                                                                                            | Net revenue from stand-alone CHIP                                                                                                                                           |                       | 0                                           |                                                            | 9.00  |
| 10.00                                                                                                                                           | Stand-alone CHIP charges                                                                                                                                                    |                       | 0                                           |                                                            | 10.00 |
| 11.00                                                                                                                                           | Stand-alone CHIP cost (line 1 times line 10)                                                                                                                                |                       | 0                                           |                                                            | 11.00 |
| 12.00                                                                                                                                           | Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)                                                             |                       | 0                                           |                                                            | 12.00 |
| <b>Other state or local government indigent care program (see instructions for each line)</b>                                                   |                                                                                                                                                                             |                       |                                             |                                                            |       |
| 13.00                                                                                                                                           | Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)                                                                                     |                       | 0                                           |                                                            | 13.00 |
| 14.00                                                                                                                                           | Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)                                                                     |                       | 0                                           |                                                            | 14.00 |
| 15.00                                                                                                                                           | State or local indigent care program cost (line 1 times line 14)                                                                                                            |                       | 0                                           |                                                            | 15.00 |
| 16.00                                                                                                                                           | Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)                                        |                       | 0                                           |                                                            | 16.00 |
| <b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b> |                                                                                                                                                                             |                       |                                             |                                                            |       |
| 17.00                                                                                                                                           | Private grants, donations, or endowment income restricted to funding charity care                                                                                           |                       | 0                                           |                                                            | 17.00 |
| 18.00                                                                                                                                           | Government grants, appropriations or transfers for support of hospital operations                                                                                           |                       | 0                                           |                                                            | 18.00 |
| 19.00                                                                                                                                           | Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)                                                           |                       | 0                                           |                                                            | 19.00 |
|                                                                                                                                                 |                                                                                                                                                                             | Uninsured patients    | Insured patients                            | Total (col. 1 + col. 2)                                    |       |
|                                                                                                                                                 |                                                                                                                                                                             | 1.00                  | 2.00                                        | 3.00                                                       |       |
| <b>Uncompensated Care (see instructions for each line)</b>                                                                                      |                                                                                                                                                                             |                       |                                             |                                                            |       |
| 20.00                                                                                                                                           | Charity care charges and uninsured discounts for the entire facility (see instructions)                                                                                     | 38,163,592            | 1,835,612                                   | 39,999,204                                                 | 20.00 |
| 21.00                                                                                                                                           | Cost of patients approved for charity care and uninsured discounts (see instructions)                                                                                       | 8,607,378             | 1,835,612                                   | 10,442,990                                                 | 21.00 |
| 22.00                                                                                                                                           | Payments received from patients for amounts previously written off as charity care                                                                                          | 0                     | 0                                           | 0                                                          | 22.00 |
| 23.00                                                                                                                                           | Cost of charity care (line 21 minus line 22)                                                                                                                                | 8,607,378             | 1,835,612                                   | 10,442,990                                                 | 23.00 |
|                                                                                                                                                 |                                                                                                                                                                             |                       |                                             | 1.00                                                       |       |
| 24.00                                                                                                                                           | Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program? |                       | N                                           |                                                            | 24.00 |
| 25.00                                                                                                                                           | If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit                                                               |                       | 0                                           |                                                            | 25.00 |
| 26.00                                                                                                                                           | Total bad debt expense for the entire hospital complex (see instructions)                                                                                                   |                       | 38,575,538                                  |                                                            | 26.00 |
| 27.00                                                                                                                                           | Medicare reimbursable bad debts for the entire hospital complex (see instructions)                                                                                          |                       | 769,407                                     |                                                            | 27.00 |
| 27.01                                                                                                                                           | Medicare allowable bad debts for the entire hospital complex (see instructions)                                                                                             |                       | 1,183,704                                   |                                                            | 27.01 |
| 28.00                                                                                                                                           | Non-Medicare bad debt expense (see instructions)                                                                                                                            |                       | 37,391,834                                  |                                                            | 28.00 |
| 29.00                                                                                                                                           | Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)                                                                                      |                       | 8,847,614                                   |                                                            | 29.00 |
| 30.00                                                                                                                                           | Cost of uncompensated care (line 23 column 3 plus line 29)                                                                                                                  |                       | 19,290,604                                  |                                                            | 30.00 |
| 31.00                                                                                                                                           | Total unreimbursed and uncompensated care cost (line 19 plus line 30)                                                                                                       |                       | 19,290,604                                  |                                                            | 31.00 |

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A

Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description                       |       | Salaries                             | Other      | Total (col. 1<br>+ col. 2) | Reclassification<br>ons (See A-6) | Reclassified<br>Trial Balance<br>(col. 3 +<br>col. 4) |       |
|-----------------------------------------------|-------|--------------------------------------|------------|----------------------------|-----------------------------------|-------------------------------------------------------|-------|
|                                               |       | 1.00                                 | 2.00       | 3.00                       | 4.00                              | 5.00                                                  |       |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                      |            |                            |                                   |                                                       |       |
| 1.00                                          | 00100 | NEW CAP REL COSTS-BLDG & FIXT        | 0          | 0                          | 10,256,225                        | 10,256,225                                            | 1.00  |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP            | 0          | 0                          | 8,201,301                         | 8,201,301                                             | 2.00  |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT         | 1,336,271  | 19,589,643                 | 20,925,914                        | -638,777                                              | 4.00  |
| 5.00                                          | 00500 | ADMINISTRATIVE & GENERAL             | 18,885,098 | 91,325,229                 | 110,210,327                       | -22,528,718                                           | 5.00  |
| 6.00                                          | 00600 | MAINTENANCE & REPAIRS                | 0          | 11,650,922                 | 11,650,922                        | 598,013                                               | 6.00  |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE              | 0          | 1,233,583                  | 1,233,583                         | 0                                                     | 8.00  |
| 9.00                                          | 00900 | HOUSEKEEPING                         | 0          | 4,209,645                  | 4,209,645                         | 1,905                                                 | 9.00  |
| 10.00                                         | 01000 | DIETARY                              | 0          | 4,461,287                  | 4,461,287                         | -636,986                                              | 10.00 |
| 11.00                                         | 01100 | CAFETERIA                            | 0          | 0                          | 610,967                           | 610,967                                               | 11.00 |
| 13.00                                         | 01300 | NURSING ADMINISTRATION               | 2,426,315  | 1,094,697                  | 3,521,012                         | -355,612                                              | 13.00 |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY            | 826,954    | 565,515                    | 1,392,469                         | -318,986                                              | 14.00 |
| 15.00                                         | 01500 | PHARMACY                             | 4,395,765  | 18,698,342                 | 23,094,107                        | -13,903,287                                           | 15.00 |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY            | 0          | 17,423                     | 17,423                            | 0                                                     | 16.00 |
| 19.00                                         | 01900 | NONPHYSICIAN ANESTHETISTS            | 0          | 0                          | 0                                 | 0                                                     | 19.00 |
| 20.00                                         | 02000 | NURSING SCHOOL                       | 0          | 0                          | 0                                 | 0                                                     | 20.00 |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0          | 0                          | 0                                 | 0                                                     | 21.00 |
| 22.00                                         | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0          | 0                          | 0                                 | 0                                                     | 22.00 |
| 23.00                                         | 02302 | PARAMED EDUCATION EMS                | 261,012    | 302,338                    | 563,350                           | -309,333                                              | 23.00 |
| 23.01                                         | 02301 | CLINICAL PASTORAL EDUCATION          | 0          | 0                          | 0                                 | 151,596                                               | 23.01 |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                      |            |                            |                                   |                                                       |       |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                  | 34,932,017 | 8,788,393                  | 43,720,410                        | -4,267,179                                            | 30.00 |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                  | 6,054,097  | 4,205,013                  | 10,259,110                        | -575,899                                              | 31.00 |
| 41.00                                         | 04100 | SUBPROVIDER - IRF                    | 0          | 0                          | 0                                 | 0                                                     | 41.00 |
| 42.00                                         | 04200 | SUBPROVIDER                          | 0          | 0                          | 0                                 | 0                                                     | 42.00 |
| 43.00                                         | 04300 | NURSERY                              | 1,012,223  | 263,909                    | 1,276,132                         | 2,225,132                                             | 43.00 |
| 45.00                                         | 04500 | NURSING FACILITY                     | 0          | 0                          | 0                                 | 0                                                     | 45.00 |
| 45.01                                         | 04510 | ICF/MR                               | 0          | 0                          | 0                                 | 0                                                     | 45.01 |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                      |            |                            |                                   |                                                       |       |
| 50.00                                         | 05000 | OPERATING ROOM                       | 8,173,688  | 23,833,788                 | 32,007,476                        | -19,563,325                                           | 50.00 |
| 51.00                                         | 05100 | RECOVERY ROOM                        | 1,054,624  | 134,615                    | 1,189,239                         | 91,973                                                | 51.00 |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM           | 0          | 0                          | 0                                 | 917,469                                               | 52.00 |
| 53.00                                         | 05300 | ANESTHESIOLOGY                       | 130,970    | 752,355                    | 883,325                           | -443,542                                              | 53.00 |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                 | 3,077,589  | 1,620,899                  | 4,698,488                         | -691,399                                              | 54.00 |
| 56.00                                         | 05600 | RADIOISOTOPE                         | 872,291    | 2,010,933                  | 2,883,224                         | -1,141,244                                            | 56.00 |
| 56.01                                         | 05603 | ULTRASOUND                           | 1,242,774  | 416,304                    | 1,659,078                         | -226,765                                              | 56.01 |
| 57.00                                         | 05700 | CT SCAN                              | 1,102,569  | 1,336,898                  | 2,439,467                         | -936,423                                              | 57.00 |
| 58.00                                         | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 646,696    | 642,392                    | 1,289,088                         | -486,872                                              | 58.00 |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION              | 2,545,334  | 9,067,493                  | 11,612,827                        | -7,911,021                                            | 59.00 |
| 60.00                                         | 06000 | LABORATORY                           | 209        | 12,838,923                 | 12,839,132                        | -672,886                                              | 60.00 |
| 63.00                                         | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0          | 0                          | 0                                 | 0                                                     | 63.00 |
| 64.00                                         | 06400 | INTRAVENOUS THERAPY                  | 0          | 0                          | 0                                 | 1,577,074                                             | 64.00 |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                  | 2,611,839  | 1,032,994                  | 3,644,833                         | -272,099                                              | 65.00 |
| 65.01                                         | 06501 | STRESS TEST                          | 548,568    | 191,638                    | 740,206                           | -48,022                                               | 65.01 |
| 66.00                                         | 06600 | PHYSICAL THERAPY                     | 4,177,572  | 808,033                    | 4,985,605                         | 326,734                                               | 66.00 |
| 67.00                                         | 06700 | OCCUPATIONAL THERAPY                 | 0          | 0                          | 0                                 | 0                                                     | 67.00 |
| 68.00                                         | 06800 | SPEECH PATHOLOGY                     | 0          | 0                          | 0                                 | 0                                                     | 68.00 |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                    | 363,110    | 39,991                     | 403,101                           | 50,714                                                | 69.00 |
| 69.01                                         | 06901 | ECHOCARDIOGRAM                       | 0          | 0                          | 0                                 | 0                                                     | 69.01 |
| 69.02                                         | 06902 | CARDIOLOGY                           | 0          | 0                          | 0                                 | 0                                                     | 69.02 |
| 70.00                                         | 07000 | ELECTROENCEPHALOGRAPHY               | 47,846     | 11,123                     | 58,969                            | 30,229                                                | 70.00 |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0          | 0                          | 0                                 | 22,428,987                                            | 71.00 |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 0          | 0                          | 0                                 | 14,956,458                                            | 72.00 |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS            | 0          | 0                          | 0                                 | 13,678,306                                            | 73.00 |
| 74.00                                         | 07400 | RENAL DIALYSIS                       | 0          | 1,264,970                  | 1,264,970                         | -8,322                                                | 74.00 |
| 75.02                                         | 07501 | OUTPATIENT SURGERY                   | 0          | 0                          | 0                                 | 0                                                     | 75.02 |
| 76.00                                         | 03290 | ELECTROMYOGRAPHY                     | 0          | 0                          | 0                                 | 0                                                     | 76.00 |
| 76.97                                         | 07697 | CARDIAC REHABILITATION               | 410,215    | 64,950                     | 475,165                           | 109,474                                               | 76.97 |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                      |            |                            |                                   |                                                       |       |
| 88.00                                         | 08800 | RURAL HEALTH CLINIC                  | 0          | 0                          | 0                                 | 0                                                     | 88.00 |
| 89.00                                         | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0          | 0                          | 0                                 | 0                                                     | 89.00 |
| 90.00                                         | 09000 | CLINIC                               | 1,445,464  | 974,234                    | 2,419,698                         | -601,632                                              | 90.00 |
| 90.01                                         | 09001 | ADDICTION RECOVERY CLINIC            | 0          | 0                          | 0                                 | 0                                                     | 90.01 |
| 90.03                                         | 09002 | LITHOTRIPSY                          | 0          | 0                          | 0                                 | 0                                                     | 90.03 |
| 91.00                                         | 09100 | EMERGENCY                            | 8,775,006  | 5,695,005                  | 14,470,011                        | -184,782                                              | 91.00 |
| 91.20                                         | 09101 | ACUTE CARE CENTER                    | 1,840,923  | 1,290,224                  | 3,131,147                         | 485,791                                               | 91.20 |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0          | 0                          | 0                                 | 3,616,938                                             | 92.00 |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |       |                                      |            |                            |                                   |                                                       |       |
| 99.10                                         | 09910 | CORF                                 | 0          | 0                          | 0                                 | 0                                                     | 99.10 |
| 99.20                                         | 09920 | OPT                                  | 0          | 0                          | 0                                 | 0                                                     | 99.20 |
| 99.30                                         | 09930 | OOT                                  | 0          | 0                          | 0                                 | 0                                                     | 99.30 |
| 99.40                                         | 09940 | OSP                                  | 0          | 0                          | 0                                 | 0                                                     | 99.40 |

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A

Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description      |       |                                        | Salaries    | Other       | Total (col. 1<br>+ col. 2) | Reclassificati<br>ons (See A-6) | Reclassified<br>Trial Balance<br>(col. 3 +-<br>col. 4) |        |
|------------------------------|-------|----------------------------------------|-------------|-------------|----------------------------|---------------------------------|--------------------------------------------------------|--------|
|                              |       |                                        | 1.00        | 2.00        | 3.00                       | 4.00                            | 5.00                                                   |        |
| 101.00                       | 10100 | HOME HEALTH AGENCY                     | 0           | 0           | 0                          | 0                               | 0                                                      | 101.00 |
| SPECIAL PURPOSE COST CENTERS |       |                                        |             |             |                            |                                 |                                                        |        |
| 109.00                       | 10900 | PANCREAS ACQUISITION                   | 0           | 0           | 0                          | 0                               | 0                                                      | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                 | 0           | 0           | 0                          | 0                               | 0                                                      | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                      | 0           | 0           | 0                          | 0                               | 0                                                      | 111.00 |
| 116.00                       | 11600 | HOSPICE                                | 0           | 0           | 0                          | 0                               | 0                                                      | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117) | 109,197,039 | 230,433,701 | 339,630,740                | -24,763                         | 339,605,977                                            | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                        |             |             |                            |                                 |                                                        |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 49,314      | 772,212     | 821,526                    | 24,763                          | 846,289                                                | 190.00 |
| 194.00                       | 07950 | FUNDRAISING                            | 0           | 0           | 0                          | 0                               | 0                                                      | 194.00 |
| 194.01                       | 07951 | MANAGED CARE ADMINISTRATION            | 0           | 0           | 0                          | 0                               | 0                                                      | 194.01 |
| 194.02                       | 07952 | PHYSICIAN SUPPORT SERVICES             | 0           | 0           | 0                          | 0                               | 0                                                      | 194.02 |
| 194.03                       | 07953 | HOME MEDICAL EQUIPMENT                 | 0           | 0           | 0                          | 0                               | 0                                                      | 194.03 |
| 194.04                       | 07954 | HOME PHARMACY                          | 0           | 0           | 0                          | 0                               | 0                                                      | 194.04 |
| 194.05                       | 07955 | HOSPICE                                | 0           | 0           | 0                          | 0                               | 0                                                      | 194.05 |
| 194.06                       | 07956 | NE IL MRI                              | 0           | 0           | 0                          | 0                               | 0                                                      | 194.06 |
| 200.00                       |       | TOTAL (SUM OF LINES 118 through 199)   | 109,246,353 | 231,205,913 | 340,452,266                | 0                               | 340,452,266                                            | 200.00 |

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet A  
Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description                       |       |                                      | Adjustments<br>(See A-8) | Net Expenses<br>For Allocation |        |
|-----------------------------------------------|-------|--------------------------------------|--------------------------|--------------------------------|--------|
|                                               |       |                                      | 6.00                     | 7.00                           |        |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                      |                          |                                |        |
| 1.00                                          | 00100 | NEW CAP REL COSTS-BLDG & FIXT        | 3,398,546                | 13,654,771                     | 1.00   |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP            | 1,957,728                | 10,159,029                     | 2.00   |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT         | 7,337,853                | 27,624,990                     | 4.00   |
| 5.00                                          | 00500 | ADMINISTRATIVE & GENERAL             | -25,390,428              | 62,291,181                     | 5.00   |
| 6.00                                          | 00600 | MAINTENANCE & REPAIRS                | -84,953                  | 12,163,982                     | 6.00   |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE              | 0                        | 1,233,583                      | 8.00   |
| 9.00                                          | 00900 | HOUSEKEEPING                         | 0                        | 4,211,550                      | 9.00   |
| 10.00                                         | 01000 | DIETARY                              | 0                        | 3,824,301                      | 10.00  |
| 11.00                                         | 01100 | CAFETERIA                            | -212,144                 | 398,823                        | 11.00  |
| 13.00                                         | 01300 | NURSING ADMINISTRATION               | 0                        | 3,165,400                      | 13.00  |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY            | 0                        | 1,073,483                      | 14.00  |
| 15.00                                         | 01500 | PHARMACY                             | -4,321                   | 9,186,499                      | 15.00  |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY            | 0                        | 17,423                         | 16.00  |
| 19.00                                         | 01900 | NONPHYSICIAN ANESTHETISTS            | 0                        | 0                              | 19.00  |
| 20.00                                         | 02000 | NURSING SCHOOL                       | 0                        | 0                              | 20.00  |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0                        | 0                              | 21.00  |
| 22.00                                         | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0                        | 0                              | 22.00  |
| 23.00                                         | 02302 | PARAMED EDUCATION EMS                | -164,866                 | 89,151                         | 23.00  |
| 23.01                                         | 02301 | CLINICAL PASTORAL EDUCATION          | -1,400                   | 150,196                        | 23.01  |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                      |                          |                                |        |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                  | -1,402,745               | 38,050,486                     | 30.00  |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                  | -1,292,462               | 8,390,749                      | 31.00  |
| 41.00                                         | 04100 | SUBPROVIDER - IRF                    | 0                        | 0                              | 41.00  |
| 42.00                                         | 04200 | SUBPROVIDER                          | 0                        | 0                              | 42.00  |
| 43.00                                         | 04300 | NURSERY                              | 0                        | 3,501,264                      | 43.00  |
| 45.00                                         | 04500 | NURSING FACILITY                     | 0                        | 0                              | 45.00  |
| 45.01                                         | 04510 | ICF/MR                               | 0                        | 0                              | 45.01  |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                      |                          |                                |        |
| 50.00                                         | 05000 | OPERATING ROOM                       | -5,363                   | 12,438,788                     | 50.00  |
| 51.00                                         | 05100 | RECOVERY ROOM                        | 0                        | 1,281,212                      | 51.00  |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM           | 0                        | 917,469                        | 52.00  |
| 53.00                                         | 05300 | ANESTHESIOLOGY                       | -192,541                 | 247,242                        | 53.00  |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                 | 0                        | 4,007,089                      | 54.00  |
| 56.00                                         | 05600 | RADIOISOTOPE                         | 0                        | 1,741,980                      | 56.00  |
| 56.01                                         | 05603 | ULTRASOUND                           | 0                        | 1,432,313                      | 56.01  |
| 57.00                                         | 05700 | CT SCAN                              | 0                        | 1,503,044                      | 57.00  |
| 58.00                                         | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0                        | 802,216                        | 58.00  |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION              | -452,067                 | 3,249,739                      | 59.00  |
| 60.00                                         | 06000 | LABORATORY                           | -309,155                 | 11,857,091                     | 60.00  |
| 63.00                                         | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0                        | 0                              | 63.00  |
| 64.00                                         | 06400 | INTRAVENOUS THERAPY                  | 0                        | 1,577,074                      | 64.00  |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                  | -210                     | 3,372,524                      | 65.00  |
| 65.01                                         | 06501 | STRESS TEST                          | -200                     | 691,984                        | 65.01  |
| 66.00                                         | 06600 | PHYSICAL THERAPY                     | -291                     | 5,312,048                      | 66.00  |
| 67.00                                         | 06700 | OCCUPATIONAL THERAPY                 | 0                        | 0                              | 67.00  |
| 68.00                                         | 06800 | SPEECH PATHOLOGY                     | 0                        | 0                              | 68.00  |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                    | 0                        | 453,815                        | 69.00  |
| 69.01                                         | 06901 | ECHOCARDIOGRAM                       | 0                        | 0                              | 69.01  |
| 69.02                                         | 06902 | CARDIOLOGY                           | 0                        | 0                              | 69.02  |
| 70.00                                         | 07000 | ELECTROENCEPHALOGRAPHY               | 0                        | 89,198                         | 70.00  |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0                        | 22,428,987                     | 71.00  |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 0                        | 14,956,458                     | 72.00  |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS            | 0                        | 13,678,306                     | 73.00  |
| 74.00                                         | 07400 | RENAL DIALYSIS                       | 0                        | 1,256,648                      | 74.00  |
| 75.02                                         | 07501 | OUTPATIENT SURGERY                   | 0                        | 0                              | 75.02  |
| 76.00                                         | 03290 | ELECTROMYOGRAPHY                     | 0                        | 0                              | 76.00  |
| 76.97                                         | 07697 | CARDIAC REHABILITATION               | -375                     | 584,264                        | 76.97  |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                      |                          |                                |        |
| 88.00                                         | 08800 | RURAL HEALTH CLINIC                  | 0                        | 0                              | 88.00  |
| 89.00                                         | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                        | 0                              | 89.00  |
| 90.00                                         | 09000 | CLINIC                               | 0                        | 1,818,066                      | 90.00  |
| 90.01                                         | 09001 | ADDICTION RECOVERY CLINIC            | 0                        | 0                              | 90.01  |
| 90.03                                         | 09002 | LITHOTRIPSY                          | 0                        | 0                              | 90.03  |
| 91.00                                         | 09100 | EMERGENCY                            | -3,191,779               | 11,093,450                     | 91.00  |
| 91.20                                         | 09101 | ACUTE CARE CENTER                    | -62,273                  | 3,554,665                      | 91.20  |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                        | 0                              | 92.00  |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |       |                                      |                          |                                |        |
| 99.10                                         | 09910 | CORF                                 | 0                        | 0                              | 99.10  |
| 99.20                                         | 09920 | OPT                                  | 0                        | 0                              | 99.20  |
| 99.30                                         | 09930 | OOT                                  | 0                        | 0                              | 99.30  |
| 99.40                                         | 09940 | OSP                                  | 0                        | 0                              | 99.40  |
| 101.00                                        | 10100 | HOME HEALTH AGENCY                   | 0                        | 0                              | 101.00 |

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A

Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description      |       |                                        | Adjustments<br>(See A-8) | Net Expenses<br>For Allocation |        |
|------------------------------|-------|----------------------------------------|--------------------------|--------------------------------|--------|
|                              |       |                                        | 6.00                     | 7.00                           |        |
| SPECIAL PURPOSE COST CENTERS |       |                                        |                          |                                |        |
| 109.00                       | 10900 | PANCREAS ACQUISITION                   | 0                        | 0                              | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                 | 0                        | 0                              | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                      | 0                        | 0                              | 111.00 |
| 116.00                       | 11600 | HOSPICE                                | 0                        | 0                              | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117) | -20,073,446              | 319,532,531                    | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                        |                          |                                |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0                        | 846,289                        | 190.00 |
| 194.00                       | 07950 | FUNDRAISING                            | 0                        | 0                              | 194.00 |
| 194.01                       | 07951 | MANAGED CARE ADMINISTRATION            | 0                        | 0                              | 194.01 |
| 194.02                       | 07952 | PHYSICIAN SUPPORT SERVICES             | 0                        | 0                              | 194.02 |
| 194.03                       | 07953 | HOME MEDICAL EQUIPMENT                 | 0                        | 0                              | 194.03 |
| 194.04                       | 07954 | HOME PHARMACY                          | 0                        | 0                              | 194.04 |
| 194.05                       | 07955 | HOSPICE                                | 0                        | 0                              | 194.05 |
| 194.06                       | 07956 | NE IL MRI                              | 0                        | 0                              | 194.06 |
| 200.00                       |       | TOTAL (SUM OF LINES 118 through 199)   | -20,073,446              | 320,378,820                    | 200.00 |

## RECLASSIFICATIONS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A-6

Date/Time Prepared:  
7/19/2021 2:11 pm

|       | Increases                            |        |           |            |  |       |
|-------|--------------------------------------|--------|-----------|------------|--|-------|
|       | Cost Center                          | Line # | Salary    | Other      |  |       |
|       | 2.00                                 | 3.00   | 4.00      | 5.00       |  |       |
|       |                                      |        |           |            |  |       |
|       | A - CLINICAL PASTORAL EDUCATION      |        |           |            |  |       |
| 1.00  | CLINICAL PASTORAL EDUCATION          | 23.01  | 137,681   | 13,915     |  | 1.00  |
|       | 0                                    |        | 137,681   | 13,915     |  |       |
|       | B - EMS RECLASS                      |        |           |            |  |       |
| 1.00  | ADMINISTRATIVE & GENERAL             | 5.00   | 86,810    | 0          |  | 1.00  |
| 2.00  | DRUGS CHARGED TO PATIENTS            | 73.00  | 0         | 26,152     |  | 2.00  |
|       | 0                                    |        | 86,810    | 26,152     |  |       |
|       | C - DEPRECIATION                     |        |           |            |  |       |
| 1.00  | NEW CAP REL COSTS-BLDG & FIXT        | 1.00   | 0         | 10,256,225 |  | 1.00  |
| 2.00  | CAP REL COSTS-MVBLE EQUIP            | 2.00   | 0         | 8,201,301  |  | 2.00  |
| 3.00  |                                      | 0.00   | 0         | 0          |  | 3.00  |
| 4.00  |                                      | 0.00   | 0         | 0          |  | 4.00  |
| 5.00  |                                      | 0.00   | 0         | 0          |  | 5.00  |
| 6.00  |                                      | 0.00   | 0         | 0          |  | 6.00  |
| 7.00  |                                      | 0.00   | 0         | 0          |  | 7.00  |
| 8.00  |                                      | 0.00   | 0         | 0          |  | 8.00  |
| 9.00  |                                      | 0.00   | 0         | 0          |  | 9.00  |
| 10.00 |                                      | 0.00   | 0         | 0          |  | 10.00 |
| 11.00 |                                      | 0.00   | 0         | 0          |  | 11.00 |
| 12.00 |                                      | 0.00   | 0         | 0          |  | 12.00 |
| 13.00 |                                      | 0.00   | 0         | 0          |  | 13.00 |
| 14.00 |                                      | 0.00   | 0         | 0          |  | 14.00 |
| 15.00 |                                      | 0.00   | 0         | 0          |  | 15.00 |
| 16.00 |                                      | 0.00   | 0         | 0          |  | 16.00 |
| 17.00 |                                      | 0.00   | 0         | 0          |  | 17.00 |
| 18.00 |                                      | 0.00   | 0         | 0          |  | 18.00 |
| 19.00 |                                      | 0.00   | 0         | 0          |  | 19.00 |
| 20.00 |                                      | 0.00   | 0         | 0          |  | 20.00 |
| 21.00 |                                      | 0.00   | 0         | 0          |  | 21.00 |
| 22.00 |                                      | 0.00   | 0         | 0          |  | 22.00 |
| 23.00 |                                      | 0.00   | 0         | 0          |  | 23.00 |
| 24.00 |                                      | 0.00   | 0         | 0          |  | 24.00 |
| 25.00 |                                      | 0.00   | 0         | 0          |  | 25.00 |
| 26.00 |                                      | 0.00   | 0         | 0          |  | 26.00 |
| 27.00 |                                      | 0.00   | 0         | 0          |  | 27.00 |
| 28.00 |                                      | 0.00   | 0         | 0          |  | 28.00 |
| 29.00 |                                      | 0.00   | 0         | 0          |  | 29.00 |
| 30.00 |                                      | 0.00   | 0         | 0          |  | 30.00 |
| 31.00 |                                      | 0.00   | 0         | 0          |  | 31.00 |
|       | 0                                    |        | 0         | 18,457,526 |  |       |
|       | D - DRUG RECLASS                     |        |           |            |  |       |
| 1.00  | DRUGS CHARGED TO PATIENTS            | 73.00  | 0         | 13,652,154 |  | 1.00  |
|       | 0                                    |        | 0         | 13,652,154 |  |       |
|       | E - NURSERY AND LABOR/DELIVERY       |        |           |            |  |       |
| 1.00  | NURSERY                              | 43.00  | 1,734,905 | 545,813    |  | 1.00  |
| 2.00  | DELIVERY ROOM & LABOR ROOM           | 52.00  | 697,904   | 219,565    |  | 2.00  |
|       | 0                                    |        | 2,432,809 | 765,378    |  |       |
|       | F - CAFE/DIETARY                     |        |           |            |  |       |
| 1.00  | CAFETERIA                            | 11.00  | 0         | 610,967    |  | 1.00  |
|       | 0                                    |        | 0         | 610,967    |  |       |
|       | G - SUPPLIES                         |        |           |            |  |       |
| 1.00  | MEDICAL SUPPLIES CHARGED TO PATIENTS | 71.00  | 0         | 37,347,923 |  | 1.00  |
| 2.00  |                                      | 0.00   | 0         | 0          |  | 2.00  |
| 3.00  |                                      | 0.00   | 0         | 0          |  | 3.00  |
| 4.00  |                                      | 0.00   | 0         | 0          |  | 4.00  |
| 5.00  |                                      | 0.00   | 0         | 0          |  | 5.00  |
| 6.00  |                                      | 0.00   | 0         | 0          |  | 6.00  |
| 7.00  |                                      | 0.00   | 0         | 0          |  | 7.00  |
| 8.00  |                                      | 0.00   | 0         | 0          |  | 8.00  |
| 9.00  |                                      | 0.00   | 0         | 0          |  | 9.00  |
| 10.00 |                                      | 0.00   | 0         | 0          |  | 10.00 |
| 11.00 |                                      | 0.00   | 0         | 0          |  | 11.00 |
| 12.00 |                                      | 0.00   | 0         | 0          |  | 12.00 |
| 13.00 |                                      | 0.00   | 0         | 0          |  | 13.00 |
| 14.00 |                                      | 0.00   | 0         | 0          |  | 14.00 |
| 15.00 |                                      | 0.00   | 0         | 0          |  | 15.00 |
| 16.00 |                                      | 0.00   | 0         | 0          |  | 16.00 |
| 17.00 |                                      | 0.00   | 0         | 0          |  | 17.00 |
| 18.00 |                                      | 0.00   | 0         | 0          |  | 18.00 |
| 19.00 |                                      | 0.00   | 0         | 0          |  | 19.00 |
| 20.00 |                                      | 0.00   | 0         | 0          |  | 20.00 |
| 21.00 |                                      | 0.00   | 0         | 0          |  | 21.00 |

## RECLASSIFICATIONS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A-6

Date/Time Prepared:  
7/19/2021 2:11 pm

| Increases               |                                      |        |            |            |        |
|-------------------------|--------------------------------------|--------|------------|------------|--------|
|                         | Cost Center                          | Line # | Salary     | Other      |        |
|                         | 2.00                                 | 3.00   | 4.00       | 5.00       |        |
| 22.00                   |                                      | 0.00   | 0          | 0          | 22.00  |
| 23.00                   |                                      | 0.00   | 0          | 0          | 23.00  |
| 24.00                   |                                      | 0.00   | 0          | 0          | 24.00  |
| 25.00                   |                                      | 0.00   | 0          | 0          | 25.00  |
| 26.00                   |                                      | 0.00   | 0          | 0          | 26.00  |
| 27.00                   |                                      | 0.00   | 0          | 0          | 27.00  |
| 28.00                   |                                      | 0.00   | 0          | 0          | 28.00  |
| 29.00                   |                                      | 0.00   | 0          | 0          | 29.00  |
| 30.00                   |                                      | 0.00   | 0          | 0          | 30.00  |
| 0                       |                                      |        | 0          | 37,347,923 |        |
| H - IMPLANT             |                                      |        |            |            |        |
| 1.00                    | IMPL. DEV. CHARGED TO PATIENT        | 72.00  | 0          | 14,956,458 | 1.00   |
| 0                       |                                      |        | 0          | 14,956,458 |        |
| I - INCENTIVE           |                                      |        |            |            |        |
| 1.00                    | ADMINISTRATIVE & GENERAL             | 5.00   | 571,246    | 0          | 1.00   |
| 2.00                    | MAINTENANCE & REPAIRS                | 6.00   | 28,380     | 0          | 2.00   |
| 3.00                    | HOUSEKEEPING                         | 9.00   | 10,570     | 0          | 3.00   |
| 4.00                    | DIETARY                              | 10.00  | 10,916     | 0          | 4.00   |
| 5.00                    | NURSING ADMINISTRATION               | 13.00  | 73,407     | 0          | 5.00   |
| 6.00                    | PHARMACY                             | 15.00  | 48,261     | 0          | 6.00   |
| 7.00                    | ADULTS & PEDIATRICS                  | 30.00  | 55,364     | 0          | 7.00   |
| 8.00                    | OPERATING ROOM                       | 50.00  | 44,552     | 0          | 8.00   |
| 9.00                    | RADIOLOGY-DIAGNOSTIC                 | 54.00  | 13,767     | 0          | 9.00   |
| 10.00                   | CARDIAC CATHETERIZATION              | 59.00  | 24,005     | 0          | 10.00  |
| 11.00                   | STRESS TEST                          | 65.01  | 8,237      | 0          | 11.00  |
| 12.00                   | EMERGENCY                            | 91.00  | 13,767     | 0          | 12.00  |
| 13.00                   | ACUTE CARE CENTER                    | 91.20  | 11,989     | 0          | 13.00  |
| 0                       |                                      |        | 914,461    | 0          |        |
| J - COVID-19 COSTS      |                                      |        |            |            |        |
| 1.00                    | EMPLOYEE BENEFITS DEPARTMENT         | 4.00   | 0          | 277,747    | 1.00   |
| 2.00                    | MAINTENANCE & REPAIRS                | 6.00   | 0          | 613,683    | 2.00   |
| 3.00                    | HOUSEKEEPING                         | 9.00   | 0          | 941        | 3.00   |
| 4.00                    | NURSING ADMINISTRATION               | 13.00  | 63,833     | 4,778      | 4.00   |
| 5.00                    | CENTRAL SERVICES & SUPPLY            | 14.00  | 70,383     | 5,268      | 5.00   |
| 6.00                    | PHARMACY                             | 15.00  | 129,904    | 9,723      | 6.00   |
| 7.00                    | PARAMED EDUCATION EMS                | 23.00  | 12,262     | 918        | 7.00   |
| 8.00                    | ADULTS & PEDIATRICS                  | 30.00  | 3,826,271  | 293,869    | 8.00   |
| 9.00                    | INTENSIVE CARE UNIT                  | 31.00  | 641,180    | 73,950     | 9.00   |
| 10.00                   | NURSERY                              | 43.00  | 58,293     | 4,363      | 10.00  |
| 11.00                   | OPERATING ROOM                       | 50.00  | 760,221    | 56,901     | 11.00  |
| 12.00                   | RECOVERY ROOM                        | 51.00  | 117,853    | 8,821      | 12.00  |
| 13.00                   | ANESTHESIOLOGY                       | 53.00  | 10,284     | 770        | 13.00  |
| 14.00                   | RADIOLOGY-DIAGNOSTIC                 | 54.00  | 279,860    | 20,947     | 14.00  |
| 15.00                   | RADIOISOTOPE                         | 56.00  | 105,862    | 7,924      | 15.00  |
| 16.00                   | ULTRASOUND                           | 56.01  | 84,987     | 6,361      | 16.00  |
| 17.00                   | CT SCAN                              | 57.00  | 76,148     | 5,700      | 17.00  |
| 18.00                   | MAGNETIC RESONANCE IMAGING (MRI)     | 58.00  | 45,882     | 3,434      | 18.00  |
| 19.00                   | CARDIAC CATHETERIZATION              | 59.00  | 170,082    | 12,730     | 19.00  |
| 20.00                   | LABORATORY                           | 60.00  | 23,474     | 448,104    | 20.00  |
| 21.00                   | RESPIRATORY THERAPY                  | 65.00  | 289,217    | 21,647     | 21.00  |
| 22.00                   | STRESS TEST                          | 65.01  | 64,726     | 4,845      | 22.00  |
| 23.00                   | PHYSICAL THERAPY                     | 66.00  | 347,230    | 25,989     | 23.00  |
| 24.00                   | ELECTROCARDIOLOGY                    | 69.00  | 56,742     | 4,247      | 24.00  |
| 25.00                   | ELECTROENCEPHALOGRAPHY               | 70.00  | 34,252     | 2,564      | 25.00  |
| 26.00                   | MEDICAL SUPPLIES CHARGED TO PATIENTS | 71.00  | 0          | 37,522     | 26.00  |
| 27.00                   | CARDIAC REHABILITATION               | 76.97  | 116,036    | 8,685      | 27.00  |
| 28.00                   | CLINIC                               | 90.00  | 126,634    | 9,478      | 28.00  |
| 29.00                   | EMERGENCY                            | 91.00  | 896,789    | 76,726     | 29.00  |
| 30.00                   | ACUTE CARE CENTER                    | 91.20  | 581,672    | 43,537     | 30.00  |
| 31.00                   | GIFT, FLOWER, COFFEE SHOP & CANTEEN  | 190.00 | 27,398     | 2,051      | 31.00  |
|                         | TOTALS                               |        | 9,017,475  | 2,094,223  |        |
| K - OP IV THERAPY COSTS |                                      |        |            |            |        |
| 1.00                    | INTRAVENOUS THERAPY                  | 64.00  | 1,362,398  | 214,676    | 1.00   |
|                         | TOTALS                               |        | 1,362,398  | 214,676    |        |
| 500.00                  | Grand Total: Increases               |        | 13,951,634 | 88,139,372 | 500.00 |

## RECLASSIFICATIONS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet A-6  
Date/Time Prepared:  
7/19/2021 2:11 pm

|       | Decreases                           |        |           |            |                |  |       |
|-------|-------------------------------------|--------|-----------|------------|----------------|--|-------|
|       | Cost Center                         | Line # | Salary    | Other      | Wkst. A-7 Ref. |  |       |
|       | 6.00                                | 7.00   | 8.00      | 9.00       | 10.00          |  |       |
|       | A - CLINICAL PASTORAL EDUCATION     |        |           |            |                |  |       |
| 1.00  | ADMINISTRATIVE & GENERAL            | 5.00   | 137,681   | 13,915     | 0              |  | 1.00  |
|       | 0                                   |        | 137,681   | 13,915     |                |  |       |
|       | B - EMS RECLASS                     |        |           |            |                |  |       |
| 1.00  | PARAMED EDUCATION EMS               | 23.00  | 86,810    | 26,152     | 0              |  | 1.00  |
| 2.00  | 0                                   | 0.00   | 0         | 0          | 0              |  | 2.00  |
|       | 0                                   |        | 86,810    | 26,152     |                |  |       |
|       | C - DEPRECIATION                    |        |           |            |                |  |       |
| 1.00  | EMPLOYEE BENEFITS DEPARTMENT        | 4.00   | 0         | 2,055      | 9              |  | 1.00  |
| 2.00  | ADMINISTRATIVE & GENERAL            | 5.00   | 0         | 11,896,646 | 9              |  | 2.00  |
| 3.00  | MAINTENANCE & REPAIRS               | 6.00   | 0         | 44,050     | 0              |  | 3.00  |
| 4.00  | HOUSEKEEPING                        | 9.00   | 0         | 9,606      | 0              |  | 4.00  |
| 5.00  | DIETARY                             | 10.00  | 0         | 36,935     | 0              |  | 5.00  |
| 6.00  | NURSING ADMINISTRATION              | 13.00  | 0         | 494,934    | 0              |  | 6.00  |
| 7.00  | CENTRAL SERVICES & SUPPLY           | 14.00  | 0         | 87,890     | 0              |  | 7.00  |
| 8.00  | PHARMACY                            | 15.00  | 0         | 164,651    | 0              |  | 8.00  |
| 9.00  | PARAMED EDUCATION EMS               | 23.00  | 0         | 24,542     | 0              |  | 9.00  |
| 10.00 | ADULTS & PEDIATRICS                 | 30.00  | 0         | 298,422    | 0              |  | 10.00 |
| 11.00 | INTENSIVE CARE UNIT                 | 31.00  | 0         | 106,585    | 0              |  | 11.00 |
| 12.00 | NURSERY                             | 43.00  | 0         | 96,106     | 0              |  | 12.00 |
| 13.00 | OPERATING ROOM                      | 50.00  | 0         | 1,288,647  | 0              |  | 13.00 |
| 14.00 | RECOVERY ROOM                       | 51.00  | 0         | 4,513      | 0              |  | 14.00 |
| 15.00 | ANESTHESIOLOGY                      | 53.00  | 0         | 28,806     | 0              |  | 15.00 |
| 16.00 | RADIOLOGY-DIAGNOSTIC                | 54.00  | 0         | 877,518    | 0              |  | 16.00 |
| 17.00 | RADIOISOTOPE                        | 56.00  | 0         | 348,262    | 0              |  | 17.00 |
| 18.00 | ULTRASOUND                          | 56.01  | 0         | 161,980    | 0              |  | 18.00 |
| 19.00 | CT SCAN                             | 57.00  | 0         | 535,022    | 0              |  | 19.00 |
| 20.00 | MAGNETIC RESONANCE IMAGING (MRI)    | 58.00  | 0         | 422,395    | 0              |  | 20.00 |
| 21.00 | CARDIAC CATHETERIZATION             | 59.00  | 0         | 1,188,680  | 0              |  | 21.00 |
| 22.00 | RESPIRATORY THERAPY                 | 65.00  | 0         | 84,687     | 0              |  | 22.00 |
| 23.00 | STRESS TEST                         | 65.01  | 0         | 96,656     | 0              |  | 23.00 |
| 24.00 | PHYSICAL THERAPY                    | 66.00  | 0         | 9,055      | 0              |  | 24.00 |
| 25.00 | ELECTROCARDIOLOGY                   | 69.00  | 0         | 89         | 0              |  | 25.00 |
| 26.00 | ELECTROENCEPHALOGRAPHY              | 70.00  | 0         | 5,126      | 0              |  | 26.00 |
| 27.00 | CARDIAC REHABILITATION              | 76.97  | 0         | 3,175      | 0              |  | 27.00 |
| 28.00 | CLINIC                              | 90.00  | 0         | 23,104     | 0              |  | 28.00 |
| 29.00 | EMERGENCY                           | 91.00  | 0         | 106,684    | 0              |  | 29.00 |
| 30.00 | ACUTE CARE CENTER                   | 91.20  | 0         | 6,298      | 0              |  | 30.00 |
| 31.00 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 190.00 | 0         | 4,407      | 0              |  | 31.00 |
|       | 0                                   |        | 0         | 18,457,526 |                |  |       |
|       | D - DRUG RECLASS                    |        |           |            |                |  |       |
| 1.00  | PHARMACY                            | 15.00  | 0         | 13,652,154 | 0              |  | 1.00  |
|       | 0                                   |        | 0         | 13,652,154 |                |  |       |
|       | E - NURSERY AND LABOR/DELIVERY      |        |           |            |                |  |       |
| 1.00  | ADULTS & PEDIATRICS                 | 30.00  | 2,432,809 | 765,378    | 0              |  | 1.00  |
| 2.00  | 0                                   | 0.00   | 0         | 0          | 0              |  | 2.00  |
|       | 0                                   |        | 2,432,809 | 765,378    |                |  |       |
|       | F - CAFE/DIETARY                    |        |           |            |                |  |       |
| 1.00  | DIETARY                             | 10.00  | 0         | 610,967    | 0              |  | 1.00  |
|       | 0                                   |        | 0         | 610,967    |                |  |       |
|       | G - SUPPLIES                        |        |           |            |                |  |       |
| 1.00  | EMPLOYEE BENEFITS DEPARTMENT        | 4.00   | 0         | 8          | 0              |  | 1.00  |
| 2.00  | ADMINISTRATIVE & GENERAL            | 5.00   | 0         | 26,834     | 0              |  | 2.00  |
| 3.00  | NURSING ADMINISTRATION              | 13.00  | 0         | 2,696      | 0              |  | 3.00  |
| 4.00  | CENTRAL SERVICES & SUPPLY           | 14.00  | 0         | 306,747    | 0              |  | 4.00  |
| 5.00  | PHARMACY                            | 15.00  | 0         | 274,370    | 0              |  | 5.00  |
| 6.00  | PARAMED EDUCATION EMS               | 23.00  | 0         | 185,009    | 0              |  | 6.00  |
| 7.00  | ADULTS & PEDIATRICS                 | 30.00  | 0         | 3,369,000  | 0              |  | 7.00  |
| 8.00  | INTENSIVE CARE UNIT                 | 31.00  | 0         | 1,184,444  | 0              |  | 8.00  |
| 9.00  | NURSERY                             | 43.00  | 0         | 22,136     | 0              |  | 9.00  |
| 10.00 | OPERATING ROOM                      | 50.00  | 0         | 19,136,352 | 0              |  | 10.00 |
| 11.00 | RECOVERY ROOM                       | 51.00  | 0         | 30,188     | 0              |  | 11.00 |
| 12.00 | ANESTHESIOLOGY                      | 53.00  | 0         | 425,790    | 0              |  | 12.00 |
| 13.00 | RADIOLOGY-DIAGNOSTIC                | 54.00  | 0         | 128,455    | 0              |  | 13.00 |
| 14.00 | RADIOISOTOPE                        | 56.00  | 0         | 906,768    | 0              |  | 14.00 |
| 15.00 | ULTRASOUND                          | 56.01  | 0         | 156,133    | 0              |  | 15.00 |
| 16.00 | CT SCAN                             | 57.00  | 0         | 483,249    | 0              |  | 16.00 |
| 17.00 | MAGNETIC RESONANCE IMAGING (MRI)    | 58.00  | 0         | 113,793    | 0              |  | 17.00 |
| 18.00 | LABORATORY                          | 60.00  | 0         | 1,144,464  | 0              |  | 18.00 |
| 19.00 | RESPIRATORY THERAPY                 | 65.00  | 0         | 498,276    | 0              |  | 19.00 |
| 20.00 | STRESS TEST                         | 65.01  | 0         | 29,174     | 0              |  | 20.00 |

## RECLASSIFICATIONS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A-6

Date/Time Prepared:  
7/19/2021 2:11 pm

|                         | Decreases                            |        |            |            |                |  |        |
|-------------------------|--------------------------------------|--------|------------|------------|----------------|--|--------|
|                         | Cost Center                          | Line # | Salary     | Other      | Wkst. A-7 Ref. |  |        |
|                         | 6.00                                 | 7.00   | 8.00       | 9.00       | 10.00          |  |        |
| 21.00                   | PHYSICAL THERAPY                     | 66.00  | 0          | 37,430     | 0              |  | 21.00  |
| 22.00                   | ELECTROCARDIOLOGY                    | 69.00  | 0          | 10,186     | 0              |  | 22.00  |
| 23.00                   | ELECTROENCEPHALOGRAPHY               | 70.00  | 0          | 1,461      | 0              |  | 23.00  |
| 24.00                   | RENAL DIALYSIS                       | 74.00  | 0          | 8,322      | 0              |  | 24.00  |
| 25.00                   | CARDIAC REHABILITATION               | 76.97  | 0          | 12,072     | 0              |  | 25.00  |
| 26.00                   | CLINIC                               | 90.00  | 0          | 714,640    | 0              |  | 26.00  |
| 27.00                   | EMERGENCY                            | 91.00  | 0          | 1,065,380  | 0              |  | 27.00  |
| 28.00                   | ACUTE CARE CENTER                    | 91.20  | 0          | 145,109    | 0              |  | 28.00  |
| 29.00                   | GIFT, FLOWER, COFFEE SHOP & CANTEEN  | 190.00 | 0          | 279        | 0              |  | 29.00  |
| 30.00                   | CARDIAC CATHETERIZATION              | 59.00  | 0          | 6,929,158  | 0              |  | 30.00  |
|                         | 0                                    |        | 0          | 37,347,923 |                |  |        |
| H - IMPLANT             |                                      |        |            |            |                |  |        |
| 1.00                    | MEDICAL SUPPLIES CHARGED TO PATIENTS | 71.00  | 0          | 14,956,458 | 0              |  | 1.00   |
|                         | 0                                    |        | 0          | 14,956,458 |                |  |        |
| I - INCENTIVE           |                                      |        |            |            |                |  |        |
| 1.00                    | EMPLOYEE BENEFITS DEPARTMENT         | 4.00   | 914,461    | 0          | 0              |  | 1.00   |
| 2.00                    |                                      | 0.00   | 0          | 0          | 0              |  | 2.00   |
| 3.00                    |                                      | 0.00   | 0          | 0          | 0              |  | 3.00   |
| 4.00                    |                                      | 0.00   | 0          | 0          | 0              |  | 4.00   |
| 5.00                    |                                      | 0.00   | 0          | 0          | 0              |  | 5.00   |
| 6.00                    |                                      | 0.00   | 0          | 0          | 0              |  | 6.00   |
| 7.00                    |                                      | 0.00   | 0          | 0          | 0              |  | 7.00   |
| 8.00                    |                                      | 0.00   | 0          | 0          | 0              |  | 8.00   |
| 9.00                    |                                      | 0.00   | 0          | 0          | 0              |  | 9.00   |
| 10.00                   |                                      | 0.00   | 0          | 0          | 0              |  | 10.00  |
| 11.00                   |                                      | 0.00   | 0          | 0          | 0              |  | 11.00  |
| 12.00                   |                                      | 0.00   | 0          | 0          | 0              |  | 12.00  |
| 13.00                   |                                      | 0.00   | 0          | 0          | 0              |  | 13.00  |
|                         | 0                                    |        | 914,461    | 0          |                |  |        |
| J - COVID-19 COSTS      |                                      |        |            |            |                |  |        |
| 1.00                    | ADMINISTRATIVE & GENERAL             | 5.00   | 9,017,475  | 2,094,223  | 0              |  | 1.00   |
| 2.00                    |                                      | 0.00   | 0          | 0          | 0              |  | 2.00   |
| 3.00                    |                                      | 0.00   | 0          | 0          | 0              |  | 3.00   |
| 4.00                    |                                      | 0.00   | 0          | 0          | 0              |  | 4.00   |
| 5.00                    |                                      | 0.00   | 0          | 0          | 0              |  | 5.00   |
| 6.00                    |                                      | 0.00   | 0          | 0          | 0              |  | 6.00   |
| 7.00                    |                                      | 0.00   | 0          | 0          | 0              |  | 7.00   |
| 8.00                    |                                      | 0.00   | 0          | 0          | 0              |  | 8.00   |
| 9.00                    |                                      | 0.00   | 0          | 0          | 0              |  | 9.00   |
| 10.00                   |                                      | 0.00   | 0          | 0          | 0              |  | 10.00  |
| 11.00                   |                                      | 0.00   | 0          | 0          | 0              |  | 11.00  |
| 12.00                   |                                      | 0.00   | 0          | 0          | 0              |  | 12.00  |
| 13.00                   |                                      | 0.00   | 0          | 0          | 0              |  | 13.00  |
| 14.00                   |                                      | 0.00   | 0          | 0          | 0              |  | 14.00  |
| 15.00                   |                                      | 0.00   | 0          | 0          | 0              |  | 15.00  |
| 16.00                   |                                      | 0.00   | 0          | 0          | 0              |  | 16.00  |
| 17.00                   |                                      | 0.00   | 0          | 0          | 0              |  | 17.00  |
| 18.00                   |                                      | 0.00   | 0          | 0          | 0              |  | 18.00  |
| 19.00                   |                                      | 0.00   | 0          | 0          | 0              |  | 19.00  |
| 20.00                   |                                      | 0.00   | 0          | 0          | 0              |  | 20.00  |
| 21.00                   |                                      | 0.00   | 0          | 0          | 0              |  | 21.00  |
| 22.00                   |                                      | 0.00   | 0          | 0          | 0              |  | 22.00  |
| 23.00                   |                                      | 0.00   | 0          | 0          | 0              |  | 23.00  |
| 24.00                   |                                      | 0.00   | 0          | 0          | 0              |  | 24.00  |
| 25.00                   |                                      | 0.00   | 0          | 0          | 0              |  | 25.00  |
| 26.00                   |                                      | 0.00   | 0          | 0          | 0              |  | 26.00  |
| 27.00                   |                                      | 0.00   | 0          | 0          | 0              |  | 27.00  |
| 28.00                   |                                      | 0.00   | 0          | 0          | 0              |  | 28.00  |
| 29.00                   |                                      | 0.00   | 0          | 0          | 0              |  | 29.00  |
| 30.00                   |                                      | 0.00   | 0          | 0          | 0              |  | 30.00  |
| 31.00                   |                                      | 0.00   | 0          | 0          | 0              |  | 31.00  |
|                         | TOTALS                               |        | 9,017,475  | 2,094,223  |                |  |        |
| K - OP IV THERAPY COSTS |                                      |        |            |            |                |  |        |
| 1.00                    | ADULTS & PEDIATRICS                  | 30.00  | 1,362,398  | 214,676    | 0              |  | 1.00   |
|                         | TOTALS                               |        | 1,362,398  | 214,676    |                |  |        |
| 500.00                  | Grand Total: Decreases               |        | 13,951,634 | 88,139,372 |                |  | 500.00 |

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet A-7  
Part I  
Date/Time Prepared:  
7/19/2021 2:11 pm

|       |                                                        | Beginning<br>Balances | Acquisitions                   |          |             | Disposals and<br>Retirements |       |       |
|-------|--------------------------------------------------------|-----------------------|--------------------------------|----------|-------------|------------------------------|-------|-------|
|       |                                                        |                       | Purchases                      | Donation | Total       |                              |       |       |
|       |                                                        |                       |                                |          |             |                              |       |       |
|       |                                                        | 1.00                  | 2.00                           | 3.00     | 4.00        | 5.00                         |       |       |
|       | PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES |                       |                                |          |             |                              |       |       |
| 1.00  | Land                                                   | 47,114,080            | 0                              | 0        | 0           | 0                            | 1.00  |       |
| 2.00  | Land Improvements                                      | 6,035,014             | 676,713                        | 0        | 676,713     | 0                            | 2.00  |       |
| 3.00  | Buildings and Fixtures                                 | 245,712,549           | 6,707,027                      | 0        | 6,707,027   | 7,941,365                    | 3.00  |       |
| 4.00  | Building Improvements                                  | 746,650               | 57,725                         | 0        | 57,725      | 0                            | 4.00  |       |
| 5.00  | Fixed Equipment                                        | 85,320,633            | 5,173,392                      | 0        | 5,173,392   | 2,655,108                    | 5.00  |       |
| 6.00  | Movable Equipment                                      | 51,004                | 0                              | 0        | 0           | 0                            | 6.00  |       |
| 7.00  | HIT designated Assets                                  | 0                     | 0                              | 0        | 0           | 0                            | 7.00  |       |
| 8.00  | Subtotal (sum of lines 1-7)                            | 384,979,930           | 12,614,857                     | 0        | 12,614,857  | 10,596,473                   | 8.00  |       |
| 9.00  | Reconciling Items                                      | 0                     | -12,111,641                    | 0        | -12,111,641 | -4,944,804                   | 9.00  |       |
| 10.00 | Total (line 8 minus line 9)                            | 384,979,930           | 24,726,498                     | 0        | 24,726,498  | 15,541,277                   | 10.00 |       |
|       |                                                        | Ending Balance        | Fully<br>Depreciated<br>Assets |          |             |                              |       |       |
|       |                                                        |                       |                                |          |             |                              |       |       |
|       |                                                        | 6.00                  | 7.00                           |          |             |                              |       |       |
|       | PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES |                       |                                |          |             |                              |       |       |
| 1.00  | Land                                                   | 47,114,080            | 0                              |          |             |                              |       | 1.00  |
| 2.00  | Land Improvements                                      | 6,711,727             | 4,930,484                      |          |             |                              |       | 2.00  |
| 3.00  | Buildings and Fixtures                                 | 244,478,211           | 33,127,880                     |          |             |                              |       | 3.00  |
| 4.00  | Building Improvements                                  | 804,375               | 64,836                         |          |             |                              |       | 4.00  |
| 5.00  | Fixed Equipment                                        | 87,838,917            | 42,968,390                     |          |             |                              |       | 5.00  |
| 6.00  | Movable Equipment                                      | 51,004                | 0                              |          |             |                              |       | 6.00  |
| 7.00  | HIT designated Assets                                  | 0                     | 0                              |          |             |                              |       | 7.00  |
| 8.00  | Subtotal (sum of lines 1-7)                            | 386,998,314           | 81,091,590                     |          |             |                              |       | 8.00  |
| 9.00  | Reconciling Items                                      | -7,166,837            | 0                              |          |             |                              |       | 9.00  |
| 10.00 | Total (line 8 minus line 9)                            | 394,165,151           | 81,091,590                     |          |             |                              |       | 10.00 |

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet A-7  
Part II  
Date/Time Prepared:  
7/19/2021 2:11 pm

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

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet A-7  
Part III  
Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description |                                                    | COMPUTATION OF RATIOS       |                              |                                          | ALLOCATION OF OTHER CAPITAL                    |                                       |      |
|-------------------------|----------------------------------------------------|-----------------------------|------------------------------|------------------------------------------|------------------------------------------------|---------------------------------------|------|
|                         |                                                    | Gross Assets                | Capitalized Leases           | Gross Assets for Ratio (col. 1 - col. 2) | Ratio (see instructions)                       | Insurance                             |      |
|                         |                                                    | 1.00                        | 2.00                         | 3.00                                     | 4.00                                           | 5.00                                  |      |
|                         | PART III - RECONCILIATION OF CAPITAL COSTS CENTERS |                             |                              |                                          |                                                |                                       |      |
| 1.00                    | NEW CAP REL COSTS-BLDG & FIXT                      | 1                           | 0                            | 1                                        | 1.000000                                       | 0                                     | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                          | 0                           | 0                            | 0                                        | 0.000000                                       | 0                                     | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                           | 1                           | 0                            | 1                                        | 1.000000                                       | 0                                     | 3.00 |
| Cost Center Description |                                                    | ALLOCATION OF OTHER CAPITAL |                              |                                          | SUMMARY OF CAPITAL                             |                                       |      |
|                         |                                                    | Taxes                       | Other Capital-Related Costs  | Total (sum of cols. 5 through 7)         | Depreciation                                   | Lease                                 |      |
|                         |                                                    | 6.00                        | 7.00                         | 8.00                                     | 9.00                                           | 10.00                                 |      |
|                         | PART III - RECONCILIATION OF CAPITAL COSTS CENTERS |                             |                              |                                          |                                                |                                       |      |
| 1.00                    | NEW CAP REL COSTS-BLDG & FIXT                      | 0                           | 0                            | 0                                        | 13,601,094                                     | 0                                     | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                          | 0                           | 0                            | 0                                        | 10,159,029                                     | 0                                     | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                           | 0                           | 0                            | 0                                        | 23,760,123                                     | 0                                     | 3.00 |
| Cost Center Description |                                                    | SUMMARY OF CAPITAL          |                              |                                          |                                                |                                       |      |
|                         |                                                    | Interest                    | Insurance (see instructions) | Taxes (see instructions)                 | Other Capital-Related Costs (see instructions) | Total (2) (sum of cols. 9 through 14) |      |
|                         |                                                    | 11.00                       | 12.00                        | 13.00                                    | 14.00                                          | 15.00                                 |      |
|                         | PART III - RECONCILIATION OF CAPITAL COSTS CENTERS |                             |                              |                                          |                                                |                                       |      |
| 1.00                    | NEW CAP REL COSTS-BLDG & FIXT                      | 53,677                      | 0                            | 0                                        | 0                                              | 13,654,771                            | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                          | 0                           | 0                            | 0                                        | 0                                              | 10,159,029                            | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                           | 53,677                      | 0                            | 0                                        | 0                                              | 23,813,800                            | 3.00 |

## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A-8

Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description |                                                                                         | Basis/Code (2) | Amount     | Expense Classification on Worksheet A<br>To/From Which the Amount is to be Adjusted |        | Wkst. A-7 Ref. |       |
|-------------------------|-----------------------------------------------------------------------------------------|----------------|------------|-------------------------------------------------------------------------------------|--------|----------------|-------|
|                         |                                                                                         |                |            | Cost Center                                                                         | Line # |                |       |
|                         |                                                                                         | 1.00           | 2.00       | 3.00                                                                                | 4.00   | 5.00           |       |
| 1.00                    | Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)                           |                |            | 0 NEW CAP REL COSTS-BLDG & FIXT                                                     | 1.00   | 0              | 1.00  |
| 2.00                    | Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)                               |                |            | 0 CAP REL COSTS-MVBLE EQUIP                                                         | 2.00   | 0              | 2.00  |
| 3.00                    | Investment income - other (chapter 2)                                                   |                |            | 0                                                                                   | 0.00   | 0              | 3.00  |
| 4.00                    | Trade, quantity, and time discounts (chapter 8)                                         |                |            | 0                                                                                   | 0.00   | 0              | 4.00  |
| 5.00                    | Refunds and rebates of expenses (chapter 8)                                             |                |            | 0                                                                                   | 0.00   | 0              | 5.00  |
| 6.00                    | Rental of provider space by suppliers (chapter 8)                                       |                |            | 0                                                                                   | 0.00   | 0              | 6.00  |
| 7.00                    | Telephone services (pay stations excluded) (chapter 21)                                 |                |            | 0                                                                                   | 0.00   | 0              | 7.00  |
| 8.00                    | Television and radio service (chapter 21)                                               |                |            | 0                                                                                   | 0.00   | 0              | 8.00  |
| 9.00                    | Parking lot (chapter 21)                                                                |                |            | 0                                                                                   | 0.00   | 0              | 9.00  |
| 10.00                   | Provider-based physician adjustment                                                     | A-8-2          | -6,339,502 |                                                                                     |        | 0              | 10.00 |
| 11.00                   | Sale of scrap, waste, etc. (chapter 23)                                                 |                |            | 0                                                                                   | 0.00   | 0              | 11.00 |
| 12.00                   | Related organization transactions (chapter 10)                                          | A-8-1          | 4,802,301  |                                                                                     |        | 0              | 12.00 |
| 13.00                   | Laundry and linen service                                                               |                |            | 0                                                                                   | 0.00   | 0              | 13.00 |
| 14.00                   | Cafeteria-employees and guests                                                          | B              | -212,144   | CAFETERIA                                                                           | 11.00  | 0              | 14.00 |
| 15.00                   | Rental of quarters to employee and others                                               |                |            | 0                                                                                   | 0.00   | 0              | 15.00 |
| 16.00                   | Sale of medical and surgical supplies to other than patients                            |                |            | 0                                                                                   | 0.00   | 0              | 16.00 |
| 17.00                   | Sale of drugs to other than patients                                                    |                |            | 0                                                                                   | 0.00   | 0              | 17.00 |
| 18.00                   | Sale of medical records and abstracts                                                   |                |            | 0                                                                                   | 0.00   | 0              | 18.00 |
| 19.00                   | Nursing and allied health education (tuition, fees, books, etc.)                        |                |            | 0                                                                                   | 0.00   | 0              | 19.00 |
| 20.00                   | Vending machines                                                                        |                |            | 0                                                                                   | 0.00   | 0              | 20.00 |
| 21.00                   | Income from imposition of interest, finance or penalty charges (chapter 21)             |                |            | 0                                                                                   | 0.00   | 0              | 21.00 |
| 22.00                   | Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments |                |            | 0                                                                                   | 0.00   | 0              | 22.00 |
| 23.00                   | Adjustment for respiratory therapy costs in excess of limitation (chapter 14)           | A-8-3          |            | 0 RESPIRATORY THERAPY                                                               | 65.00  |                | 23.00 |
| 24.00                   | Adjustment for physical therapy costs in excess of limitation (chapter 14)              | A-8-3          |            | 0 PHYSICAL THERAPY                                                                  | 66.00  |                | 24.00 |
| 25.00                   | Utilization review - physicians' compensation (chapter 21)                              |                |            | 0 *** Cost Center Deleted ***                                                       | 114.00 |                | 25.00 |
| 26.00                   | Depreciation - NEW CAP REL COSTS-BLDG & FIXT                                            | A              | 2,962,211  | NEW CAP REL COSTS-BLDG & FIXT                                                       | 1.00   | 9              | 26.00 |
| 27.00                   | Depreciation - CAP REL COSTS-MVBLE EQUIP                                                | A              | -5,321     | CAP REL COSTS-MVBLE EQUIP                                                           | 2.00   | 9              | 27.00 |
| 28.00                   | Non-physician Anesthetist                                                               |                |            | 0 NONPHYSICIAN ANESTHETISTS                                                         | 19.00  |                | 28.00 |
| 29.00                   | Physicians' assistant                                                                   |                |            | 0                                                                                   | 0.00   | 0              | 29.00 |
| 30.00                   | Adjustment for occupational therapy costs in excess of limitation (chapter 14)          | A-8-3          |            | 0 OCCUPATIONAL THERAPY                                                              | 67.00  |                | 30.00 |
| 30.99                   | Hospice (non-distinct) (see instructions)                                               |                |            | 0 ADULTS & PEDIATRICS                                                               | 30.00  |                | 30.99 |
| 31.00                   | Adjustment for speech pathology costs in excess of limitation (chapter 14)              | A-8-3          |            | 0 SPEECH PATHOLOGY                                                                  | 68.00  |                | 31.00 |
| 32.00                   | CAH HIT Adjustment for Depreciation and Interest                                        |                |            | 0                                                                                   | 0.00   | 0              | 32.00 |

## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A-8

Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description |                                         | Basis/Code (2) | Amount      | Expense Classification on Worksheet A<br>To/From Which the Amount is to be Adjusted |        | Wkst. A-7 Ref. |       |
|-------------------------|-----------------------------------------|----------------|-------------|-------------------------------------------------------------------------------------|--------|----------------|-------|
|                         |                                         |                |             | Cost Center                                                                         | Line # |                |       |
|                         |                                         | 1.00           | 2.00        | 3.00                                                                                | 4.00   | 5.00           |       |
| 33.00                   | MISC INCOME                             | B              | 2,841,094   | EMPLOYEE BENEFITS DEPARTMENT                                                        | 4.00   | 0              | 33.00 |
| 33.01                   | MISC INCOME                             | B              | -624,577    | ADMINISTRATIVE & GENERAL                                                            | 5.00   | 0              | 33.01 |
| 33.02                   | MISC INCOME                             | B              | -54,913     | MAINTENANCE & REPAIRS                                                               | 6.00   | 0              | 33.02 |
| 34.00                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)      |                | 0           |                                                                                     | 0.00   | 0              | 34.00 |
| 35.00                   | MISC INCOME                             | B              | -1,400      | CLINICAL PASTORAL EDUCATION                                                         | 23.01  | 0              | 35.00 |
| 36.00                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)      |                | 0           |                                                                                     | 0.00   | 0              | 36.00 |
| 37.00                   | MISC INCOME                             | B              | -4,321      | PHARMACY                                                                            | 15.00  | 0              | 37.00 |
| 37.01                   | MISC INCOME                             | B              | -164,866    | PARAMED EDUCATION EMS                                                               | 23.00  | 0              | 37.01 |
| 37.02                   | MISC INCOME                             | B              | -4,170      | ADULTS & PEDIATRICS                                                                 | 30.00  | 0              | 37.02 |
| 37.03                   | MISC INCOME                             | B              | -5,339      | OPERATING ROOM                                                                      | 50.00  | 0              | 37.03 |
| 37.04                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)      |                | 0           |                                                                                     | 0.00   | 0              | 37.04 |
| 37.05                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)      |                | 0           |                                                                                     | 0.00   | 0              | 37.05 |
| 37.06                   | MISC INCOME                             | B              | -309,155    | LABORATORY                                                                          | 60.00  | 0              | 37.06 |
| 37.07                   | MISC INCOME                             | B              | -210        | RESPIRATORY THERAPY                                                                 | 65.00  | 0              | 37.07 |
| 37.08                   | MISC INCOME                             | B              | -200        | STRESS TEST                                                                         | 65.01  | 0              | 37.08 |
| 37.09                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)      |                | 0           |                                                                                     | 0.00   | 0              | 37.09 |
| 37.10                   | MISC INCOME                             | B              | -7,201      | ACUTE CARE CENTER                                                                   | 91.20  | 0              | 37.10 |
| 38.00                   | INTERCOMPANY INTEREST                   | A              | -3,710,005  | ADMINISTRATIVE & GENERAL                                                            | 5.00   | 0              | 38.00 |
| 39.00                   | REMOVE ILLINOIS PROVIDER TAX            | A              | -16,663,743 | ADMINISTRATIVE & GENERAL                                                            | 5.00   | 0              | 39.00 |
| 40.00                   | TELEPHONE                               | A              | -21,083     | MAINTENANCE & REPAIRS                                                               | 6.00   | 0              | 40.00 |
| 41.00                   | TV                                      | A              | -8,957      | MAINTENANCE & REPAIRS                                                               | 6.00   | 0              | 41.00 |
| 41.01                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)      |                | 0           |                                                                                     | 0.00   | 0              | 41.01 |
| 41.02                   | REAL ESTATE TAX                         | A              | -25,557     | ADMINISTRATIVE & GENERAL                                                            | 5.00   | 0              | 41.02 |
| 42.00                   | ADJ USEFUL LIFE 1986 SURGERY<br>AD      | A              | 53,677      | NEW CAP REL COSTS-BLDG &<br>FIXT                                                    | 1.00   | 11             | 42.00 |
| 43.00                   | NONALLOWABLE<br>CENTERS1099/90/92/91120 | A              | -35,741     | ADMINISTRATIVE & GENERAL                                                            | 5.00   | 0              | 43.00 |
| 44.00                   | HOSPICE UNDER CONTRACT                  | A              | -428,500    | ADULTS & PEDIATRICS                                                                 | 30.00  | 0              | 44.00 |
| 45.00                   | NON ALLOWABLE                           | A              | -2,101,402  | ADMINISTRATIVE & GENERAL                                                            | 5.00   | 0              | 45.00 |
| 45.01                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)      |                | 0           |                                                                                     | 0.00   | 0              | 45.01 |
| 45.02                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)      |                | 0           |                                                                                     | 0.00   | 0              | 45.02 |
| 45.03                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)      |                | 0           |                                                                                     | 0.00   | 0              | 45.03 |
| 45.04                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)      |                | 0           |                                                                                     | 0.00   | 0              | 45.04 |
| 45.05                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)      |                | 0           |                                                                                     | 0.00   | 0              | 45.05 |
| 45.06                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)      |                | 0           |                                                                                     | 0.00   | 0              | 45.06 |
| 45.07                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)      |                | 0           |                                                                                     | 0.00   | 0              | 45.07 |
| 45.08                   | NON ALLOWABLE                           | A              | -667        | ADULTS & PEDIATRICS                                                                 | 30.00  | 0              | 45.08 |
| 45.09                   | NON ALLOWABLE                           | A              | -141        | INTENSIVE CARE UNIT                                                                 | 31.00  | 0              | 45.09 |
| 45.10                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)      |                | 0           |                                                                                     | 0.00   | 0              | 45.10 |
| 45.11                   | NON ALLOWABLE                           | A              | -24         | OPERATING ROOM                                                                      | 50.00  | 0              | 45.11 |
| 45.12                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)      |                | 0           |                                                                                     | 0.00   | 0              | 45.12 |
| 45.13                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)      |                | 0           |                                                                                     | 0.00   | 0              | 45.13 |
| 45.14                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)      |                | 0           |                                                                                     | 0.00   | 0              | 45.14 |
| 45.15                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)      |                | 0           |                                                                                     | 0.00   | 0              | 45.15 |
| 45.16                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)      |                | 0           |                                                                                     | 0.00   | 0              | 45.16 |
| 45.17                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)      |                | 0           |                                                                                     | 0.00   | 0              | 45.17 |
| 45.18                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)      |                | 0           |                                                                                     | 0.00   | 0              | 45.18 |
| 45.19                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)      |                | 0           |                                                                                     | 0.00   | 0              | 45.19 |

## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A-8

Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description |                                                                                     | Basis/Code (2) | Amount      | Expense Classification on Worksheet A<br>To/From Which the Amount is to be Adjusted |        | Wkst. A-7 Ref. |       |
|-------------------------|-------------------------------------------------------------------------------------|----------------|-------------|-------------------------------------------------------------------------------------|--------|----------------|-------|
|                         |                                                                                     |                |             | Cost Center                                                                         | Line # |                |       |
|                         |                                                                                     | 1.00           | 2.00        | 3.00                                                                                | 4.00   | 5.00           |       |
| 45.20                   | NON ALLOWABLE                                                                       | A              | -291        | PHYSICAL THERAPY                                                                    | 66.00  | 0              | 45.20 |
| 45.21                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)                                                  |                | 0           |                                                                                     | 0.00   | 0              | 45.21 |
| 45.22                   | NON ALLOWABLE                                                                       | A              | -375        | CARDIAC REHABILITATION                                                              | 76.97  | 0              | 45.22 |
| 45.23                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)                                                  |                | 0           |                                                                                     | 0.00   | 0              | 45.23 |
| 45.24                   | NON ALLOWABLE                                                                       | A              | -2,924      | EMERGENCY                                                                           | 91.00  | 0              | 45.24 |
| 45.25                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)                                                  |                | 0           |                                                                                     | 0.00   | 0              | 45.25 |
| 45.26                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)                                                  |                | 0           |                                                                                     | 0.00   | 0              | 45.26 |
| 50.00                   | TOTAL (sum of lines 1 thru 49)<br>(Transfer to Worksheet A,<br>column 6, line 200.) |                | -20,073,446 |                                                                                     |        |                | 50.00 |

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A-8-1

Date/Time Prepared:  
7/19/2021 2:11 pm

|                                                                                                                                 | Line No. | Cost Center                  | Expense Items         | Amount of Allowable Cost | Amount Included in wks. A, column 5 |      |
|---------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------|-----------------------|--------------------------|-------------------------------------|------|
|                                                                                                                                 | 1.00     | 2.00                         | 3.00                  | 4.00                     | 5.00                                |      |
| A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS: |          |                              |                       |                          |                                     |      |
| 1.00                                                                                                                            | 4.00     | EMPLOYEE BENEFITS DEPARTMENT | BENEFITS              | 4,496,759                | 0                                   | 1.00 |
| 2.00                                                                                                                            | 0.00     |                              |                       | 0                        | 0                                   | 2.00 |
| 3.00                                                                                                                            | 0.00     |                              |                       | 0                        | 0                                   | 3.00 |
| 4.00                                                                                                                            | 1.00     | NEW CAP REL COSTS-BLDG & FIX | NEW CAPITAL BUILDING  | 382,658                  | 0                                   | 4.00 |
| 4.01                                                                                                                            | 2.00     | CAP REL COSTS-MVBLE EQUIP    | NEW CAPITAL EQUIPMENT | 1,963,049                | 0                                   | 4.01 |
| 4.02                                                                                                                            | 5.00     | ADMINISTRATIVE & GENERAL     | NON CAPITAL           | 25,701,660               | 27,741,825                          | 4.02 |
| 5.00                                                                                                                            | 0        |                              | 0                     | 32,544,126               | 27,741,825                          | 5.00 |

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

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

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

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

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

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

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

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

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A-8-1

Date/Time Prepared:  
7/19/2021 2:11 pm

|                                                                                                                                 | Net<br>Adjustments<br>(col. 4 minus<br>col. 5)* | Wkst. A-7 Ref. |  |      |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------|--|------|
|                                                                                                                                 | 6.00                                            | 7.00           |  |      |
| A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS: |                                                 |                |  |      |
| 1.00                                                                                                                            | 4,496,759                                       | 0              |  | 1.00 |
| 2.00                                                                                                                            | 0                                               | 0              |  | 2.00 |
| 3.00                                                                                                                            | 0                                               | 0              |  | 3.00 |
| 4.00                                                                                                                            | 382,658                                         | 9              |  | 4.00 |
| 4.01                                                                                                                            | 1,963,049                                       | 9              |  | 4.01 |
| 4.02                                                                                                                            | -2,040,165                                      | 0              |  | 4.02 |
| 5.00                                                                                                                            | 4,802,301                                       |                |  | 5.00 |

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

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

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

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

|        |             |  |        |
|--------|-------------|--|--------|
| 6.00   | HEALTH CARE |  | 6.00   |
| 7.00   | HEALTH CARE |  | 7.00   |
| 8.00   |             |  | 8.00   |
| 9.00   |             |  | 9.00   |
| 10.00  |             |  | 10.00  |
| 100.00 |             |  | 100.00 |

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

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

## PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A-8-2

Date/Time Prepared:  
7/19/2021 2:11 pm

|        | Wkst. A Line # | Cost Center/Physician Identifier | Total Remuneration                  | Professional Component            | Provider Component                         | RCE Amount                          | Physician/Provider Component Hours      |        |
|--------|----------------|----------------------------------|-------------------------------------|-----------------------------------|--------------------------------------------|-------------------------------------|-----------------------------------------|--------|
|        | 1.00           | 2.00                             | 3.00                                | 4.00                              | 5.00                                       | 6.00                                | 7.00                                    |        |
| 1.00   | 5.00           | ADMINISTRATIVE & GENERAL         | 189,238                             | 189,238                           | 0                                          | 0                                   | 0                                       | 1.00   |
| 2.00   | 30.00          | ADULTS & PEDIATRICS              | 969,408                             | 969,408                           | 0                                          | 0                                   | 0                                       | 2.00   |
| 3.00   | 31.00          | INTENSIVE CARE UNIT              | 1,292,321                           | 1,292,321                         | 0                                          | 0                                   | 0                                       | 3.00   |
| 4.00   | 53.00          | ANESTHESIOLOGY                   | 192,541                             | 192,541                           | 0                                          | 0                                   | 0                                       | 4.00   |
| 5.00   | 59.00          | CARDIAC CATHETERIZATION          | 452,067                             | 452,067                           | 0                                          | 0                                   | 0                                       | 5.00   |
| 6.00   | 91.00          | EMERGENCY                        | 3,188,855                           | 3,188,855                         | 0                                          | 0                                   | 0                                       | 6.00   |
| 7.00   | 91.20          | ACUTE CARE CENTER                | 55,072                              | 55,072                            | 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 |                |                                  | 6,339,502                           | 6,339,502                         | 0                                          | 0                                   | 0                                       | 200.00 |
|        | Wkst. A Line # | Cost Center/Physician Identifier | Unadjusted RCE Limit                | 5 Percent of Unadjusted RCE Limit | Cost of Memberships & Continuing Education | Provider Component Share of col. 12 | Physician Cost of Malpractice Insurance |        |
|        | 1.00           | 2.00                             | 8.00                                | 9.00                              | 12.00                                      | 13.00                               | 14.00                                   |        |
| 1.00   | 5.00           | ADMINISTRATIVE & GENERAL         | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 1.00   |
| 2.00   | 30.00          | ADULTS & PEDIATRICS              | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 2.00   |
| 3.00   | 31.00          | INTENSIVE CARE UNIT              | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 3.00   |
| 4.00   | 53.00          | ANESTHESIOLOGY                   | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 4.00   |
| 5.00   | 59.00          | CARDIAC CATHETERIZATION          | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 5.00   |
| 6.00   | 91.00          | EMERGENCY                        | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 6.00   |
| 7.00   | 91.20          | ACUTE CARE CENTER                | 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 |                |                                  | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 200.00 |
|        | Wkst. A Line # | Cost Center/Physician Identifier | Provider Component Share of col. 14 | Adjusted RCE Limit                | RCE Disallowance                           | Adjustment                          |                                         |        |
|        | 1.00           | 2.00                             | 15.00                               | 16.00                             | 17.00                                      | 18.00                               |                                         |        |
| 1.00   | 5.00           | ADMINISTRATIVE & GENERAL         | 0                                   | 0                                 | 0                                          | 189,238                             |                                         | 1.00   |
| 2.00   | 30.00          | ADULTS & PEDIATRICS              | 0                                   | 0                                 | 0                                          | 969,408                             |                                         | 2.00   |
| 3.00   | 31.00          | INTENSIVE CARE UNIT              | 0                                   | 0                                 | 0                                          | 1,292,321                           |                                         | 3.00   |
| 4.00   | 53.00          | ANESTHESIOLOGY                   | 0                                   | 0                                 | 0                                          | 192,541                             |                                         | 4.00   |
| 5.00   | 59.00          | CARDIAC CATHETERIZATION          | 0                                   | 0                                 | 0                                          | 452,067                             |                                         | 5.00   |
| 6.00   | 91.00          | EMERGENCY                        | 0                                   | 0                                 | 0                                          | 3,188,855                           |                                         | 6.00   |
| 7.00   | 91.20          | ACUTE CARE CENTER                | 0                                   | 0                                 | 0                                          | 55,072                              |                                         | 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                                   | 0                                 | 0                                          | 6,339,502                           |                                         | 200.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet B  
Part I  
Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description                |       |                                      | CAPITAL RELATED COSTS                                             |                    | EMPLOYEE<br>BENEFITS<br>DEPARTMENT | Subtotal   |       |
|----------------------------------------|-------|--------------------------------------|-------------------------------------------------------------------|--------------------|------------------------------------|------------|-------|
|                                        |       |                                      | Net Expenses<br>for Cost<br>Allocation<br>(from Wkst A<br>col. 7) | NEW BLDG &<br>FIXT | MVBLE EQUIP                        |            |       |
|                                        |       |                                      | 0                                                                 | 1.00               | 2.00                               | 4.00       | 4A    |
| GENERAL SERVICE COST CENTERS           |       |                                      |                                                                   |                    |                                    |            |       |
| 1.00                                   | 00100 | NEW CAP REL COSTS-BLDG & FIXT        | 13,654,771                                                        | 13,654,771         |                                    |            | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            | 10,159,029                                                        |                    | 10,159,029                         |            | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         | 27,624,990                                                        | 49,160             | 36,575                             | 27,710,725 | 4.00  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL             | 62,291,181                                                        | 2,009,995          | 1,495,418                          | 2,645,169  | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                | 12,163,982                                                        | 4,290,612          | 3,192,177                          | 7,227      | 6.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              | 1,233,583                                                         | 28,649             | 21,315                             | 0          | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         | 4,211,550                                                         | 168,931            | 125,683                            | 2,692      | 9.00  |
| 10.00                                  | 01000 | DIETARY                              | 3,824,301                                                         | 129,769            | 96,547                             | 2,780      | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            | 398,823                                                           | 82,247             | 61,191                             | 0          | 11.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               | 3,165,400                                                         | 119,476            | 88,889                             | 652,776    | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            | 1,073,483                                                         | 127,136            | 94,588                             | 228,495    | 14.00 |
| 15.00                                  | 01500 | PHARMACY                             | 9,186,499                                                         | 96,038             | 71,451                             | 1,164,692  | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 17,423                                                            | 0                  | 0                                  | 0          | 16.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0                                                                 | 0                  | 0                                  | 0          | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0                                                                 | 0                  | 0                                  | 0          | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0                                                                 | 0                  | 0                                  | 0          | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0                                                                 | 0                  | 0                                  | 0          | 22.00 |
| 23.00                                  | 02302 | PARAMED EDUCATION EMS                | 89,151                                                            | 42,145             | 31,356                             | 47,481     | 23.00 |
| 23.01                                  | 02301 | CLINICAL PASTORAL EDUCATION          | 150,196                                                           | 27,084             | 20,150                             | 35,059     | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                                                                   |                    |                                    |            |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 38,050,486                                                        | 2,699,621          | 2,008,494                          | 8,916,961  | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 8,390,749                                                         | 232,011            | 172,614                            | 1,704,865  | 31.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                                                                 | 0                  | 0                                  | 0          | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                                                                 | 0                  | 0                                  | 0          | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 3,501,264                                                         | 101,837            | 75,766                             | 714,364    | 43.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                                                                 | 0                  | 0                                  | 0          | 45.00 |
| 45.01                                  | 04510 | ICF/MR                               | 0                                                                 | 0                  | 0                                  | 0          | 45.01 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                                                                   |                    |                                    |            |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 12,438,788                                                        | 653,648            | 486,309                            | 2,286,248  | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 1,281,212                                                         | 63,448             | 47,205                             | 298,556    | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 917,469                                                           | 154,367            | 114,848                            | 177,712    | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 247,242                                                           | 11,029             | 8,205                              | 35,968     | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 4,007,089                                                         | 430,438            | 320,242                            | 858,436    | 54.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 1,741,980                                                         | 46,675             | 34,726                             | 249,074    | 56.00 |
| 56.01                                  | 05603 | ULTRASOUND                           | 1,432,313                                                         | 36,787             | 27,369                             | 338,097    | 56.01 |
| 57.00                                  | 05700 | CT SCAN                              | 1,503,044                                                         | 42,550             | 31,657                             | 300,145    | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 802,216                                                           | 58,109             | 43,232                             | 176,356    | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 3,249,739                                                         | 207,910            | 154,683                            | 697,558    | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 11,857,091                                                        | 179,095            | 133,245                            | 6,031      | 60.00 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0                                                                 | 0                  | 0                                  | 0          | 63.00 |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                  | 1,577,074                                                         | 0                  | 0                                  | 346,917    | 64.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 3,372,524                                                         | 75,471             | 56,150                             | 738,716    | 65.00 |
| 65.01                                  | 06501 | STRESS TEST                          | 691,984                                                           | 4,511              | 3,356                              | 158,265    | 65.01 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 5,312,048                                                         | 212,586            | 158,162                            | 1,152,182  | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0                                                                 | 0                  | 0                                  | 0          | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0                                                                 | 0                  | 0                                  | 0          | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 453,815                                                           | 5,616              | 4,178                              | 106,910    | 69.00 |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0                                                                 | 0                  | 0                                  | 0          | 69.01 |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0                                                                 | 0                  | 0                                  | 0          | 69.02 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 89,198                                                            | 27,802             | 20,685                             | 20,905     | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 22,428,987                                                        | 0                  | 0                                  | 0          | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 14,956,458                                                        | 0                  | 0                                  | 0          | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 13,678,306                                                        | 0                  | 0                                  | 0          | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 1,256,648                                                         | 58,330             | 43,397                             | 0          | 74.00 |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0                                                                 | 0                  | 0                                  | 0          | 75.02 |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0                                                                 | 0                  | 0                                  | 0          | 76.00 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 584,264                                                           | 221,074            | 164,477                            | 134,003    | 76.97 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                                                                   |                    |                                    |            |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                                                                 | 0                  | 0                                  | 0          | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                                                 | 0                  | 0                                  | 0          | 89.00 |
| 90.00                                  | 09000 | CLINIC                               | 1,818,066                                                         | 113,234            | 84,245                             | 400,314    | 90.00 |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0                                                                 | 0                  | 0                                  | 0          | 90.01 |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0                                                                 | 0                  | 0                                  | 0          | 90.03 |
| 91.00                                  | 09100 | EMERGENCY                            | 11,093,450                                                        | 791,794            | 589,088                            | 2,466,302  | 91.00 |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 3,554,665                                                         | 0                  | 0                                  | 619,935    | 91.20 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                                                                 | 0                  | 0                                  | 0          | 92.00 |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                                                                   |                    |                                    |            |       |
| 99.10                                  | 09910 | CORF                                 | 0                                                                 | 0                  | 0                                  | 0          | 99.10 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet B  
Part I  
Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description      |       |                                        | Net Expenses<br>for Cost<br>Allocation<br>(from Wkst A<br>col. 7) | CAPITAL RELATED COSTS |             | EMPLOYEE<br>BENEFITS<br>DEPARTMENT | Subtotal    |        |
|------------------------------|-------|----------------------------------------|-------------------------------------------------------------------|-----------------------|-------------|------------------------------------|-------------|--------|
|                              |       |                                        |                                                                   | NEW BLDG &<br>FIXT    | MVBLE EQUIP |                                    |             |        |
|                              |       |                                        | 0                                                                 | 1.00                  | 2.00        | 4.00                               | 4A          |        |
| 99.20                        | 09920 | OPT                                    | 0                                                                 | 0                     | 0           | 0                                  | 0           | 99.20  |
| 99.30                        | 09930 | OOT                                    | 0                                                                 | 0                     | 0           | 0                                  | 0           | 99.30  |
| 99.40                        | 09940 | OSP                                    | 0                                                                 | 0                     | 0           | 0                                  | 0           | 99.40  |
| 101.00                       | 10100 | HOME HEALTH AGENCY                     | 0                                                                 | 0                     | 0           | 0                                  | 0           | 101.00 |
| SPECIAL PURPOSE COST CENTERS |       |                                        |                                                                   |                       |             |                                    |             |        |
| 109.00                       | 10900 | PANCREAS ACQUISITION                   | 0                                                                 | 0                     | 0           | 0                                  | 0           | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                 | 0                                                                 | 0                     | 0           | 0                                  | 0           | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                      | 0                                                                 | 0                     | 0           | 0                                  | 0           | 111.00 |
| 116.00                       | 11600 | HOSPICE                                | 0                                                                 | 0                     | 0           | 0                                  | 0           | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117) | 319,532,531                                                       | 13,599,185            | 10,117,673  | 27,691,191                         | 319,416,055 | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                        |                                                                   |                       |             |                                    |             |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 846,289                                                           | 55,586                | 41,356      | 19,534                             | 962,765     | 190.00 |
| 194.00                       | 07950 | FUNDRAISING                            | 0                                                                 | 0                     | 0           | 0                                  | 0           | 194.00 |
| 194.01                       | 07951 | MANAGED CARE ADMINISTRATION            | 0                                                                 | 0                     | 0           | 0                                  | 0           | 194.01 |
| 194.02                       | 07952 | PHYSICIAN SUPPORT SERVICES             | 0                                                                 | 0                     | 0           | 0                                  | 0           | 194.02 |
| 194.03                       | 07953 | HOME MEDICAL EQUIPMENT                 | 0                                                                 | 0                     | 0           | 0                                  | 0           | 194.03 |
| 194.04                       | 07954 | HOME PHARMACY                          | 0                                                                 | 0                     | 0           | 0                                  | 0           | 194.04 |
| 194.05                       | 07955 | HOSPICE                                | 0                                                                 | 0                     | 0           | 0                                  | 0           | 194.05 |
| 194.06                       | 07956 | NE IL MRI                              | 0                                                                 | 0                     | 0           | 0                                  | 0           | 194.06 |
| 200.00                       |       | Cross Foot Adjustments                 |                                                                   |                       |             |                                    |             | 200.00 |
| 201.00                       |       | Negative Cost Centers                  |                                                                   | 0                     | 0           | 0                                  | 0           | 201.00 |
| 202.00                       |       | TOTAL (sum lines 118 through 201)      | 320,378,820                                                       | 13,654,771            | 10,159,029  | 27,710,725                         | 320,378,820 | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet B  
Part I  
Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description                |       |                                      | ADMINISTRATIVE<br>& GENERAL | MAINTENANCE &<br>REPAIRS | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPING | DIETARY   |        |
|----------------------------------------|-------|--------------------------------------|-----------------------------|--------------------------|----------------------------|--------------|-----------|--------|
|                                        |       |                                      | 5.00                        | 6.00                     | 8.00                       | 9.00         | 10.00     |        |
| GENERAL SERVICE COST CENTERS           |       |                                      |                             |                          |                            |              |           |        |
| 1.00                                   | 00100 | NEW CAP REL COSTS-BLDG & FIXT        |                             |                          |                            |              |           | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |                             |                          |                            |              |           | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         |                             |                          |                            |              |           | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL             | 68,441,763                  |                          |                            |              |           | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                | 5,339,244                   | 24,993,242               |                            |              |           | 6.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              | 348,691                     | 98,020                   | 1,730,258                  |              |           | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                         | 1,224,885                   | 577,979                  | 0                          | 6,311,720    |           | 9.00   |
| 10.00                                  | 01000 | DIETARY                              | 1,101,154                   | 443,988                  | 0                          | 115,240      | 5,713,779 | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                            | 147,312                     | 281,398                  | 0                          | 73,039       | 0         | 11.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               | 1,093,858                   | 408,774                  | 0                          | 106,100      | 0         | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            | 413,932                     | 434,980                  | 0                          | 112,902      | 0         | 14.00  |
| 15.00                                  | 01500 | PHARMACY                             | 2,857,526                   | 328,582                  | 0                          | 85,286       | 0         | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 4,733                       | 0                        | 0                          | 0            | 0         | 16.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0                           | 0                        | 0                          | 0            | 0         | 19.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0                           | 0                        | 0                          | 0            | 0         | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0                           | 0                        | 0                          | 0            | 0         | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0                           | 0                        | 0                          | 0            | 0         | 22.00  |
| 23.00                                  | 02302 | PARAMED EDUCATION EMS                | 57,085                      | 144,195                  | 0                          | 37,427       | 0         | 23.00  |
| 23.01                                  | 02301 | CLINICAL PASTORAL EDUCATION          | 63,158                      | 92,666                   | 0                          | 24,052       | 0         | 23.01  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                             |                          |                            |              |           |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 14,038,326                  | 9,236,444                | 1,552,996                  | 2,397,390    | 5,128,411 | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 2,852,516                   | 793,799                  | 128,012                    | 206,036      | 422,730   | 31.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                           | 0                        | 0                          | 0            | 0         | 41.00  |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                           | 0                        | 0                          | 0            | 0         | 42.00  |
| 43.00                                  | 04300 | NURSERY                              | 1,193,474                   | 348,425                  | 49,250                     | 90,436       | 162,638   | 43.00  |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                           | 0                        | 0                          | 0            | 0         | 45.00  |
| 45.01                                  | 04510 | ICF/MR                               | 0                           | 0                        | 0                          | 0            | 0         | 45.01  |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                             |                          |                            |              |           |        |
| 50.00                                  | 05000 | OPERATING ROOM                       | 4,309,916                   | 2,236,383                | 0                          | 580,470      | 0         | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 459,223                     | 217,081                  | 0                          | 56,345       | 0         | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 370,655                     | 528,150                  | 0                          | 137,085      | 0         | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 82,163                      | 37,734                   | 0                          | 9,794        | 0         | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 1,525,709                   | 1,472,696                | 0                          | 382,249      | 0         | 54.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 563,007                     | 159,692                  | 0                          | 41,449       | 0         | 56.00  |
| 56.01                                  | 05603 | ULTRASOUND                           | 498,382                     | 125,864                  | 0                          | 32,669       | 0         | 56.01  |
| 57.00                                  | 05700 | CT SCAN                              | 510,017                     | 145,581                  | 0                          | 37,787       | 0         | 57.00  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 293,371                     | 198,812                  | 0                          | 51,603       | 0         | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 1,170,833                   | 711,339                  | 0                          | 184,633      | 0         | 59.00  |
| 60.00                                  | 06000 | LABORATORY                           | 3,307,610                   | 612,752                  | 0                          | 159,044      | 0         | 60.00  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0                           | 0                        | 0                          | 0            | 0         | 63.00  |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                  | 522,675                     | 0                        | 0                          | 0            | 0         | 64.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 1,152,624                   | 258,216                  | 0                          | 67,022       | 0         | 65.00  |
| 65.01                                  | 06501 | STRESS TEST                          | 233,118                     | 15,434                   | 0                          | 4,006        | 0         | 65.01  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 1,856,804                   | 727,340                  | 0                          | 188,786      | 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                    | 154,988                     | 19,213                   | 0                          | 4,987        | 0         | 69.00  |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0                           | 0                        | 0                          | 0            | 0         | 69.01  |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0                           | 0                        | 0                          | 0            | 0         | 69.02  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 43,083                      | 95,122                   | 0                          | 24,690       | 0         | 70.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 6,093,103                   | 0                        | 0                          | 0            | 0         | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 4,063,101                   | 0                        | 0                          | 0            | 0         | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 3,715,876                   | 0                        | 0                          | 0            | 0         | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 369,019                     | 199,568                  | 0                          | 51,799       | 0         | 74.00  |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0                           | 0                        | 0                          | 0            | 0         | 75.02  |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0                           | 0                        | 0                          | 0            | 0         | 76.00  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 299,865                     | 756,380                  | 0                          | 196,324      | 0         | 76.97  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                             |                          |                            |              |           |        |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                           | 0                        | 0                          | 0            | 0         | 88.00  |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                           | 0                        | 0                          | 0            | 0         | 89.00  |
| 90.00                                  | 09000 | CLINIC                               | 656,297                     | 387,419                  | 0                          | 100,557      | 0         | 90.00  |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0                           | 0                        | 0                          | 0            | 0         | 90.01  |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0                           | 0                        | 0                          | 0            | 0         | 90.03  |
| 91.00                                  | 09100 | EMERGENCY                            | 4,058,803                   | 2,709,034                | 0                          | 703,150      | 0         | 91.00  |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 1,134,080                   | 0                        | 0                          | 0            | 0         | 91.20  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                           | 0                        | 0                          | 0            | 0         | 92.00  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                             |                          |                            |              |           |        |
| 99.10                                  | 09910 | CORF                                 | 0                           | 0                        | 0                          | 0            | 0         | 99.10  |
| 99.20                                  | 09920 | OPT                                  | 0                           | 0                        | 0                          | 0            | 0         | 99.20  |
| 99.30                                  | 09930 | OOT                                  | 0                           | 0                        | 0                          | 0            | 0         | 99.30  |
| 99.40                                  | 09940 | OSP                                  | 0                           | 0                        | 0                          | 0            | 0         | 99.40  |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                   | 0                           | 0                        | 0                          | 0            | 0         | 101.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet B  
Part I  
Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description      |       |                                        | ADMINISTRATIVE<br>& GENERAL | MAINTENANCE &<br>REPAIRS | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPING | DIETARY   |        |
|------------------------------|-------|----------------------------------------|-----------------------------|--------------------------|----------------------------|--------------|-----------|--------|
|                              |       |                                        | 5.00                        | 6.00                     | 8.00                       | 9.00         | 10.00     |        |
| SPECIAL PURPOSE COST CENTERS |       |                                        |                             |                          |                            |              |           |        |
| 109.00                       | 10900 | PANCREAS ACQUISITION                   | 0                           | 0                        | 0                          | 0            | 0         | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                 | 0                           | 0                        | 0                          | 0            | 0         | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                      | 0                           | 0                        | 0                          | 0            | 0         | 111.00 |
| 116.00                       | 11600 | HOSPICE                                | 0                           | 0                        | 0                          | 0            | 0         | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117) | 68,180,216                  | 24,803,060               | 1,730,258                  | 6,262,357    | 5,713,779 | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                        |                             |                          |                            |              |           |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 261,547                     | 190,182                  | 0                          | 49,363       | 0         | 190.00 |
| 194.00                       | 07950 | FUNDRAISING                            | 0                           | 0                        | 0                          | 0            | 0         | 194.00 |
| 194.01                       | 07951 | MANAGED CARE ADMINISTRATION            | 0                           | 0                        | 0                          | 0            | 0         | 194.01 |
| 194.02                       | 07952 | PHYSICIAN SUPPORT SERVICES             | 0                           | 0                        | 0                          | 0            | 0         | 194.02 |
| 194.03                       | 07953 | HOME MEDICAL EQUIPMENT                 | 0                           | 0                        | 0                          | 0            | 0         | 194.03 |
| 194.04                       | 07954 | HOME PHARMACY                          | 0                           | 0                        | 0                          | 0            | 0         | 194.04 |
| 194.05                       | 07955 | HOSPICE                                | 0                           | 0                        | 0                          | 0            | 0         | 194.05 |
| 194.06                       | 07956 | NE IL MRI                              | 0                           | 0                        | 0                          | 0            | 0         | 194.06 |
| 200.00                       |       | Cross Foot Adjustments                 | 0                           | 0                        | 0                          | 0            | 0         | 200.00 |
| 201.00                       |       | Negative Cost Centers                  | 0                           | 0                        | 0                          | 0            | 0         | 201.00 |
| 202.00                       |       | TOTAL (sum lines 118 through 201)      | 68,441,763                  | 24,993,242               | 1,730,258                  | 6,311,720    | 5,713,779 | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet B  
Part I  
Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description                |       |                                      | CAFETERIA | NURSING<br>ADMINISTRATION | CENTRAL<br>SERVICES &<br>SUPPLY | PHARMACY   | MEDICAL<br>RECORDS &<br>LIBRARY |        |
|----------------------------------------|-------|--------------------------------------|-----------|---------------------------|---------------------------------|------------|---------------------------------|--------|
|                                        |       |                                      | 11.00     | 13.00                     | 14.00                           | 15.00      | 16.00                           |        |
| GENERAL SERVICE COST CENTERS           |       |                                      |           |                           |                                 |            |                                 |        |
| 1.00                                   | 00100 | NEW CAP REL COSTS-BLDG & FIXT        |           |                           |                                 |            |                                 | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |           |                           |                                 |            |                                 | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         |           |                           |                                 |            |                                 | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL             |           |                           |                                 |            |                                 | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                |           |                           |                                 |            |                                 | 6.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              |           |                           |                                 |            |                                 | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                         |           |                           |                                 |            |                                 | 9.00   |
| 10.00                                  | 01000 | DIETARY                              |           |                           |                                 |            |                                 | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                            | 1,044,010 |                           |                                 |            |                                 | 11.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               | 27,202    | 5,662,475                 |                                 |            |                                 | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            | 9,522     | 8,024                     | 2,503,062                       |            |                                 | 14.00  |
| 15.00                                  | 01500 | PHARMACY                             | 48,534    | 136                       | 0                               | 13,838,744 |                                 | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 0         | 0                         | 0                               | 0          | 22,156                          | 16.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0         | 0                         | 0                               | 0          | 0                               | 19.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0         | 0                         | 0                               | 0          | 0                               | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0         | 0                         | 0                               | 0          | 0                               | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0         | 0                         | 0                               | 0          | 0                               | 22.00  |
| 23.00                                  | 02302 | PARAMED EDUCATION EMS                | 1,979     | 9,003                     | 34,428                          | 22,052     | 0                               | 23.00  |
| 23.01                                  | 02301 | CLINICAL PASTORAL EDUCATION          | 1,461     | 0                         | 0                               | 0          | 0                               | 23.01  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |           |                           |                                 |            |                                 |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 371,611   | 3,032,832                 | 561,393                         | 294,401    | 3,119                           | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 71,044    | 472,801                   | 124,536                         | 65,391     | 473                             | 31.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0         | 0                         | 0                               | 0          | 0                               | 41.00  |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0         | 0                         | 0                               | 0          | 0                               | 42.00  |
| 43.00                                  | 04300 | NURSERY                              | 29,768    | 224,953                   | 92,110                          | 11,173     | 186                             | 43.00  |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0         | 0                         | 0                               | 0          | 0                               | 45.00  |
| 45.01                                  | 04510 | ICF/MR                               | 0         | 0                         | 0                               | 0          | 0                               | 45.01  |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |           |                           |                                 |            |                                 |        |
| 50.00                                  | 05000 | OPERATING ROOM                       | 95,270    | 670,646                   | 941,933                         | 170,732    | 2,338                           | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 12,441    | 78,206                    | 5,512                           | 9,756      | 294                             | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 7,405     | 60,881                    | 11,623                          | 4,188      | 43                              | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 1,499     | 20,426                    | 7,761                           | 76,772     | 275                             | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 35,772    | 126                       | 28,403                          | 7,524      | 516                             | 54.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 10,379    | 291                       | 25,385                          | 4,292      | 715                             | 56.00  |
| 56.01                                  | 05603 | ULTRASOUND                           | 14,089    | 0                         | 1,552                           | 3,746      | 341                             | 56.01  |
| 57.00                                  | 05700 | CT SCAN                              | 12,507    | 73                        | 40,158                          | 43,045     | 1,467                           | 57.00  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 7,349     | 10                        | 5,752                           | 7,650      | 468                             | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 29,068    | 1,766                     | 80,849                          | 34,364     | 1,023                           | 59.00  |
| 60.00                                  | 06000 | LABORATORY                           | 251       | 0                         | 0                               | 0          | 2,039                           | 60.00  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0         | 0                         | 0                               | 0          | 0                               | 63.00  |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                  | 14,456    | 142,029                   | 26,345                          | 13,522     | 136                             | 64.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 30,783    | 665                       | 22,767                          | 29,442     | 553                             | 65.00  |
| 65.01                                  | 06501 | STRESS TEST                          | 6,595     | 3,035                     | 5,992                           | 6,283      | 305                             | 65.01  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 48,013    | 0                         | 46,293                          | 2          | 485                             | 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                    | 4,455     | 129                       | 3,280                           | 0          | 144                             | 69.00  |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0         | 0                         | 0                               | 0          | 0                               | 69.01  |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0         | 0                         | 0                               | 0          | 0                               | 69.02  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 871       | 26                        | 88                              | 0          | 8                               | 70.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0         | 0                         | 41,866                          | 0          | 816                             | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 0         | 0                         | 27,966                          | 0          | 1,183                           | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0         | 0                         | 0                               | 12,583,154 | 2,774                           | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0         | 0                         | 739                             | 3,787      | 95                              | 74.00  |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0         | 0                         | 0                               | 0          | 0                               | 75.02  |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0         | 0                         | 0                               | 0          | 0                               | 76.00  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 5,584     | 17,361                    | 17,849                          | 5          | 28                              | 76.97  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |           |                           |                                 |            |                                 |        |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0         | 0                         | 0                               | 0          | 0                               | 88.00  |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0         | 0                         | 0                               | 0          | 0                               | 89.00  |
| 90.00                                  | 09000 | CLINIC                               | 16,682    | 76,873                    | 26,228                          | 61,399     | 260                             | 90.00  |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0         | 0                         | 0                               | 0          | 0                               | 90.01  |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0         | 0                         | 0                               | 0          | 0                               | 90.03  |
| 91.00                                  | 09100 | EMERGENCY                            | 102,773   | 840,570                   | 144,896                         | 366,951    | 1,915                           | 91.00  |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 25,833    | 1,613                     | 73,341                          | 19,113     | 157                             | 91.20  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) |           |                           |                                 |            |                                 | 92.00  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |           |                           |                                 |            |                                 |        |
| 99.10                                  | 09910 | CORF                                 | 0         | 0                         | 0                               | 0          | 0                               | 99.10  |
| 99.20                                  | 09920 | OPT                                  | 0         | 0                         | 0                               | 0          | 0                               | 99.20  |
| 99.30                                  | 09930 | OOT                                  | 0         | 0                         | 0                               | 0          | 0                               | 99.30  |
| 99.40                                  | 09940 | OSP                                  | 0         | 0                         | 0                               | 0          | 0                               | 99.40  |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                   | 0         | 0                         | 0                               | 0          | 0                               | 101.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet B  
Part I  
Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description      |       |                                        | CAFETERIA | NURSING<br>ADMINISTRATION | CENTRAL<br>SERVICES &<br>SUPPLY | PHARMACY   | MEDICAL<br>RECORDS &<br>LIBRARY |        |
|------------------------------|-------|----------------------------------------|-----------|---------------------------|---------------------------------|------------|---------------------------------|--------|
|                              |       |                                        | 11.00     | 13.00                     | 14.00                           | 15.00      | 16.00                           |        |
| SPECIAL PURPOSE COST CENTERS |       |                                        |           |                           |                                 |            |                                 |        |
| 109.00                       | 10900 | PANCREAS ACQUISITION                   | 0         | 0                         | 0                               | 0          | 0                               | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                 | 0         | 0                         | 0                               | 0          | 0                               | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                      | 0         | 0                         | 0                               | 0          | 0                               | 111.00 |
| 116.00                       | 11600 | HOSPICE                                | 0         | 0                         | 0                               | 0          | 0                               | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117) | 1,043,196 | 5,662,475                 | 2,399,045                       | 13,838,744 | 22,156                          | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                        |           |                           |                                 |            |                                 |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 814       | 0                         | 104,017                         | 0          | 0                               | 190.00 |
| 194.00                       | 07950 | FUNDRAISING                            | 0         | 0                         | 0                               | 0          | 0                               | 194.00 |
| 194.01                       | 07951 | MANAGED CARE ADMINISTRATION            | 0         | 0                         | 0                               | 0          | 0                               | 194.01 |
| 194.02                       | 07952 | PHYSICIAN SUPPORT SERVICES             | 0         | 0                         | 0                               | 0          | 0                               | 194.02 |
| 194.03                       | 07953 | HOME MEDICAL EQUIPMENT                 | 0         | 0                         | 0                               | 0          | 0                               | 194.03 |
| 194.04                       | 07954 | HOME PHARMACY                          | 0         | 0                         | 0                               | 0          | 0                               | 194.04 |
| 194.05                       | 07955 | HOSPICE                                | 0         | 0                         | 0                               | 0          | 0                               | 194.05 |
| 194.06                       | 07956 | NE IL MRI                              | 0         | 0                         | 0                               | 0          | 0                               | 194.06 |
| 200.00                       |       | Cross Foot Adjustments                 |           |                           |                                 |            |                                 | 200.00 |
| 201.00                       |       | Negative Cost Centers                  | 0         | 0                         | 0                               | 0          | 0                               | 201.00 |
| 202.00                       |       | TOTAL (sum lines 118 through 201)      | 1,044,010 | 5,662,475                 | 2,503,062                       | 13,838,744 | 22,156                          | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet B  
Part I  
Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description                |       | NONPHYSICIAN<br>ANESTHETISTS         | NURSING SCHOOL | INTERNS & RESIDENTS           |                              | PARAMED<br>EDUCATION EMS |       |
|----------------------------------------|-------|--------------------------------------|----------------|-------------------------------|------------------------------|--------------------------|-------|
|                                        |       |                                      |                | SERVICES-SALAR<br>Y & FRINGES | SERVICES-OTHER<br>PRGM COSTS |                          |       |
|                                        |       | 19.00                                | 20.00          | 21.00                         | 22.00                        | 23.00                    |       |
| GENERAL SERVICE COST CENTERS           |       |                                      |                |                               |                              |                          |       |
| 1.00                                   | 00100 | NEW CAP REL COSTS-BLDG & FIXT        |                |                               |                              |                          | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |                |                               |                              |                          | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         |                |                               |                              |                          | 4.00  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL             |                |                               |                              |                          | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                |                |                               |                              |                          | 6.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              |                |                               |                              |                          | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         |                |                               |                              |                          | 9.00  |
| 10.00                                  | 01000 | DIETARY                              |                |                               |                              |                          | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            |                |                               |                              |                          | 11.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               |                |                               |                              |                          | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            |                |                               |                              |                          | 14.00 |
| 15.00                                  | 01500 | PHARMACY                             |                |                               |                              |                          | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            |                |                               |                              |                          | 16.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0              |                               |                              |                          | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       |                | 0                             |                              |                          | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD |                |                               | 0                            |                          | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD |                |                               |                              | 0                        | 22.00 |
| 23.00                                  | 02302 | PARAMED EDUCATION EMS                |                |                               |                              |                          | 23.00 |
| 23.01                                  | 02301 | CLINICAL PASTORAL EDUCATION          |                |                               |                              | 516,302                  | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                |                               |                              |                          |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 0              | 0                             | 0                            | 0                        | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 0              | 0                             | 0                            | 0                        | 31.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0              | 0                             | 0                            | 0                        | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0              | 0                             | 0                            | 0                        | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 0              | 0                             | 0                            | 0                        | 43.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0              | 0                             | 0                            | 0                        | 45.00 |
| 45.01                                  | 04510 | ICF/MR                               | 0              | 0                             | 0                            | 0                        | 45.01 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                |                               |                              |                          |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 0              | 0                             | 0                            | 0                        | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 0              | 0                             | 0                            | 0                        | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0              | 0                             | 0                            | 0                        | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 0              | 0                             | 0                            | 0                        | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 0              | 0                             | 0                            | 0                        | 54.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0              | 0                             | 0                            | 0                        | 56.00 |
| 56.01                                  | 05603 | ULTRASOUND                           | 0              | 0                             | 0                            | 0                        | 56.01 |
| 57.00                                  | 05700 | CT SCAN                              | 0              | 0                             | 0                            | 0                        | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0              | 0                             | 0                            | 0                        | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0              | 0                             | 0                            | 0                        | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 0              | 0                             | 0                            | 0                        | 60.00 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0              | 0                             | 0                            | 0                        | 63.00 |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                  | 0              | 0                             | 0                            | 0                        | 64.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 0              | 0                             | 0                            | 0                        | 65.00 |
| 65.01                                  | 06501 | STRESS TEST                          | 0              | 0                             | 0                            | 0                        | 65.01 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 0              | 0                             | 0                            | 0                        | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0              | 0                             | 0                            | 0                        | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0              | 0                             | 0                            | 0                        | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0              | 0                             | 0                            | 0                        | 69.00 |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0              | 0                             | 0                            | 0                        | 69.01 |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0              | 0                             | 0                            | 0                        | 69.02 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0              | 0                             | 0                            | 0                        | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0              | 0                             | 0                            | 0                        | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 0              | 0                             | 0                            | 0                        | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0              | 0                             | 0                            | 0                        | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0              | 0                             | 0                            | 0                        | 74.00 |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0              | 0                             | 0                            | 0                        | 75.02 |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0              | 0                             | 0                            | 0                        | 76.00 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 0              | 0                             | 0                            | 0                        | 76.97 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                |                               |                              |                          |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0              | 0                             | 0                            | 0                        | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0              | 0                             | 0                            | 0                        | 89.00 |
| 90.00                                  | 09000 | CLINIC                               | 0              | 0                             | 0                            | 0                        | 90.00 |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0              | 0                             | 0                            | 0                        | 90.01 |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0              | 0                             | 0                            | 0                        | 90.03 |
| 91.00                                  | 09100 | EMERGENCY                            | 0              | 0                             | 0                            | 0                        | 91.00 |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 0              | 0                             | 0                            | 0                        | 91.20 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) |                |                               |                              | 516,302                  | 92.00 |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                |                               |                              |                          |       |
| 99.10                                  | 09910 | CORF                                 | 0              | 0                             | 0                            | 0                        | 99.10 |
| 99.20                                  | 09920 | OPT                                  | 0              | 0                             | 0                            | 0                        | 99.20 |
| 99.30                                  | 09930 | OOT                                  | 0              | 0                             | 0                            | 0                        | 99.30 |
| 99.40                                  | 09940 | OSP                                  | 0              | 0                             | 0                            | 0                        | 99.40 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet B  
Part I  
Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description |       |                                        | NONPHYSICIAN<br>ANESTHETISTS | NURSING SCHOOL | INTERNS & RESIDENTS           |                              | PARAMED<br>EDUCATION EMS |        |
|-------------------------|-------|----------------------------------------|------------------------------|----------------|-------------------------------|------------------------------|--------------------------|--------|
|                         |       |                                        |                              |                | SERVICES-SALAR<br>Y & FRINGES | SERVICES-OTHER<br>PRGM COSTS |                          |        |
|                         |       |                                        | 19.00                        | 20.00          | 21.00                         | 22.00                        | 23.00                    |        |
| 101.00                  | 10100 | HOME HEALTH AGENCY                     | 0                            | 0              | 0                             | 0                            | 0                        | 101.00 |
|                         |       | SPECIAL PURPOSE COST CENTERS           |                              |                |                               |                              |                          |        |
| 109.00                  | 10900 | PANCREAS ACQUISITION                   | 0                            | 0              | 0                             | 0                            | 0                        | 109.00 |
| 110.00                  | 11000 | INTESTINAL ACQUISITION                 | 0                            | 0              | 0                             | 0                            | 0                        | 110.00 |
| 111.00                  | 11100 | ISLET ACQUISITION                      | 0                            | 0              | 0                             | 0                            | 0                        | 111.00 |
| 116.00                  | 11600 | HOSPICE                                | 0                            | 0              | 0                             | 0                            | 0                        | 116.00 |
| 118.00                  |       | SUBTOTALS (SUM OF LINES 1 through 117) | 0                            | 0              | 0                             | 0                            | 516,302                  | 118.00 |
|                         |       | NONREIMBURSABLE COST CENTERS           |                              |                |                               |                              |                          |        |
| 190.00                  | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0                            | 0              | 0                             | 0                            | 0                        | 190.00 |
| 194.00                  | 07950 | FUNDRAISING                            | 0                            | 0              | 0                             | 0                            | 0                        | 194.00 |
| 194.01                  | 07951 | MANAGED CARE ADMINISTRATION            | 0                            | 0              | 0                             | 0                            | 0                        | 194.01 |
| 194.02                  | 07952 | PHYSICIAN SUPPORT SERVICES             | 0                            | 0              | 0                             | 0                            | 0                        | 194.02 |
| 194.03                  | 07953 | HOME MEDICAL EQUIPMENT                 | 0                            | 0              | 0                             | 0                            | 0                        | 194.03 |
| 194.04                  | 07954 | HOME PHARMACY                          | 0                            | 0              | 0                             | 0                            | 0                        | 194.04 |
| 194.05                  | 07955 | HOSPICE                                | 0                            | 0              | 0                             | 0                            | 0                        | 194.05 |
| 194.06                  | 07956 | NE IL MRI                              | 0                            | 0              | 0                             | 0                            | 0                        | 194.06 |
| 200.00                  |       | Cross Foot Adjustments                 | 0                            | 0              | 0                             | 0                            | 0                        | 200.00 |
| 201.00                  |       | Negative Cost Centers                  | 0                            | 0              | 0                             | 0                            | 0                        | 201.00 |
| 202.00                  |       | TOTAL (sum lines 118 through 201)      | 0                            | 0              | 0                             | 0                            | 516,302                  | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet B  
Part I  
Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description                |       |                                      | CLINICAL<br>PASTORAL<br>EDUCATION | Subtotal   | Intern &<br>Residents Cost<br>& Post<br>Stepdown<br>Adjustments | Total      |       |
|----------------------------------------|-------|--------------------------------------|-----------------------------------|------------|-----------------------------------------------------------------|------------|-------|
|                                        |       |                                      | 23.01                             | 24.00      | 25.00                                                           | 26.00      |       |
| GENERAL SERVICE COST CENTERS           |       |                                      |                                   |            |                                                                 |            |       |
| 1.00                                   | 00100 | NEW CAP REL COSTS-BLDG & FIXT        |                                   |            |                                                                 |            | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |                                   |            |                                                                 |            | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         |                                   |            |                                                                 |            | 4.00  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL             |                                   |            |                                                                 |            | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                |                                   |            |                                                                 |            | 6.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              |                                   |            |                                                                 |            | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         |                                   |            |                                                                 |            | 9.00  |
| 10.00                                  | 01000 | DIETARY                              |                                   |            |                                                                 |            | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            |                                   |            |                                                                 |            | 11.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               |                                   |            |                                                                 |            | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            |                                   |            |                                                                 |            | 14.00 |
| 15.00                                  | 01500 | PHARMACY                             |                                   |            |                                                                 |            | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            |                                   |            |                                                                 |            | 16.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            |                                   |            |                                                                 |            | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       |                                   |            |                                                                 |            | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD |                                   |            |                                                                 |            | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD |                                   |            |                                                                 |            | 22.00 |
| 23.00                                  | 02302 | PARAMED EDUCATION EMS                |                                   |            |                                                                 |            | 23.00 |
| 23.01                                  | 02301 | CLINICAL PASTORAL EDUCATION          | 413,826                           |            |                                                                 |            | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                                   |            |                                                                 |            |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 372,443                           | 88,664,928 | 0                                                               | 88,664,928 | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 28,968                            | 15,666,545 | 0                                                               | 15,666,545 | 31.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                                 | 0          | 0                                                               | 0          | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                                 | 0          | 0                                                               | 0          | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 12,415                            | 6,608,059  | 0                                                               | 6,608,059  | 43.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                                 | 0          | 0                                                               | 0          | 45.00 |
| 45.01                                  | 04510 | ICF/MR                               | 0                                 | 0          | 0                                                               | 0          | 45.01 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                                   |            |                                                                 |            |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 0                                 | 24,872,681 | 0                                                               | 24,872,681 | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 0                                 | 2,529,279  | 0                                                               | 2,529,279  | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0                                 | 2,484,426  | 0                                                               | 2,484,426  | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 0                                 | 538,868    | 0                                                               | 538,868    | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 0                                 | 9,069,200  | 0                                                               | 9,069,200  | 54.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0                                 | 2,877,665  | 0                                                               | 2,877,665  | 56.00 |
| 56.01                                  | 05603 | ULTRASOUND                           | 0                                 | 2,511,209  | 0                                                               | 2,511,209  | 56.01 |
| 57.00                                  | 05700 | CT SCAN                              | 0                                 | 2,668,031  | 0                                                               | 2,668,031  | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0                                 | 1,644,928  | 0                                                               | 1,644,928  | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0                                 | 6,523,765  | 0                                                               | 6,523,765  | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 0                                 | 16,257,158 | 0                                                               | 16,257,158 | 60.00 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0                                 | 0          | 0                                                               | 0          | 63.00 |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                  | 0                                 | 2,643,154  | 0                                                               | 2,643,154  | 64.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 0                                 | 5,804,933  | 0                                                               | 5,804,933  | 65.00 |
| 65.01                                  | 06501 | STRESS TEST                          | 0                                 | 1,132,884  | 0                                                               | 1,132,884  | 65.01 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 0                                 | 9,702,701  | 0                                                               | 9,702,701  | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0                                 | 0          | 0                                                               | 0          | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0                                 | 0          | 0                                                               | 0          | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0                                 | 757,715    | 0                                                               | 757,715    | 69.00 |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0                                 | 0          | 0                                                               | 0          | 69.01 |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0                                 | 0          | 0                                                               | 0          | 69.02 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0                                 | 322,478    | 0                                                               | 322,478    | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0                                 | 28,564,772 | 0                                                               | 28,564,772 | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 0                                 | 19,048,708 | 0                                                               | 19,048,708 | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0                                 | 29,980,110 | 0                                                               | 29,980,110 | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0                                 | 1,983,382  | 0                                                               | 1,983,382  | 74.00 |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0                                 | 0          | 0                                                               | 0          | 75.02 |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0                                 | 0          | 0                                                               | 0          | 76.00 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 0                                 | 2,397,214  | 0                                                               | 2,397,214  | 76.97 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                                   |            |                                                                 |            |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                                 | 0          | 0                                                               | 0          | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                 | 0          | 0                                                               | 0          | 89.00 |
| 90.00                                  | 09000 | CLINIC                               | 0                                 | 3,741,574  | 0                                                               | 3,741,574  | 90.00 |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0                                 | 0          | 0                                                               | 0          | 90.01 |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0                                 | 0          | 0                                                               | 0          | 90.03 |
| 91.00                                  | 09100 | EMERGENCY                            | 0                                 | 24,385,028 | 0                                                               | 24,385,028 | 91.00 |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 0                                 | 5,428,737  | 0                                                               | 5,428,737  | 91.20 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                                 | 0          | 0                                                               | 0          | 92.00 |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                                   |            |                                                                 |            |       |
| 99.10                                  | 09910 | CORF                                 | 0                                 | 0          | 0                                                               | 0          | 99.10 |
| 99.20                                  | 09920 | OPT                                  | 0                                 | 0          | 0                                                               | 0          | 99.20 |
| 99.30                                  | 09930 | OOT                                  | 0                                 | 0          | 0                                                               | 0          | 99.30 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet B  
Part I  
Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description      |       |                                        | CLINICAL<br>PASTORAL<br>EDUCATION | Subtotal    | Intern &<br>Residents Cost<br>& Post<br>Stepdown<br>Adjustments | Total       |  |        |
|------------------------------|-------|----------------------------------------|-----------------------------------|-------------|-----------------------------------------------------------------|-------------|--|--------|
|                              |       |                                        | 23.01                             | 24.00       | 25.00                                                           | 26.00       |  |        |
| 99.40                        | 09940 | OSP                                    | 0                                 | 0           | 0                                                               | 0           |  | 99.40  |
| 101.00                       | 10100 | HOME HEALTH AGENCY                     | 0                                 | 0           | 0                                                               | 0           |  | 101.00 |
| SPECIAL PURPOSE COST CENTERS |       |                                        |                                   |             |                                                                 |             |  |        |
| 109.00                       | 10900 | PANCREAS ACQUISITION                   | 0                                 | 0           | 0                                                               | 0           |  | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                 | 0                                 | 0           | 0                                                               | 0           |  | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                      | 0                                 | 0           | 0                                                               | 0           |  | 111.00 |
| 116.00                       | 11600 | HOSPICE                                | 0                                 | 0           | 0                                                               | 0           |  | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117) | 413,826                           | 318,810,132 | 0                                                               | 318,810,132 |  | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                        |                                   |             |                                                                 |             |  |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0                                 | 1,568,688   | 0                                                               | 1,568,688   |  | 190.00 |
| 194.00                       | 07950 | FUNDRAISING                            | 0                                 | 0           | 0                                                               | 0           |  | 194.00 |
| 194.01                       | 07951 | MANAGED CARE ADMINISTRATION            | 0                                 | 0           | 0                                                               | 0           |  | 194.01 |
| 194.02                       | 07952 | PHYSICIAN SUPPORT SERVICES             | 0                                 | 0           | 0                                                               | 0           |  | 194.02 |
| 194.03                       | 07953 | HOME MEDICAL EQUIPMENT                 | 0                                 | 0           | 0                                                               | 0           |  | 194.03 |
| 194.04                       | 07954 | HOME PHARMACY                          | 0                                 | 0           | 0                                                               | 0           |  | 194.04 |
| 194.05                       | 07955 | HOSPICE                                | 0                                 | 0           | 0                                                               | 0           |  | 194.05 |
| 194.06                       | 07956 | NE IL MRI                              | 0                                 | 0           | 0                                                               | 0           |  | 194.06 |
| 200.00                       |       | Cross Foot Adjustments                 | 0                                 | 0           | 0                                                               | 0           |  | 200.00 |
| 201.00                       |       | Negative Cost Centers                  | 0                                 | 0           | 0                                                               | 0           |  | 201.00 |
| 202.00                       |       | TOTAL (sum lines 118 through 201)      | 413,826                           | 320,378,820 | 0                                                               | 320,378,820 |  | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet B  
Part II  
Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description                |       |                                      | CAPITAL RELATED COSTS                       |                 | Subtotal    | EMPLOYEE BENEFITS DEPARTMENT |       |
|----------------------------------------|-------|--------------------------------------|---------------------------------------------|-----------------|-------------|------------------------------|-------|
|                                        |       |                                      | Directly Assigned New Capital Related Costs | NEW BLDG & FIXT | MVBLE EQUIP |                              |       |
|                                        |       |                                      | 0                                           | 1.00            | 2.00        | 2A                           | 4.00  |
| GENERAL SERVICE COST CENTERS           |       |                                      |                                             |                 |             |                              |       |
| 1.00                                   | 00100 | NEW CAP REL COSTS-BLDG & FIXT        |                                             |                 |             |                              | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |                                             |                 |             |                              | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         | 0                                           | 49,160          | 36,575      | 85,735                       | 4.00  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL             | 118,537                                     | 2,009,995       | 1,495,418   | 3,623,950                    | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                | 0                                           | 4,290,612       | 3,192,177   | 7,482,789                    | 6.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              | 0                                           | 28,649          | 21,315      | 49,964                       | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         | 0                                           | 168,931         | 125,683     | 294,614                      | 9.00  |
| 10.00                                  | 01000 | DIETARY                              | 0                                           | 129,769         | 96,547      | 226,316                      | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            | 0                                           | 82,247          | 61,191      | 143,438                      | 11.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               | 49,890                                      | 119,476         | 88,889      | 258,255                      | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            | 0                                           | 127,136         | 94,588      | 221,724                      | 14.00 |
| 15.00                                  | 01500 | PHARMACY                             | 0                                           | 96,038          | 71,451      | 167,489                      | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 17,423                                      | 0               | 0           | 17,423                       | 16.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0                                           | 0               | 0           | 0                            | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0                                           | 0               | 0           | 0                            | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0                                           | 0               | 0           | 0                            | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0                                           | 0               | 0           | 0                            | 22.00 |
| 23.00                                  | 02302 | PARAMED EDUCATION EMS                | 0                                           | 42,145          | 31,356      | 73,501                       | 23.00 |
| 23.01                                  | 02301 | CLINICAL PASTORAL EDUCATION          | 0                                           | 27,084          | 20,150      | 47,234                       | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                                             |                 |             |                              |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 49,993                                      | 2,699,621       | 2,008,494   | 4,758,108                    | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 52,417                                      | 232,011         | 172,614     | 457,042                      | 31.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                                           | 0               | 0           | 0                            | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                                           | 0               | 0           | 0                            | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 0                                           | 101,837         | 75,766      | 177,603                      | 43.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                                           | 0               | 0           | 0                            | 45.00 |
| 45.01                                  | 04510 | ICF/MR                               | 0                                           | 0               | 0           | 0                            | 45.01 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                                             |                 |             |                              |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 400                                         | 653,648         | 486,309     | 1,140,357                    | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 0                                           | 63,448          | 47,205      | 110,653                      | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0                                           | 154,367         | 114,848     | 269,215                      | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 0                                           | 11,029          | 8,205       | 19,234                       | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 146,305                                     | 430,438         | 320,242     | 896,985                      | 54.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 33,093                                      | 46,675          | 34,726      | 114,494                      | 56.00 |
| 56.01                                  | 05603 | ULTRASOUND                           | 0                                           | 36,787          | 27,369      | 64,156                       | 56.01 |
| 57.00                                  | 05700 | CT SCAN                              | 0                                           | 42,550          | 31,657      | 74,207                       | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0                                           | 58,109          | 43,232      | 101,341                      | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0                                           | 207,910         | 154,683     | 362,593                      | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 0                                           | 179,095         | 133,245     | 312,340                      | 60.00 |
| 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                  | 3,104                                       | 75,471          | 56,150      | 134,725                      | 65.00 |
| 65.01                                  | 06501 | STRESS TEST                          | 0                                           | 4,511           | 3,356       | 7,867                        | 65.01 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 352,139                                     | 212,586         | 158,162     | 722,887                      | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0                                           | 0               | 0           | 0                            | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0                                           | 0               | 0           | 0                            | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0                                           | 5,616           | 4,178       | 9,794                        | 69.00 |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0                                           | 0               | 0           | 0                            | 69.01 |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0                                           | 0               | 0           | 0                            | 69.02 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0                                           | 27,802          | 20,685      | 48,487                       | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0                                           | 0               | 0           | 0                            | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 0                                           | 0               | 0           | 0                            | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0                                           | 0               | 0           | 0                            | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0                                           | 58,330          | 43,397      | 101,727                      | 74.00 |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0                                           | 0               | 0           | 0                            | 75.02 |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0                                           | 0               | 0           | 0                            | 76.00 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 0                                           | 221,074         | 164,477     | 385,551                      | 76.97 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                                             |                 |             |                              |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                                           | 0               | 0           | 0                            | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                           | 0               | 0           | 0                            | 89.00 |
| 90.00                                  | 09000 | CLINIC                               | 0                                           | 113,234         | 84,245      | 197,479                      | 90.00 |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0                                           | 0               | 0           | 0                            | 90.01 |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0                                           | 0               | 0           | 0                            | 90.03 |
| 91.00                                  | 09100 | EMERGENCY                            | 0                                           | 791,794         | 589,088     | 1,380,882                    | 91.00 |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 392,906                                     | 0               | 0           | 392,906                      | 91.20 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                                           | 0               | 0           | 0                            | 92.00 |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                                             |                 |             |                              |       |
| 99.10                                  | 09910 | CORF                                 | 0                                           | 0               | 0           | 0                            | 99.10 |
| 99.20                                  | 09920 | OPT                                  | 0                                           | 0               | 0           | 0                            | 99.20 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet B  
Part II  
Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description      |       |                                        | Directly<br>Assigned New<br>Capital<br>Related Costs | CAPITAL RELATED COSTS |             | Subtotal   | EMPLOYEE<br>BENEFITS<br>DEPARTMENT |        |
|------------------------------|-------|----------------------------------------|------------------------------------------------------|-----------------------|-------------|------------|------------------------------------|--------|
|                              |       |                                        |                                                      | NEW BLDG &<br>FIXT    | MVBLE EQUIP |            |                                    |        |
|                              |       |                                        | 0                                                    | 1.00                  | 2.00        | 2A         | 4.00                               |        |
| 99.30                        | 09930 | OOT                                    | 0                                                    | 0                     | 0           | 0          | 0                                  | 99.30  |
| 99.40                        | 09940 | OSP                                    | 0                                                    | 0                     | 0           | 0          | 0                                  | 99.40  |
| 101.00                       | 10100 | HOME HEALTH AGENCY                     | 0                                                    | 0                     | 0           | 0          | 0                                  | 101.00 |
| SPECIAL PURPOSE COST CENTERS |       |                                        |                                                      |                       |             |            |                                    |        |
| 109.00                       | 10900 | PANCREAS ACQUISITION                   | 0                                                    | 0                     | 0           | 0          | 0                                  | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                 | 0                                                    | 0                     | 0           | 0          | 0                                  | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                      | 0                                                    | 0                     | 0           | 0          | 0                                  | 111.00 |
| 116.00                       | 11600 | HOSPICE                                | 0                                                    | 0                     | 0           | 0          | 0                                  | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117) | 1,216,207                                            | 13,599,185            | 10,117,673  | 24,933,065 | 85,675                             | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                        |                                                      |                       |             |            |                                    |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0                                                    | 55,586                | 41,356      | 96,942     | 60                                 | 190.00 |
| 194.00                       | 07950 | FUNDRAISING                            | 0                                                    | 0                     | 0           | 0          | 0                                  | 194.00 |
| 194.01                       | 07951 | MANAGED CARE ADMINISTRATION            | 0                                                    | 0                     | 0           | 0          | 0                                  | 194.01 |
| 194.02                       | 07952 | PHYSICIAN SUPPORT SERVICES             | 0                                                    | 0                     | 0           | 0          | 0                                  | 194.02 |
| 194.03                       | 07953 | HOME MEDICAL EQUIPMENT                 | 0                                                    | 0                     | 0           | 0          | 0                                  | 194.03 |
| 194.04                       | 07954 | HOME PHARMACY                          | 0                                                    | 0                     | 0           | 0          | 0                                  | 194.04 |
| 194.05                       | 07955 | HOSPICE                                | 0                                                    | 0                     | 0           | 0          | 0                                  | 194.05 |
| 194.06                       | 07956 | NE IL MRI                              | 0                                                    | 0                     | 0           | 0          | 0                                  | 194.06 |
| 200.00                       |       | Cross Foot Adjustments                 |                                                      |                       |             | 0          |                                    | 200.00 |
| 201.00                       |       | Negative Cost Centers                  |                                                      | 0                     | 0           | 0          | 0                                  | 201.00 |
| 202.00                       |       | TOTAL (sum lines 118 through 201)      | 1,216,207                                            | 13,654,771            | 10,159,029  | 25,030,007 | 85,735                             | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet B  
Part II  
Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description                |       |                                      | ADMINISTRATIVE<br>& GENERAL | MAINTENANCE &<br>REPAIRS | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPING | DIETARY |        |
|----------------------------------------|-------|--------------------------------------|-----------------------------|--------------------------|----------------------------|--------------|---------|--------|
|                                        |       |                                      | 5.00                        | 6.00                     | 8.00                       | 9.00         | 10.00   |        |
| GENERAL SERVICE COST CENTERS           |       |                                      |                             |                          |                            |              |         |        |
| 1.00                                   | 00100 | NEW CAP REL COSTS-BLDG & FIXT        |                             |                          |                            |              |         | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |                             |                          |                            |              |         | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         |                             |                          |                            |              |         | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL             | 3,632,136                   |                          |                            |              |         | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                | 283,352                     | 7,766,163                |                            |              |         | 6.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              | 18,505                      | 30,458                   | 98,927                     |              |         | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                         | 65,004                      | 179,596                  | 0                          | 539,222      |         | 9.00   |
| 10.00                                  | 01000 | DIETARY                              | 58,438                      | 137,961                  | 0                          | 9,845        | 432,569 | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                            | 7,818                       | 87,439                   | 0                          | 6,240        | 0       | 11.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               | 58,051                      | 127,019                  | 0                          | 9,064        | 0       | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            | 21,967                      | 135,162                  | 0                          | 9,645        | 0       | 14.00  |
| 15.00                                  | 01500 | PHARMACY                             | 151,648                     | 102,100                  | 0                          | 7,286        | 0       | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 251                         | 0                        | 0                          | 0            | 0       | 16.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0                           | 0                        | 0                          | 0            | 0       | 19.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0                           | 0                        | 0                          | 0            | 0       | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0                           | 0                        | 0                          | 0            | 0       | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0                           | 0                        | 0                          | 0            | 0       | 22.00  |
| 23.00                                  | 02302 | PARAMED EDUCATION EMS                | 3,029                       | 44,806                   | 0                          | 3,197        | 0       | 23.00  |
| 23.01                                  | 02301 | CLINICAL PASTORAL EDUCATION          | 3,352                       | 28,794                   | 0                          | 2,055        | 0       | 23.01  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                             |                          |                            |              |         |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 744,967                     | 2,870,042                | 88,792                     | 204,816      | 388,253 | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 151,382                     | 246,658                  | 7,319                      | 17,602       | 32,003  | 31.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                           | 0                        | 0                          | 0            | 0       | 41.00  |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                           | 0                        | 0                          | 0            | 0       | 42.00  |
| 43.00                                  | 04300 | NURSERY                              | 63,337                      | 108,266                  | 2,816                      | 7,726        | 12,313  | 43.00  |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                           | 0                        | 0                          | 0            | 0       | 45.00  |
| 45.01                                  | 04510 | ICF/MR                               | 0                           | 0                        | 0                          | 0            | 0       | 45.01  |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                             |                          |                            |              |         |        |
| 50.00                                  | 05000 | OPERATING ROOM                       | 228,726                     | 694,913                  | 0                          | 49,591       | 0       | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 24,371                      | 67,454                   | 0                          | 4,814        | 0       | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 19,670                      | 164,112                  | 0                          | 11,711       | 0       | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 4,360                       | 11,725                   | 0                          | 837          | 0       | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 80,969                      | 457,611                  | 0                          | 32,656       | 0       | 54.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 29,879                      | 49,621                   | 0                          | 3,541        | 0       | 56.00  |
| 56.01                                  | 05603 | ULTRASOUND                           | 26,449                      | 39,110                   | 0                          | 2,791        | 0       | 56.01  |
| 57.00                                  | 05700 | CT SCAN                              | 27,066                      | 45,237                   | 0                          | 3,228        | 0       | 57.00  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 15,569                      | 61,777                   | 0                          | 4,409        | 0       | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 62,136                      | 221,035                  | 0                          | 15,774       | 0       | 59.00  |
| 60.00                                  | 06000 | LABORATORY                           | 175,534                     | 190,401                  | 0                          | 13,587       | 0       | 60.00  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0                           | 0                        | 0                          | 0            | 0       | 63.00  |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                  | 27,738                      | 0                        | 0                          | 0            | 0       | 64.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 61,169                      | 80,236                   | 0                          | 5,726        | 0       | 65.00  |
| 65.01                                  | 06501 | STRESS TEST                          | 12,371                      | 4,796                    | 0                          | 342          | 0       | 65.01  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 98,540                      | 226,007                  | 0                          | 16,128       | 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                    | 8,225                       | 5,970                    | 0                          | 426          | 0       | 69.00  |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0                           | 0                        | 0                          | 0            | 0       | 69.01  |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0                           | 0                        | 0                          | 0            | 0       | 69.02  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 2,286                       | 29,557                   | 0                          | 2,109        | 0       | 70.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 323,359                     | 0                        | 0                          | 0            | 0       | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 215,627                     | 0                        | 0                          | 0            | 0       | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 197,200                     | 0                        | 0                          | 0            | 0       | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 19,584                      | 62,012                   | 0                          | 4,425        | 0       | 74.00  |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0                           | 0                        | 0                          | 0            | 0       | 75.02  |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0                           | 0                        | 0                          | 0            | 0       | 76.00  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 15,914                      | 235,030                  | 0                          | 16,772       | 0       | 76.97  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                             |                          |                            |              |         |        |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                           | 0                        | 0                          | 0            | 0       | 88.00  |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                           | 0                        | 0                          | 0            | 0       | 89.00  |
| 90.00                                  | 09000 | CLINIC                               | 34,829                      | 120,383                  | 0                          | 8,591        | 0       | 90.00  |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0                           | 0                        | 0                          | 0            | 0       | 90.01  |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0                           | 0                        | 0                          | 0            | 0       | 90.03  |
| 91.00                                  | 09100 | EMERGENCY                            | 215,399                     | 841,780                  | 0                          | 60,071       | 0       | 91.00  |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 60,185                      | 0                        | 0                          | 0            | 0       | 91.20  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                           | 0                        | 0                          | 0            | 0       | 92.00  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                             |                          |                            |              |         |        |
| 99.10                                  | 09910 | CORF                                 | 0                           | 0                        | 0                          | 0            | 0       | 99.10  |
| 99.20                                  | 09920 | OPT                                  | 0                           | 0                        | 0                          | 0            | 0       | 99.20  |
| 99.30                                  | 09930 | OOT                                  | 0                           | 0                        | 0                          | 0            | 0       | 99.30  |
| 99.40                                  | 09940 | OSP                                  | 0                           | 0                        | 0                          | 0            | 0       | 99.40  |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                   | 0                           | 0                        | 0                          | 0            | 0       | 101.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet B  
Part II  
Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description      |       |                                        | ADMINISTRATIVE<br>& GENERAL | MAINTENANCE &<br>REPAIRS | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPING | DIETARY |        |
|------------------------------|-------|----------------------------------------|-----------------------------|--------------------------|----------------------------|--------------|---------|--------|
|                              |       |                                        | 5.00                        | 6.00                     | 8.00                       | 9.00         | 10.00   |        |
| SPECIAL PURPOSE COST CENTERS |       |                                        |                             |                          |                            |              |         |        |
| 109.00                       | 10900 | PANCREAS ACQUISITION                   | 0                           | 0                        | 0                          | 0            | 0       | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                 | 0                           | 0                        | 0                          | 0            | 0       | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                      | 0                           | 0                        | 0                          | 0            | 0       | 111.00 |
| 116.00                       | 11600 | HOSPICE                                | 0                           | 0                        | 0                          | 0            | 0       | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117) | 3,618,256                   | 7,707,068                | 98,927                     | 535,005      | 432,569 | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                        |                             |                          |                            |              |         |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 13,880                      | 59,095                   | 0                          | 4,217        | 0       | 190.00 |
| 194.00                       | 07950 | FUNDRAISING                            | 0                           | 0                        | 0                          | 0            | 0       | 194.00 |
| 194.01                       | 07951 | MANAGED CARE ADMINISTRATION            | 0                           | 0                        | 0                          | 0            | 0       | 194.01 |
| 194.02                       | 07952 | PHYSICIAN SUPPORT SERVICES             | 0                           | 0                        | 0                          | 0            | 0       | 194.02 |
| 194.03                       | 07953 | HOME MEDICAL EQUIPMENT                 | 0                           | 0                        | 0                          | 0            | 0       | 194.03 |
| 194.04                       | 07954 | HOME PHARMACY                          | 0                           | 0                        | 0                          | 0            | 0       | 194.04 |
| 194.05                       | 07955 | HOSPICE                                | 0                           | 0                        | 0                          | 0            | 0       | 194.05 |
| 194.06                       | 07956 | NE IL MRI                              | 0                           | 0                        | 0                          | 0            | 0       | 194.06 |
| 200.00                       |       | Cross Foot Adjustments                 | 0                           | 0                        | 0                          | 0            | 0       | 200.00 |
| 201.00                       |       | Negative Cost Centers                  | 0                           | 0                        | 0                          | 0            | 0       | 201.00 |
| 202.00                       |       | TOTAL (sum lines 118 through 201)      | 3,632,136                   | 7,766,163                | 98,927                     | 539,222      | 432,569 | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet B  
Part II  
Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description                |       |                                      | CAFETERIA | NURSING<br>ADMINISTRATION | CENTRAL<br>SERVICES &<br>SUPPLY | PHARMACY | MEDICAL<br>RECORDS &<br>LIBRARY |        |
|----------------------------------------|-------|--------------------------------------|-----------|---------------------------|---------------------------------|----------|---------------------------------|--------|
|                                        |       |                                      | 11.00     | 13.00                     | 14.00                           | 15.00    | 16.00                           |        |
| GENERAL SERVICE COST CENTERS           |       |                                      |           |                           |                                 |          |                                 |        |
| 1.00                                   | 00100 | NEW CAP REL COSTS-BLDG & FIXT        |           |                           |                                 |          |                                 | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |           |                           |                                 |          |                                 | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         |           |                           |                                 |          |                                 | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL             |           |                           |                                 |          |                                 | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                |           |                           |                                 |          |                                 | 6.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              |           |                           |                                 |          |                                 | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                         |           |                           |                                 |          |                                 | 9.00   |
| 10.00                                  | 01000 | DIETARY                              |           |                           |                                 |          |                                 | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                            | 244,935   |                           |                                 |          |                                 | 11.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               | 6,383     | 460,792                   |                                 |          |                                 | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            | 2,234     | 653                       | 392,092                         |          |                                 | 14.00  |
| 15.00                                  | 01500 | PHARMACY                             | 11,389    | 11                        | 0                               | 443,527  |                                 | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 0         | 0                         | 0                               | 0        | 17,674                          | 16.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0         | 0                         | 0                               | 0        | 0                               | 19.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0         | 0                         | 0                               | 0        | 0                               | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0         | 0                         | 0                               | 0        | 0                               | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0         | 0                         | 0                               | 0        | 0                               | 22.00  |
| 23.00                                  | 02302 | PARAMED EDUCATION EMS                | 464       | 733                       | 5,393                           | 707      | 0                               | 23.00  |
| 23.01                                  | 02301 | CLINICAL PASTORAL EDUCATION          | 343       | 0                         | 0                               | 0        | 0                               | 23.01  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |           |                           |                                 |          |                                 |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 87,150    | 246,801                   | 87,939                          | 9,435    | 2,206                           | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 16,671    | 38,475                    | 19,508                          | 2,096    | 385                             | 31.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0         | 0                         | 0                               | 0        | 0                               | 41.00  |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0         | 0                         | 0                               | 0        | 0                               | 42.00  |
| 43.00                                  | 04300 | NURSERY                              | 6,985     | 18,306                    | 14,429                          | 358      | 151                             | 43.00  |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0         | 0                         | 0                               | 0        | 0                               | 45.00  |
| 45.01                                  | 04510 | ICF/MR                               | 0         | 0                         | 0                               | 0        | 0                               | 45.01  |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |           |                           |                                 |          |                                 |        |
| 50.00                                  | 05000 | OPERATING ROOM                       | 22,356    | 54,575                    | 147,548                         | 5,472    | 1,899                           | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 2,919     | 6,364                     | 863                             | 313      | 239                             | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 1,738     | 4,954                     | 1,821                           | 134      | 35                              | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 352       | 1,662                     | 1,216                           | 2,460    | 224                             | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 8,394     | 10                        | 4,449                           | 241      | 419                             | 54.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 2,436     | 24                        | 3,976                           | 138      | 581                             | 56.00  |
| 56.01                                  | 05603 | ULTRASOUND                           | 3,306     | 0                         | 243                             | 120      | 277                             | 56.01  |
| 57.00                                  | 05700 | CT SCAN                              | 2,935     | 6                         | 6,291                           | 1,380    | 1,192                           | 57.00  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 1,725     | 1                         | 901                             | 245      | 380                             | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 6,821     | 144                       | 12,665                          | 1,101    | 831                             | 59.00  |
| 60.00                                  | 06000 | LABORATORY                           | 59        | 0                         | 0                               | 0        | 1,657                           | 60.00  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0         | 0                         | 0                               | 0        | 0                               | 63.00  |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                  | 3,392     | 11,558                    | 4,127                           | 433      | 110                             | 64.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 7,224     | 54                        | 3,566                           | 944      | 449                             | 65.00  |
| 65.01                                  | 06501 | STRESS TEST                          | 1,548     | 247                       | 939                             | 201      | 248                             | 65.01  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 11,267    | 0                         | 7,252                           | 0        | 394                             | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0         | 0                         | 0                               | 0        | 0                               | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0         | 0                         | 0                               | 0        | 0                               | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 1,045     | 10                        | 514                             | 0        | 117                             | 69.00  |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0         | 0                         | 0                               | 0        | 0                               | 69.01  |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0         | 0                         | 0                               | 0        | 0                               | 69.02  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 204       | 2                         | 14                              | 0        | 7                               | 70.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0         | 0                         | 6,558                           | 0        | 663                             | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 0         | 0                         | 4,381                           | 0        | 961                             | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0         | 0                         | 0                               | 403,286  | 2,254                           | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0         | 0                         | 116                             | 121      | 77                              | 74.00  |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0         | 0                         | 0                               | 0        | 0                               | 75.02  |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0         | 0                         | 0                               | 0        | 0                               | 76.00  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 1,310     | 1,413                     | 2,796                           | 0        | 23                              | 76.97  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |           |                           |                                 |          |                                 |        |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0         | 0                         | 0                               | 0        | 0                               | 88.00  |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0         | 0                         | 0                               | 0        | 0                               | 89.00  |
| 90.00                                  | 09000 | CLINIC                               | 3,915     | 6,256                     | 4,108                           | 1,968    | 212                             | 90.00  |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0         | 0                         | 0                               | 0        | 0                               | 90.01  |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0         | 0                         | 0                               | 0        | 0                               | 90.03  |
| 91.00                                  | 09100 | EMERGENCY                            | 24,117    | 68,402                    | 22,697                          | 11,761   | 1,556                           | 91.00  |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 6,062     | 131                       | 11,488                          | 613      | 127                             | 91.20  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) |           |                           |                                 |          |                                 | 92.00  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |           |                           |                                 |          |                                 |        |
| 99.10                                  | 09910 | CORF                                 | 0         | 0                         | 0                               | 0        | 0                               | 99.10  |
| 99.20                                  | 09920 | OPT                                  | 0         | 0                         | 0                               | 0        | 0                               | 99.20  |
| 99.30                                  | 09930 | OOT                                  | 0         | 0                         | 0                               | 0        | 0                               | 99.30  |
| 99.40                                  | 09940 | OSP                                  | 0         | 0                         | 0                               | 0        | 0                               | 99.40  |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                   | 0         | 0                         | 0                               | 0        | 0                               | 101.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet B  
Part II  
Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description      |       |                                        | CAFETERIA | NURSING<br>ADMINISTRATION | CENTRAL<br>SERVICES &<br>SUPPLY | PHARMACY | MEDICAL<br>RECORDS &<br>LIBRARY |        |
|------------------------------|-------|----------------------------------------|-----------|---------------------------|---------------------------------|----------|---------------------------------|--------|
|                              |       |                                        | 11.00     | 13.00                     | 14.00                           | 15.00    | 16.00                           |        |
| SPECIAL PURPOSE COST CENTERS |       |                                        |           |                           |                                 |          |                                 |        |
| 109.00                       | 10900 | PANCREAS ACQUISITION                   | 0         | 0                         | 0                               | 0        | 0                               | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                 | 0         | 0                         | 0                               | 0        | 0                               | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                      | 0         | 0                         | 0                               | 0        | 0                               | 111.00 |
| 116.00                       | 11600 | HOSPICE                                | 0         | 0                         | 0                               | 0        | 0                               | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117) | 244,744   | 460,792                   | 375,798                         | 443,527  | 17,674                          | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                        |           |                           |                                 |          |                                 |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 191       | 0                         | 16,294                          | 0        | 0                               | 190.00 |
| 194.00                       | 07950 | FUNDRAISING                            | 0         | 0                         | 0                               | 0        | 0                               | 194.00 |
| 194.01                       | 07951 | MANAGED CARE ADMINISTRATION            | 0         | 0                         | 0                               | 0        | 0                               | 194.01 |
| 194.02                       | 07952 | PHYSICIAN SUPPORT SERVICES             | 0         | 0                         | 0                               | 0        | 0                               | 194.02 |
| 194.03                       | 07953 | HOME MEDICAL EQUIPMENT                 | 0         | 0                         | 0                               | 0        | 0                               | 194.03 |
| 194.04                       | 07954 | HOME PHARMACY                          | 0         | 0                         | 0                               | 0        | 0                               | 194.04 |
| 194.05                       | 07955 | HOSPICE                                | 0         | 0                         | 0                               | 0        | 0                               | 194.05 |
| 194.06                       | 07956 | NE IL MRI                              | 0         | 0                         | 0                               | 0        | 0                               | 194.06 |
| 200.00                       |       | Cross Foot Adjustments                 |           |                           |                                 |          |                                 | 200.00 |
| 201.00                       |       | Negative Cost Centers                  | 0         | 0                         | 0                               | 0        | 0                               | 201.00 |
| 202.00                       |       | TOTAL (sum lines 118 through 201)      | 244,935   | 460,792                   | 392,092                         | 443,527  | 17,674                          | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet B  
Part II  
Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description                |       | NONPHYSICIAN<br>ANESTHETISTS         | NURSING SCHOOL | INTERNS & RESIDENTS           |                              | PARAMED<br>EDUCATION EMS |       |
|----------------------------------------|-------|--------------------------------------|----------------|-------------------------------|------------------------------|--------------------------|-------|
|                                        |       |                                      |                | SERVICES-SALAR<br>Y & FRINGES | SERVICES-OTHER<br>PRGM COSTS |                          |       |
|                                        |       |                                      |                | 19.00                         | 20.00                        |                          |       |
| GENERAL SERVICE COST CENTERS           |       |                                      |                |                               |                              |                          |       |
| 1.00                                   | 00100 | NEW CAP REL COSTS-BLDG & FIXT        |                |                               |                              |                          | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |                |                               |                              |                          | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         |                |                               |                              |                          | 4.00  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL             |                |                               |                              |                          | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                |                |                               |                              |                          | 6.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              |                |                               |                              |                          | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         |                |                               |                              |                          | 9.00  |
| 10.00                                  | 01000 | DIETARY                              |                |                               |                              |                          | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            |                |                               |                              |                          | 11.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               |                |                               |                              |                          | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            |                |                               |                              |                          | 14.00 |
| 15.00                                  | 01500 | PHARMACY                             |                |                               |                              |                          | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            |                |                               |                              |                          | 16.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0              |                               |                              |                          | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       |                | 0                             |                              |                          | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD |                |                               | 0                            |                          | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD |                |                               |                              | 0                        | 22.00 |
| 23.00                                  | 02302 | PARAMED EDUCATION EMS                |                |                               |                              |                          | 23.00 |
| 23.01                                  | 02301 | CLINICAL PASTORAL EDUCATION          |                |                               |                              | 131,977                  | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                |                               |                              |                          |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  |                |                               |                              |                          | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  |                |                               |                              |                          | 31.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    |                |                               |                              |                          | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          |                |                               |                              |                          | 42.00 |
| 43.00                                  | 04300 | NURSERY                              |                |                               |                              |                          | 43.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     |                |                               |                              |                          | 45.00 |
| 45.01                                  | 04510 | ICF/MR                               |                |                               |                              |                          | 45.01 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                |                               |                              |                          |       |
| 50.00                                  | 05000 | OPERATING ROOM                       |                |                               |                              |                          | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        |                |                               |                              |                          | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           |                |                               |                              |                          | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       |                |                               |                              |                          | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 |                |                               |                              |                          | 54.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         |                |                               |                              |                          | 56.00 |
| 56.01                                  | 05603 | ULTRASOUND                           |                |                               |                              |                          | 56.01 |
| 57.00                                  | 05700 | CT SCAN                              |                |                               |                              |                          | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     |                |                               |                              |                          | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              |                |                               |                              |                          | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           |                |                               |                              |                          | 60.00 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   |                |                               |                              |                          | 63.00 |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                  |                |                               |                              |                          | 64.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  |                |                               |                              |                          | 65.00 |
| 65.01                                  | 06501 | STRESS TEST                          |                |                               |                              |                          | 65.01 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     |                |                               |                              |                          | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 |                |                               |                              |                          | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     |                |                               |                              |                          | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    |                |                               |                              |                          | 69.00 |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       |                |                               |                              |                          | 69.01 |
| 69.02                                  | 06902 | CARDIOLOGY                           |                |                               |                              |                          | 69.02 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               |                |                               |                              |                          | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS |                |                               |                              |                          | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        |                |                               |                              |                          | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            |                |                               |                              |                          | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       |                |                               |                              |                          | 74.00 |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   |                |                               |                              |                          | 75.02 |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     |                |                               |                              |                          | 76.00 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               |                |                               |                              |                          | 76.97 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                |                               |                              |                          |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  |                |                               |                              |                          | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    |                |                               |                              |                          | 89.00 |
| 90.00                                  | 09000 | CLINIC                               |                |                               |                              |                          | 90.00 |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            |                |                               |                              |                          | 90.01 |
| 90.03                                  | 09002 | LITHOTRIPSY                          |                |                               |                              |                          | 90.03 |
| 91.00                                  | 09100 | EMERGENCY                            |                |                               |                              |                          | 91.00 |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    |                |                               |                              |                          | 91.20 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) |                |                               |                              |                          | 92.00 |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                |                               |                              |                          |       |
| 99.10                                  | 09910 | CORF                                 |                |                               |                              |                          | 99.10 |
| 99.20                                  | 09920 | OPT                                  |                |                               |                              |                          | 99.20 |
| 99.30                                  | 09930 | OOT                                  |                |                               |                              |                          | 99.30 |
| 99.40                                  | 09940 | OSP                                  |                |                               |                              |                          | 99.40 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet B  
Part II  
Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description |       |                                        | NONPHYSICIAN<br>ANESTHETISTS | NURSING SCHOOL | INTERNS & RESIDENTS           |                              | PARAMED<br>EDUCATION EMS |        |
|-------------------------|-------|----------------------------------------|------------------------------|----------------|-------------------------------|------------------------------|--------------------------|--------|
|                         |       |                                        |                              |                | SERVICES-SALAR<br>Y & FRINGES | SERVICES-OTHER<br>PRGM COSTS |                          |        |
|                         |       |                                        | 19.00                        | 20.00          | 21.00                         | 22.00                        | 23.00                    |        |
| 101.00                  | 10100 | HOME HEALTH AGENCY                     |                              |                |                               |                              |                          | 101.00 |
|                         |       | SPECIAL PURPOSE COST CENTERS           |                              |                |                               |                              |                          |        |
| 109.00                  | 10900 | PANCREAS ACQUISITION                   |                              |                |                               |                              |                          | 109.00 |
| 110.00                  | 11000 | INTESTINAL ACQUISITION                 |                              |                |                               |                              |                          | 110.00 |
| 111.00                  | 11100 | ISLET ACQUISITION                      |                              |                |                               |                              |                          | 111.00 |
| 116.00                  | 11600 | HOSPICE                                |                              |                |                               |                              |                          | 116.00 |
| 118.00                  |       | SUBTOTALS (SUM OF LINES 1 through 117) | 0                            | 0              | 0                             | 0                            | 0                        | 118.00 |
|                         |       | NONREIMBURSABLE COST CENTERS           |                              |                |                               |                              |                          |        |
| 190.00                  | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    |                              |                |                               |                              |                          | 190.00 |
| 194.00                  | 07950 | FUNDRAISING                            |                              |                |                               |                              |                          | 194.00 |
| 194.01                  | 07951 | MANAGED CARE ADMINISTRATION            |                              |                |                               |                              |                          | 194.01 |
| 194.02                  | 07952 | PHYSICIAN SUPPORT SERVICES             |                              |                |                               |                              |                          | 194.02 |
| 194.03                  | 07953 | HOME MEDICAL EQUIPMENT                 |                              |                |                               |                              |                          | 194.03 |
| 194.04                  | 07954 | HOME PHARMACY                          |                              |                |                               |                              |                          | 194.04 |
| 194.05                  | 07955 | HOSPICE                                |                              |                |                               |                              |                          | 194.05 |
| 194.06                  | 07956 | NE IL MRI                              |                              |                |                               |                              |                          | 194.06 |
| 200.00                  |       | Cross Foot Adjustments                 | 0                            | 0              | 0                             | 0                            | 131,977                  | 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                            | 131,977                  | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet B  
Part II  
Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description                |       |                                      | CLINICAL<br>PASTORAL<br>EDUCATION | Subtotal  | Intern &<br>Residents Cost<br>& Post<br>Stepdown<br>Adjustments | Total     |       |
|----------------------------------------|-------|--------------------------------------|-----------------------------------|-----------|-----------------------------------------------------------------|-----------|-------|
|                                        |       |                                      | 23.01                             | 24.00     | 25.00                                                           | 26.00     |       |
| GENERAL SERVICE COST CENTERS           |       |                                      |                                   |           |                                                                 |           |       |
| 1.00                                   | 00100 | NEW CAP REL COSTS-BLDG & FIXT        |                                   |           |                                                                 |           | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |                                   |           |                                                                 |           | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         |                                   |           |                                                                 |           | 4.00  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL             |                                   |           |                                                                 |           | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                |                                   |           |                                                                 |           | 6.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              |                                   |           |                                                                 |           | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         |                                   |           |                                                                 |           | 9.00  |
| 10.00                                  | 01000 | DIETARY                              |                                   |           |                                                                 |           | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            |                                   |           |                                                                 |           | 11.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               |                                   |           |                                                                 |           | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            |                                   |           |                                                                 |           | 14.00 |
| 15.00                                  | 01500 | PHARMACY                             |                                   |           |                                                                 |           | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            |                                   |           |                                                                 |           | 16.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            |                                   |           |                                                                 |           | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       |                                   |           |                                                                 |           | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD |                                   |           |                                                                 |           | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD |                                   |           |                                                                 |           | 22.00 |
| 23.00                                  | 02302 | PARAMED EDUCATION EMS                |                                   |           |                                                                 |           | 23.00 |
| 23.01                                  | 02301 | CLINICAL PASTORAL EDUCATION          | 81,886                            |           |                                                                 |           | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                                   |           |                                                                 |           |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  |                                   | 9,516,083 | 0                                                               | 9,516,083 | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  |                                   | 994,417   | 0                                                               | 994,417   | 31.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    |                                   | 0         | 0                                                               | 0         | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          |                                   | 0         | 0                                                               | 0         | 42.00 |
| 43.00                                  | 04300 | NURSERY                              |                                   | 414,501   | 0                                                               | 414,501   | 43.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     |                                   | 0         | 0                                                               | 0         | 45.00 |
| 45.01                                  | 04510 | ICF/MR                               |                                   | 0         | 0                                                               | 0         | 45.01 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                                   |           |                                                                 |           |       |
| 50.00                                  | 05000 | OPERATING ROOM                       |                                   | 2,352,512 | 0                                                               | 2,352,512 | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        |                                   | 218,914   | 0                                                               | 218,914   | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           |                                   | 473,940   | 0                                                               | 473,940   | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       |                                   | 42,181    | 0                                                               | 42,181    | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 |                                   | 1,484,391 | 0                                                               | 1,484,391 | 54.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         |                                   | 205,461   | 0                                                               | 205,461   | 56.00 |
| 56.01                                  | 05603 | ULTRASOUND                           |                                   | 137,498   | 0                                                               | 137,498   | 56.01 |
| 57.00                                  | 05700 | CT SCAN                              |                                   | 162,471   | 0                                                               | 162,471   | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     |                                   | 186,894   | 0                                                               | 186,894   | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              |                                   | 685,259   | 0                                                               | 685,259   | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           |                                   | 693,597   | 0                                                               | 693,597   | 60.00 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   |                                   | 0         | 0                                                               | 0         | 63.00 |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                  |                                   | 48,432    | 0                                                               | 48,432    | 64.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  |                                   | 296,379   | 0                                                               | 296,379   | 65.00 |
| 65.01                                  | 06501 | STRESS TEST                          |                                   | 29,049    | 0                                                               | 29,049    | 65.01 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     |                                   | 1,086,041 | 0                                                               | 1,086,041 | 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                    |                                   | 26,432    | 0                                                               | 26,432    | 69.00 |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       |                                   | 0         | 0                                                               | 0         | 69.01 |
| 69.02                                  | 06902 | CARDIOLOGY                           |                                   | 0         | 0                                                               | 0         | 69.02 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               |                                   | 82,731    | 0                                                               | 82,731    | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS |                                   | 330,580   | 0                                                               | 330,580   | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        |                                   | 220,969   | 0                                                               | 220,969   | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            |                                   | 602,740   | 0                                                               | 602,740   | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       |                                   | 188,062   | 0                                                               | 188,062   | 74.00 |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   |                                   | 0         | 0                                                               | 0         | 75.02 |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     |                                   | 0         | 0                                                               | 0         | 76.00 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               |                                   | 659,224   | 0                                                               | 659,224   | 76.97 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                                   |           |                                                                 |           |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  |                                   | 0         | 0                                                               | 0         | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    |                                   | 0         | 0                                                               | 0         | 89.00 |
| 90.00                                  | 09000 | CLINIC                               |                                   | 378,980   | 0                                                               | 378,980   | 90.00 |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            |                                   | 0         | 0                                                               | 0         | 90.01 |
| 90.03                                  | 09002 | LITHOTRIPS                           |                                   | 0         | 0                                                               | 0         | 90.03 |
| 91.00                                  | 09100 | EMERGENCY                            |                                   | 2,634,297 | 0                                                               | 2,634,297 | 91.00 |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    |                                   | 473,430   | 0                                                               | 473,430   | 91.20 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) |                                   | 0         | 0                                                               | 0         | 92.00 |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                                   |           |                                                                 |           |       |
| 99.10                                  | 09910 | CORF                                 |                                   | 0         | 0                                                               | 0         | 99.10 |
| 99.20                                  | 09920 | OPT                                  |                                   | 0         | 0                                                               | 0         | 99.20 |
| 99.30                                  | 09930 | OOT                                  |                                   | 0         | 0                                                               | 0         | 99.30 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet B  
Part II  
Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description      |       |                                        | CLINICAL<br>PASTORAL<br>EDUCATION | Subtotal   | Intern &<br>Residents Cost<br>& Post<br>Stepdown<br>Adjustments | Total      |  |        |
|------------------------------|-------|----------------------------------------|-----------------------------------|------------|-----------------------------------------------------------------|------------|--|--------|
|                              |       |                                        | 23.01                             | 24.00      | 25.00                                                           | 26.00      |  |        |
| 99.40                        | 09940 | OSP                                    |                                   | 0          | 0                                                               | 0          |  | 99.40  |
| 101.00                       | 10100 | HOME HEALTH AGENCY                     |                                   | 0          | 0                                                               | 0          |  | 101.00 |
| SPECIAL PURPOSE COST CENTERS |       |                                        |                                   |            |                                                                 |            |  |        |
| 109.00                       | 10900 | PANCREAS ACQUISITION                   |                                   | 0          | 0                                                               | 0          |  | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                 |                                   | 0          | 0                                                               | 0          |  | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                      |                                   | 0          | 0                                                               | 0          |  | 111.00 |
| 116.00                       | 11600 | HOSPICE                                |                                   | 0          | 0                                                               | 0          |  | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117) | 0                                 | 24,625,465 | 0                                                               | 24,625,465 |  | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                        |                                   |            |                                                                 |            |  |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    |                                   | 190,679    | 0                                                               | 190,679    |  | 190.00 |
| 194.00                       | 07950 | FUNDRAISING                            |                                   | 0          | 0                                                               | 0          |  | 194.00 |
| 194.01                       | 07951 | MANAGED CARE ADMINISTRATION            |                                   | 0          | 0                                                               | 0          |  | 194.01 |
| 194.02                       | 07952 | PHYSICIAN SUPPORT SERVICES             |                                   | 0          | 0                                                               | 0          |  | 194.02 |
| 194.03                       | 07953 | HOME MEDICAL EQUIPMENT                 |                                   | 0          | 0                                                               | 0          |  | 194.03 |
| 194.04                       | 07954 | HOME PHARMACY                          |                                   | 0          | 0                                                               | 0          |  | 194.04 |
| 194.05                       | 07955 | HOSPICE                                |                                   | 0          | 0                                                               | 0          |  | 194.05 |
| 194.06                       | 07956 | NE IL MRI                              |                                   | 0          | 0                                                               | 0          |  | 194.06 |
| 200.00                       |       | Cross Foot Adjustments                 | 81,886                            | 213,863    | 0                                                               | 213,863    |  | 200.00 |
| 201.00                       |       | Negative Cost Centers                  | 0                                 | 0          | 0                                                               | 0          |  | 201.00 |
| 202.00                       |       | TOTAL (sum lines 118 through 201)      | 81,886                            | 25,030,007 | 0                                                               | 25,030,007 |  | 202.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description                |       |                                      | CAPITAL RELATED COSTS         |                           | EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES) | Reconciliation | ADMINISTRATIVE & GENERAL (ACCUM. COST) |       |
|----------------------------------------|-------|--------------------------------------|-------------------------------|---------------------------|-----------------------------------------------|----------------|----------------------------------------|-------|
|                                        |       |                                      | NEW BLDG & FIXT (SQUARE FEET) | MVBLE EQUIP (SQUARE FEET) |                                               |                |                                        |       |
|                                        |       |                                      | 1.00                          | 2.00                      | 4.00                                          | 5A             | 5.00                                   |       |
| GENERAL SERVICE COST CENTERS           |       |                                      |                               |                           |                                               |                |                                        |       |
| 1.00                                   | 00100 | NEW CAP REL COSTS-BLDG & FIXT        | 741,619                       |                           |                                               |                |                                        | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |                               | 741,619                   |                                               |                |                                        | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         | 2,670                         | 2,670                     | 108,824,543                                   |                |                                        | 4.00  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL             | 109,167                       | 109,167                   | 10,387,998                                    | -68,441,763    | 251,937,057                            | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                | 233,032                       | 233,032                   | 28,380                                        | 0              | 19,653,998                             | 6.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              | 1,556                         | 1,556                     | 0                                             | 0              | 1,283,547                              | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         | 9,175                         | 9,175                     | 10,570                                        | 0              | 4,508,856                              | 9.00  |
| 10.00                                  | 01000 | DIETARY                              | 7,048                         | 7,048                     | 10,916                                        | 0              | 4,053,397                              | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            | 4,467                         | 4,467                     | 0                                             | 0              | 542,261                                | 11.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               | 6,489                         | 6,489                     | 2,563,555                                     | 0              | 4,026,541                              | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            | 6,905                         | 6,905                     | 897,337                                       | 0              | 1,523,702                              | 14.00 |
| 15.00                                  | 01500 | PHARMACY                             | 5,216                         | 5,216                     | 4,573,930                                     | 0              | 10,518,680                             | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 0                             | 0                         | 0                                             | 0              | 17,423                                 | 16.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0                             | 0                         | 0                                             | 0              | 0                                      | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0                             | 0                         | 0                                             | 0              | 0                                      | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0                             | 0                         | 0                                             | 0              | 0                                      | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0                             | 0                         | 0                                             | 0              | 0                                      | 22.00 |
| 23.00                                  | 02302 | PARAMED EDUCATION EMS                | 2,289                         | 2,289                     | 186,464                                       | 0              | 210,133                                | 23.00 |
| 23.01                                  | 02301 | CLINICAL PASTORAL EDUCATION          | 1,471                         | 1,471                     | 137,681                                       | 0              | 232,489                                | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                               |                           |                                               |                |                                        |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 146,622                       | 146,622                   | 35,018,445                                    | 0              | 51,675,562                             | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 12,601                        | 12,601                    | 6,695,277                                     | 0              | 10,500,239                             | 31.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                             | 0                         | 0                                             | 0              | 0                                      | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                             | 0                         | 0                                             | 0              | 0                                      | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 5,531                         | 5,531                     | 2,805,421                                     | 0              | 4,393,231                              | 43.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                             | 0                         | 0                                             | 0              | 0                                      | 45.00 |
| 45.01                                  | 04510 | ICF/MR                               | 0                             | 0                         | 0                                             | 0              | 0                                      | 45.01 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                               |                           |                                               |                |                                        |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 35,501                        | 35,501                    | 8,978,461                                     | 0              | 15,864,993                             | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 3,446                         | 3,446                     | 1,172,477                                     | 0              | 1,690,421                              | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 8,384                         | 8,384                     | 697,904                                       | 0              | 1,364,396                              | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 599                           | 599                       | 141,254                                       | 0              | 302,444                                | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 23,378                        | 23,378                    | 3,371,216                                     | 0              | 5,616,205                              | 54.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 2,535                         | 2,535                     | 978,153                                       | 0              | 2,072,455                              | 56.00 |
| 56.01                                  | 05603 | ULTRASOUND                           | 1,998                         | 1,998                     | 1,327,761                                     | 0              | 1,834,566                              | 56.01 |
| 57.00                                  | 05700 | CT SCAN                              | 2,311                         | 2,311                     | 1,178,717                                     | 0              | 1,877,396                              | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 3,156                         | 3,156                     | 692,578                                       | 0              | 1,079,913                              | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 11,292                        | 11,292                    | 2,739,421                                     | 0              | 4,309,890                              | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 9,727                         | 9,727                     | 23,683                                        | 0              | 12,175,462                             | 60.00 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0                             | 0                         | 0                                             | 0              | 0                                      | 63.00 |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                  | 0                             | 0                         | 1,362,398                                     | 0              | 1,923,991                              | 64.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 4,099                         | 4,099                     | 2,901,056                                     | 0              | 4,242,861                              | 65.00 |
| 65.01                                  | 06501 | STRESS TEST                          | 245                           | 245                       | 621,531                                       | 0              | 858,116                                | 65.01 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 11,546                        | 11,546                    | 4,524,802                                     | 0              | 6,834,978                              | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0                             | 0                         | 0                                             | 0              | 0                                      | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0                             | 0                         | 0                                             | 0              | 0                                      | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 305                           | 305                       | 419,852                                       | 0              | 570,519                                | 69.00 |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0                             | 0                         | 0                                             | 0              | 0                                      | 69.01 |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0                             | 0                         | 0                                             | 0              | 0                                      | 69.02 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 1,510                         | 1,510                     | 82,098                                        | 0              | 158,590                                | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0                             | 0                         | 0                                             | 0              | 22,428,987                             | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 0                             | 0                         | 0                                             | 0              | 14,956,458                             | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0                             | 0                         | 0                                             | 0              | 13,678,306                             | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 3,168                         | 3,168                     | 0                                             | 0              | 1,358,375                              | 74.00 |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0                             | 0                         | 0                                             | 0              | 0                                      | 75.02 |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0                             | 0                         | 0                                             | 0              | 0                                      | 76.00 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 12,007                        | 12,007                    | 526,251                                       | 0              | 1,103,818                              | 76.97 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                               |                           |                                               |                |                                        |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                             | 0                         | 0                                             | 0              | 0                                      | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                             | 0                         | 0                                             | 0              | 0                                      | 89.00 |
| 90.00                                  | 09000 | CLINIC                               | 6,150                         | 6,150                     | 1,572,098                                     | 0              | 2,415,859                              | 90.00 |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0                             | 0                         | 0                                             | 0              | 0                                      | 90.01 |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0                             | 0                         | 0                                             | 0              | 0                                      | 90.03 |
| 91.00                                  | 09100 | EMERGENCY                            | 43,004                        | 43,004                    | 9,685,562                                     | 0              | 14,940,634                             | 91.00 |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 0                             | 0                         | 2,434,584                                     | 0              | 4,174,600                              | 91.20 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                             | 0                         | 0                                             | 0              | 0                                      | 92.00 |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                               |                           |                                               |                |                                        |       |
| 99.10                                  | 09910 | CORF                                 | 0                             | 0                         | 0                                             | 0              | 0                                      | 99.10 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description      |       |                                                        | CAPITAL RELATED COSTS         |                           | EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES) | Reconciliation | ADMINISTRATIVE & GENERAL (ACCUM. COST) |        |
|------------------------------|-------|--------------------------------------------------------|-------------------------------|---------------------------|-----------------------------------------------|----------------|----------------------------------------|--------|
|                              |       |                                                        | NEW BLDG & FIXT (SQUARE FEET) | MVBLE EQUIP (SQUARE FEET) |                                               |                |                                        |        |
|                              |       |                                                        | 1.00                          | 2.00                      | 4.00                                          | 5A             | 5.00                                   |        |
| 99.20                        | 09920 | OPT                                                    | 0                             | 0                         | 0                                             | 0              | 0                                      | 99.20  |
| 99.30                        | 09930 | OOT                                                    | 0                             | 0                         | 0                                             | 0              | 0                                      | 99.30  |
| 99.40                        | 09940 | OSP                                                    | 0                             | 0                         | 0                                             | 0              | 0                                      | 99.40  |
| 101.00                       | 10100 | HOME HEALTH AGENCY                                     | 0                             | 0                         | 0                                             | 0              | 0                                      | 101.00 |
| SPECIAL PURPOSE COST CENTERS |       |                                                        |                               |                           |                                               |                |                                        |        |
| 109.00                       | 10900 | PANCREAS ACQUISITION                                   | 0                             | 0                         | 0                                             | 0              | 0                                      | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                                 | 0                             | 0                         | 0                                             | 0              | 0                                      | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                                      | 0                             | 0                         | 0                                             | 0              | 0                                      | 111.00 |
| 116.00                       | 11600 | HOSPICE                                                | 0                             | 0                         | 0                                             | 0              | 0                                      | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117)                 | 738,600                       | 738,600                   | 108,747,831                                   | -68,441,763    | 250,974,292                            | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                                        |                               |                           |                                               |                |                                        |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN                    | 3,019                         | 3,019                     | 76,712                                        | 0              | 962,765                                | 190.00 |
| 194.00                       | 07950 | FUNDRAISING                                            | 0                             | 0                         | 0                                             | 0              | 0                                      | 194.00 |
| 194.01                       | 07951 | MANAGED CARE ADMINISTRATION                            | 0                             | 0                         | 0                                             | 0              | 0                                      | 194.01 |
| 194.02                       | 07952 | PHYSICIAN SUPPORT SERVICES                             | 0                             | 0                         | 0                                             | 0              | 0                                      | 194.02 |
| 194.03                       | 07953 | HOME MEDICAL EQUIPMENT                                 | 0                             | 0                         | 0                                             | 0              | 0                                      | 194.03 |
| 194.04                       | 07954 | HOME PHARMACY                                          | 0                             | 0                         | 0                                             | 0              | 0                                      | 194.04 |
| 194.05                       | 07955 | HOSPICE                                                | 0                             | 0                         | 0                                             | 0              | 0                                      | 194.05 |
| 194.06                       | 07956 | NE IL MRI                                              | 0                             | 0                         | 0                                             | 0              | 0                                      | 194.06 |
| 200.00                       |       | Cross Foot Adjustments                                 |                               |                           |                                               |                |                                        | 200.00 |
| 201.00                       |       | Negative Cost Centers                                  |                               |                           |                                               |                |                                        | 201.00 |
| 202.00                       |       | Cost to be allocated (per Wkst. B, Part I)             | 13,654,771                    | 10,159,029                | 27,710,725                                    |                | 68,441,763                             | 202.00 |
| 203.00                       |       | Unit cost multiplier (Wkst. B, Part I)                 | 18.412111                     | 13.698448                 | 0.254637                                      |                | 0.271662                               | 203.00 |
| 204.00                       |       | Cost to be allocated (per Wkst. B, Part II)            |                               |                           | 85,735                                        |                | 3,632,136                              | 204.00 |
| 205.00                       |       | Unit cost multiplier (Wkst. B, Part II)                |                               |                           | 0.000788                                      |                | 0.014417                               | 205.00 |
| 206.00                       |       | NAHE adjustment amount to be allocated (per Wkst. B-2) |                               |                           |                                               |                |                                        | 206.00 |
| 207.00                       |       | NAHE unit cost multiplier (Wkst. D, Parts III and IV)  |                               |                           |                                               |                |                                        | 207.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description                       |       | MAINTENANCE &<br>REPAIRS<br>(SQUARE<br>FEET) | LAUNDRY &<br>LINEN SERVICE<br>(TOTAL PATIENT<br>DAYS) | HOUSEKEEPING<br>(SQUARE<br>FEET) | DIETARY<br>(TOTAL PATIENT<br>DAYS) | CAFETERIA<br>(GROSS<br>SALARIES) |       |
|-----------------------------------------------|-------|----------------------------------------------|-------------------------------------------------------|----------------------------------|------------------------------------|----------------------------------|-------|
|                                               |       | 6.00                                         | 8.00                                                  | 9.00                             | 10.00                              | 11.00                            |       |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                              |                                                       |                                  |                                    |                                  |       |
| 1.00                                          | 00100 | NEW CAP REL COSTS-BLDG & FIXT                |                                                       |                                  |                                    |                                  | 1.00  |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP                    |                                                       |                                  |                                    |                                  | 2.00  |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT                 |                                                       |                                  |                                    |                                  | 4.00  |
| 5.00                                          | 00500 | ADMINISTRATIVE & GENERAL                     |                                                       |                                  |                                    |                                  | 5.00  |
| 6.00                                          | 00600 | MAINTENANCE & REPAIRS                        | 396,750                                               |                                  |                                    |                                  | 6.00  |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE                      | 1,556                                                 | 71,353                           |                                    |                                  | 8.00  |
| 9.00                                          | 00900 | HOUSEKEEPING                                 | 9,175                                                 | 0                                | 386,019                            |                                  | 9.00  |
| 10.00                                         | 01000 | DIETARY                                      | 7,048                                                 | 0                                | 7,048                              | 71,353                           | 10.00 |
| 11.00                                         | 01100 | CAFETERIA                                    | 4,467                                                 | 0                                | 4,467                              | 0                                | 11.00 |
| 13.00                                         | 01300 | NURSING ADMINISTRATION                       | 6,489                                                 | 0                                | 6,489                              | 0                                | 13.00 |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY                    | 6,905                                                 | 0                                | 6,905                              | 0                                | 14.00 |
| 15.00                                         | 01500 | PHARMACY                                     | 5,216                                                 | 0                                | 5,216                              | 0                                | 15.00 |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY                    | 0                                                     | 0                                | 0                                  | 0                                | 16.00 |
| 19.00                                         | 01900 | NONPHYSICIAN ANESTHETISTS                    | 0                                                     | 0                                | 0                                  | 0                                | 19.00 |
| 20.00                                         | 02000 | NURSING SCHOOL                               | 0                                                     | 0                                | 0                                  | 0                                | 20.00 |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD         | 0                                                     | 0                                | 0                                  | 0                                | 21.00 |
| 22.00                                         | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD         | 0                                                     | 0                                | 0                                  | 0                                | 22.00 |
| 23.00                                         | 02302 | PARAMED EDUCATION EMS                        | 2,289                                                 | 0                                | 2,289                              | 0                                | 23.00 |
| 23.01                                         | 02301 | CLINICAL PASTORAL EDUCATION                  | 1,471                                                 | 0                                | 1,471                              | 0                                | 23.01 |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                              |                                                       |                                  |                                    |                                  |       |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                          | 146,622                                               | 64,043                           | 146,622                            | 64,043                           | 30.00 |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                          | 12,601                                                | 5,279                            | 12,601                             | 5,279                            | 31.00 |
| 41.00                                         | 04100 | SUBPROVIDER - IRF                            | 0                                                     | 0                                | 0                                  | 0                                | 41.00 |
| 42.00                                         | 04200 | SUBPROVIDER                                  | 0                                                     | 0                                | 0                                  | 0                                | 42.00 |
| 43.00                                         | 04300 | NURSERY                                      | 5,531                                                 | 2,031                            | 5,531                              | 2,031                            | 43.00 |
| 45.00                                         | 04500 | NURSING FACILITY                             | 0                                                     | 0                                | 0                                  | 0                                | 45.00 |
| 45.01                                         | 04510 | ICF/MR                                       | 0                                                     | 0                                | 0                                  | 0                                | 45.01 |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                              |                                                       |                                  |                                    |                                  |       |
| 50.00                                         | 05000 | OPERATING ROOM                               | 35,501                                                | 0                                | 35,501                             | 0                                | 50.00 |
| 51.00                                         | 05100 | RECOVERY ROOM                                | 3,446                                                 | 0                                | 3,446                              | 0                                | 51.00 |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM                   | 8,384                                                 | 0                                | 8,384                              | 0                                | 52.00 |
| 53.00                                         | 05300 | ANESTHESIOLOGY                               | 599                                                   | 0                                | 599                                | 0                                | 53.00 |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                         | 23,378                                                | 0                                | 23,378                             | 0                                | 54.00 |
| 56.00                                         | 05600 | RADIOISOTOPE                                 | 2,535                                                 | 0                                | 2,535                              | 0                                | 56.00 |
| 56.01                                         | 05603 | ULTRASOUND                                   | 1,998                                                 | 0                                | 1,998                              | 0                                | 56.01 |
| 57.00                                         | 05700 | CT SCAN                                      | 2,311                                                 | 0                                | 2,311                              | 0                                | 57.00 |
| 58.00                                         | 05800 | MAGNETIC RESONANCE IMAGING (MRI)             | 3,156                                                 | 0                                | 3,156                              | 0                                | 58.00 |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION                      | 11,292                                                | 0                                | 11,292                             | 0                                | 59.00 |
| 60.00                                         | 06000 | LABORATORY                                   | 9,727                                                 | 0                                | 9,727                              | 0                                | 60.00 |
| 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                          | 4,099                                                 | 0                                | 4,099                              | 0                                | 65.00 |
| 65.01                                         | 06501 | STRESS TEST                                  | 245                                                   | 0                                | 245                                | 0                                | 65.01 |
| 66.00                                         | 06600 | PHYSICAL THERAPY                             | 11,546                                                | 0                                | 11,546                             | 0                                | 66.00 |
| 67.00                                         | 06700 | OCCUPATIONAL THERAPY                         | 0                                                     | 0                                | 0                                  | 0                                | 67.00 |
| 68.00                                         | 06800 | SPEECH PATHOLOGY                             | 0                                                     | 0                                | 0                                  | 0                                | 68.00 |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                            | 305                                                   | 0                                | 305                                | 0                                | 69.00 |
| 69.01                                         | 06901 | ECHOCARDIOGRAM                               | 0                                                     | 0                                | 0                                  | 0                                | 69.01 |
| 69.02                                         | 06902 | CARDIOLOGY                                   | 0                                                     | 0                                | 0                                  | 0                                | 69.02 |
| 70.00                                         | 07000 | ELECTROENCEPHALOGRAPHY                       | 1,510                                                 | 0                                | 1,510                              | 0                                | 70.00 |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS         | 0                                                     | 0                                | 0                                  | 0                                | 71.00 |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENT                | 0                                                     | 0                                | 0                                  | 0                                | 72.00 |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS                    | 0                                                     | 0                                | 0                                  | 0                                | 73.00 |
| 74.00                                         | 07400 | RENAL DIALYSIS                               | 3,168                                                 | 0                                | 3,168                              | 0                                | 74.00 |
| 75.02                                         | 07501 | OUTPATIENT SURGERY                           | 0                                                     | 0                                | 0                                  | 0                                | 75.02 |
| 76.00                                         | 03290 | ELECTROMYOGRAPHY                             | 0                                                     | 0                                | 0                                  | 0                                | 76.00 |
| 76.97                                         | 07697 | CARDIAC REHABILITATION                       | 12,007                                                | 0                                | 12,007                             | 0                                | 76.97 |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                              |                                                       |                                  |                                    |                                  |       |
| 88.00                                         | 08800 | RURAL HEALTH CLINIC                          | 0                                                     | 0                                | 0                                  | 0                                | 88.00 |
| 89.00                                         | 08900 | FEDERALLY QUALIFIED HEALTH CENTER            | 0                                                     | 0                                | 0                                  | 0                                | 89.00 |
| 90.00                                         | 09000 | CLINIC                                       | 6,150                                                 | 0                                | 6,150                              | 0                                | 90.00 |
| 90.01                                         | 09001 | ADDICTION RECOVERY CLINIC                    | 0                                                     | 0                                | 0                                  | 0                                | 90.01 |
| 90.03                                         | 09002 | LITHOTRIPSY                                  | 0                                                     | 0                                | 0                                  | 0                                | 90.03 |
| 91.00                                         | 09100 | EMERGENCY                                    | 43,004                                                | 0                                | 43,004                             | 0                                | 91.00 |
| 91.20                                         | 09101 | ACUTE CARE CENTER                            | 0                                                     | 0                                | 0                                  | 0                                | 91.20 |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)         | 0                                                     | 0                                | 0                                  | 0                                | 92.00 |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |       |                                              |                                                       |                                  |                                    |                                  |       |
| 99.10                                         | 09910 | CORF                                         | 0                                                     | 0                                | 0                                  | 0                                | 99.10 |
| 99.20                                         | 09920 | OPT                                          | 0                                                     | 0                                | 0                                  | 0                                | 99.20 |
| 99.30                                         | 09930 | OOT                                          | 0                                                     | 0                                | 0                                  | 0                                | 99.30 |
| 99.40                                         | 09940 | OSP                                          | 0                                                     | 0                                | 0                                  | 0                                | 99.40 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description |       |                                                        | MAINTENANCE &<br>REPAIRS<br>(SQUARE<br>FEET) | LAUNDRY &<br>LINEN SERVICE<br>(TOTAL PATIENT<br>DAYS) | HOUSEKEEPING<br>(SQUARE<br>FEET) | DIETARY<br>(TOTAL PATIENT<br>DAYS) | CAFETERIA<br>(GROSS<br>SALARIES) |        |
|-------------------------|-------|--------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|----------------------------------|------------------------------------|----------------------------------|--------|
|                         |       |                                                        | 6.00                                         | 8.00                                                  | 9.00                             | 10.00                              | 11.00                            |        |
| 101.00                  | 10100 | HOME HEALTH AGENCY                                     | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 101.00 |
|                         |       | SPECIAL PURPOSE COST CENTERS                           |                                              |                                                       |                                  |                                    |                                  |        |
| 109.00                  | 10900 | PANCREAS ACQUISITION                                   | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 109.00 |
| 110.00                  | 11000 | INTESTINAL ACQUISITION                                 | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 110.00 |
| 111.00                  | 11100 | ISLET ACQUISITION                                      | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 111.00 |
| 116.00                  | 11600 | HOSPICE                                                | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 116.00 |
| 118.00                  |       | SUBTOTALS (SUM OF LINES 1 through 117)                 | 393,731                                      | 71,353                                                | 383,000                          | 71,353                             | 98,309,967                       | 118.00 |
|                         |       | NONREIMBURSABLE COST CENTERS                           |                                              |                                                       |                                  |                                    |                                  |        |
| 190.00                  | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN                    | 3,019                                        | 0                                                     | 3,019                            | 0                                  | 76,712                           | 190.00 |
| 194.00                  | 07950 | FUNDRAISING                                            | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 194.00 |
| 194.01                  | 07951 | MANAGED CARE ADMINISTRATION                            | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 194.01 |
| 194.02                  | 07952 | PHYSICIAN SUPPORT SERVICES                             | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 194.02 |
| 194.03                  | 07953 | HOME MEDICAL EQUIPMENT                                 | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 194.03 |
| 194.04                  | 07954 | HOME PHARMACY                                          | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 194.04 |
| 194.05                  | 07955 | HOSPICE                                                | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 194.05 |
| 194.06                  | 07956 | NE IL MRI                                              | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 194.06 |
| 200.00                  |       | Cross Foot Adjustments                                 |                                              |                                                       |                                  |                                    |                                  | 200.00 |
| 201.00                  |       | Negative Cost Centers                                  |                                              |                                                       |                                  |                                    |                                  | 201.00 |
| 202.00                  |       | Cost to be allocated (per Wkst. B, Part I)             | 24,993,242                                   | 1,730,258                                             | 6,311,720                        | 5,713,779                          | 1,044,010                        | 202.00 |
| 203.00                  |       | Unit cost multiplier (Wkst. B, Part I)                 | 62.994939                                    | 24.249268                                             | 16.350801                        | 80.077628                          | 0.010611                         | 203.00 |
| 204.00                  |       | Cost to be allocated (per Wkst. B, Part II)            | 7,766,163                                    | 98,927                                                | 539,222                          | 432,569                            | 244,935                          | 204.00 |
| 205.00                  |       | Unit cost multiplier (Wkst. B, Part II)                | 19.574450                                    | 1.386445                                              | 1.396879                         | 6.062380                           | 0.002490                         | 205.00 |
| 206.00                  |       | NAHE adjustment amount to be allocated (per Wkst. B-2) |                                              |                                                       |                                  |                                    |                                  | 206.00 |
| 207.00                  |       | NAHE unit cost multiplier (Wkst. D, Parts III and IV)  |                                              |                                                       |                                  |                                    |                                  | 207.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description                |       |                                      | NURSING<br>ADMINISTRATION<br><br>(DIRECT<br>NRSING HRS) | CENTRAL<br>SERVICES &<br>SUPPLY<br>(COSTED<br>REQUIS.) | PHARMACY<br>(COSTED<br>REQUIS.) | MEDICAL<br>RECORDS &<br>LIBRARY<br>(GROSS<br>CHARGES) | NONPHYSICIAN<br>ANESTHETISTS<br>(ASSIGNED<br>TIME) |       |
|----------------------------------------|-------|--------------------------------------|---------------------------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------------------|----------------------------------------------------|-------|
|                                        |       |                                      | 13.00                                                   | 14.00                                                  | 15.00                           | 16.00                                                 | 19.00                                              |       |
| GENERAL SERVICE COST CENTERS           |       |                                      |                                                         |                                                        |                                 |                                                       |                                                    |       |
| 1.00                                   | 00100 | NEW CAP REL COSTS-BLDG & FIXT        |                                                         |                                                        |                                 |                                                       |                                                    | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |                                                         |                                                        |                                 |                                                       |                                                    | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         |                                                         |                                                        |                                 |                                                       |                                                    | 4.00  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL             |                                                         |                                                        |                                 |                                                       |                                                    | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                |                                                         |                                                        |                                 |                                                       |                                                    | 6.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              |                                                         |                                                        |                                 |                                                       |                                                    | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         |                                                         |                                                        |                                 |                                                       |                                                    | 9.00  |
| 10.00                                  | 01000 | DIETARY                              |                                                         |                                                        |                                 |                                                       |                                                    | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            |                                                         |                                                        |                                 |                                                       |                                                    | 11.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               | 1,712,667                                               |                                                        |                                 |                                                       |                                                    | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            | 2,427                                                   | 1,510,934                                              |                                 |                                                       |                                                    | 14.00 |
| 15.00                                  | 01500 | PHARMACY                             | 41                                                      | 0                                                      | 16,412,135                      |                                                       |                                                    | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 0                                                       | 0                                                      | 0                               | 1,413,550,447                                         |                                                    | 16.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 22.00 |
| 23.00                                  | 02302 | PARAMED EDUCATION EMS                | 2,723                                                   | 20,782                                                 | 26,153                          | 0                                                     | 0                                                  | 23.00 |
| 23.01                                  | 02301 | CLINICAL PASTORAL EDUCATION          | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                                                         |                                                        |                                 |                                                       |                                                    |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 917,308                                                 | 338,876                                                | 349,146                         | 223,658,920                                           | 0                                                  | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 143,003                                                 | 75,174                                                 | 77,551                          | 29,588,758                                            | 0                                                  | 31.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 68,039                                                  | 55,601                                                 | 13,251                          | 11,619,122                                            | 0                                                  | 43.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 45.00 |
| 45.01                                  | 04510 | ICF/MR                               | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 45.01 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                                                         |                                                        |                                 |                                                       |                                                    |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 202,843                                                 | 568,584                                                | 202,481                         | 146,109,132                                           | 0                                                  | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 23,654                                                  | 3,327                                                  | 11,570                          | 18,369,139                                            | 0                                                  | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 18,414                                                  | 7,016                                                  | 4,967                           | 2,693,692                                             | 0                                                  | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 6,178                                                   | 4,685                                                  | 91,048                          | 17,208,874                                            | 0                                                  | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 38                                                      | 17,145                                                 | 8,923                           | 32,261,691                                            | 0                                                  | 54.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 88                                                      | 15,323                                                 | 5,090                           | 44,692,045                                            | 0                                                  | 56.00 |
| 56.01                                  | 05603 | ULTRASOUND                           | 0                                                       | 937                                                    | 4,442                           | 21,284,009                                            | 0                                                  | 56.01 |
| 57.00                                  | 05700 | CT SCAN                              | 22                                                      | 24,241                                                 | 51,049                          | 91,704,652                                            | 0                                                  | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 3                                                       | 3,472                                                  | 9,073                           | 29,259,269                                            | 0                                                  | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 534                                                     | 48,803                                                 | 40,754                          | 63,959,470                                            | 0                                                  | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 0                                                       | 0                                                      | 0                               | 127,451,067                                           | 0                                                  | 60.00 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 63.00 |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                  | 42,958                                                  | 15,903                                                 | 16,036                          | 8,497,485                                             | 0                                                  | 64.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 201                                                     | 13,743                                                 | 34,917                          | 34,558,796                                            | 0                                                  | 65.00 |
| 65.01                                  | 06501 | STRESS TEST                          | 918                                                     | 3,617                                                  | 7,451                           | 19,093,081                                            | 0                                                  | 65.01 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 0                                                       | 27,944                                                 | 2                               | 30,303,756                                            | 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                    | 39                                                      | 1,980                                                  | 0                               | 8,997,246                                             | 0                                                  | 69.00 |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 69.01 |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 69.02 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 8                                                       | 53                                                     | 0                               | 519,643                                               | 0                                                  | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0                                                       | 25,272                                                 | 0                               | 50,969,745                                            | 0                                                  | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 0                                                       | 16,881                                                 | 0                               | 73,943,977                                            | 0                                                  | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0                                                       | 0                                                      | 14,923,063                      | 173,390,999                                           | 0                                                  | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0                                                       | 446                                                    | 4,491                           | 5,930,050                                             | 0                                                  | 74.00 |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 75.02 |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 76.00 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 5,251                                                   | 10,774                                                 | 6                               | 1,746,170                                             | 0                                                  | 76.97 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                                                         |                                                        |                                 |                                                       |                                                    |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 89.00 |
| 90.00                                  | 09000 | CLINIC                               | 23,251                                                  | 15,832                                                 | 72,816                          | 16,269,358                                            | 0                                                  | 90.00 |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 90.01 |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 90.03 |
| 91.00                                  | 09100 | EMERGENCY                            | 254,238                                                 | 87,464                                                 | 435,188                         | 119,683,305                                           | 0                                                  | 91.00 |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 488                                                     | 44,271                                                 | 22,667                          | 9,786,996                                             | 0                                                  | 91.20 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) |                                                         |                                                        |                                 |                                                       |                                                    | 92.00 |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                                                         |                                                        |                                 |                                                       |                                                    |       |
| 99.10                                  | 09910 | CORF                                 | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 99.10 |
| 99.20                                  | 09920 | OPT                                  | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 99.20 |
| 99.30                                  | 09930 | OOT                                  | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 99.30 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description      |       |                                                        | NURSING<br>ADMINISTRATION<br><br>(DIRECT<br>NRSING HRS) | CENTRAL<br>SERVICES &<br>SUPPLY<br>(COSTED<br>REQUIS.) | PHARMACY<br>(COSTED<br>REQUIS.) | MEDICAL<br>RECORDS &<br>LIBRARY<br>(GROSS<br>CHARGES) | NONPHYSICIAN<br>ANESTHETISTS<br>(ASSIGNED<br>TIME) |        |
|------------------------------|-------|--------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------------------|----------------------------------------------------|--------|
|                              |       |                                                        | 13.00                                                   | 14.00                                                  | 15.00                           | 16.00                                                 | 19.00                                              |        |
| 99.40                        | 09940 | OSP                                                    | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 99.40  |
| 101.00                       | 10100 | HOME HEALTH AGENCY                                     | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 101.00 |
| SPECIAL PURPOSE COST CENTERS |       |                                                        |                                                         |                                                        |                                 |                                                       |                                                    |        |
| 109.00                       | 10900 | PANCREAS ACQUISITION                                   | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                                 | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                                      | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 111.00 |
| 116.00                       | 11600 | HOSPICE                                                | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117)                 | 1,712,667                                               | 1,448,146                                              | 16,412,135                      | 1,413,550,447                                         | 0                                                  | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                                        |                                                         |                                                        |                                 |                                                       |                                                    |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN                    | 0                                                       | 62,788                                                 | 0                               | 0                                                     | 0                                                  | 190.00 |
| 194.00                       | 07950 | FUNDRAISING                                            | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 194.00 |
| 194.01                       | 07951 | MANAGED CARE ADMINISTRATION                            | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 194.01 |
| 194.02                       | 07952 | PHYSICIAN SUPPORT SERVICES                             | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 194.02 |
| 194.03                       | 07953 | HOME MEDICAL EQUIPMENT                                 | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 194.03 |
| 194.04                       | 07954 | HOME PHARMACY                                          | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 194.04 |
| 194.05                       | 07955 | HOSPICE                                                | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 194.05 |
| 194.06                       | 07956 | NE IL MRI                                              | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 194.06 |
| 200.00                       |       | Cross Foot Adjustments                                 |                                                         |                                                        |                                 |                                                       |                                                    | 200.00 |
| 201.00                       |       | Negative Cost Centers                                  |                                                         |                                                        |                                 |                                                       |                                                    | 201.00 |
| 202.00                       |       | Cost to be allocated (per Wkst. B, Part I)             | 5,662,475                                               | 2,503,062                                              | 13,838,744                      | 22,156                                                | 0                                                  | 202.00 |
| 203.00                       |       | Unit cost multiplier (Wkst. B, Part I)                 | 3.306232                                                | 1.656632                                               | 0.843202                        | 0.000016                                              | 0.000000                                           | 203.00 |
| 204.00                       |       | Cost to be allocated (per Wkst. B, Part II)            | 460,792                                                 | 392,092                                                | 443,527                         | 17,674                                                | 0                                                  | 204.00 |
| 205.00                       |       | Unit cost multiplier (Wkst. B, Part II)                | 0.269049                                                | 0.259503                                               | 0.027024                        | 0.000013                                              | 0.000000                                           | 205.00 |
| 206.00                       |       | NAHE adjustment amount to be allocated (per Wkst. B-2) |                                                         |                                                        |                                 |                                                       |                                                    | 206.00 |
| 207.00                       |       | NAHE unit cost multiplier (Wkst. D, Parts III and IV)  |                                                         |                                                        |                                 |                                                       |                                                    | 207.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description                |       |                                      | INTERNS & RESIDENTS |                               | PARAMED<br>EDUCATION EMS<br>(ASSIGNED<br>TIME) | CLINICAL<br>PASTORAL<br>EDUCATION<br>(ASSIGNED<br>TIME) |           |
|----------------------------------------|-------|--------------------------------------|---------------------|-------------------------------|------------------------------------------------|---------------------------------------------------------|-----------|
|                                        |       |                                      | NURSING SCHOOL      | SERVICES-SALAR<br>Y & FRINGES | SERVICES-OTHER<br>PRGM COSTS                   |                                                         |           |
|                                        |       |                                      | (ASSIGNED<br>TIME)  | (ASSIGNED<br>TIME)            | (ASSIGNED<br>TIME)                             |                                                         |           |
|                                        |       |                                      | 20.00               | 21.00                         | 22.00                                          | 23.00                                                   | 23.01     |
| GENERAL SERVICE COST CENTERS           |       |                                      |                     |                               |                                                |                                                         |           |
| 1.00                                   | 00100 | NEW CAP REL COSTS-BLDG & FIXT        |                     |                               |                                                |                                                         | 1.00      |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |                     |                               |                                                |                                                         | 2.00      |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         |                     |                               |                                                |                                                         | 4.00      |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL             |                     |                               |                                                |                                                         | 5.00      |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                |                     |                               |                                                |                                                         | 6.00      |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              |                     |                               |                                                |                                                         | 8.00      |
| 9.00                                   | 00900 | HOUSEKEEPING                         |                     |                               |                                                |                                                         | 9.00      |
| 10.00                                  | 01000 | DIETARY                              |                     |                               |                                                |                                                         | 10.00     |
| 11.00                                  | 01100 | CAFETERIA                            |                     |                               |                                                |                                                         | 11.00     |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               |                     |                               |                                                |                                                         | 13.00     |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            |                     |                               |                                                |                                                         | 14.00     |
| 15.00                                  | 01500 | PHARMACY                             |                     |                               |                                                |                                                         | 15.00     |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            |                     |                               |                                                |                                                         | 16.00     |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            |                     |                               |                                                |                                                         | 19.00     |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0                   |                               |                                                |                                                         | 20.00     |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD |                     | 0                             |                                                |                                                         | 21.00     |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD |                     |                               | 0                                              |                                                         | 22.00     |
| 23.00                                  | 02302 | PARAMED EDUCATION EMS                |                     |                               |                                                | 100                                                     | 23.00     |
| 23.01                                  | 02301 | CLINICAL PASTORAL EDUCATION          |                     |                               |                                                |                                                         | 100 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                     |                               |                                                |                                                         |           |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 0                   | 0                             | 0                                              | 0                                                       | 30.00     |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 0                   | 0                             | 0                                              | 0                                                       | 31.00     |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                   | 0                             | 0                                              | 0                                                       | 41.00     |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                   | 0                             | 0                                              | 0                                                       | 42.00     |
| 43.00                                  | 04300 | NURSERY                              | 0                   | 0                             | 0                                              | 0                                                       | 43.00     |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                   | 0                             | 0                                              | 0                                                       | 45.00     |
| 45.01                                  | 04510 | ICF/MR                               | 0                   | 0                             | 0                                              | 0                                                       | 45.01     |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                     |                               |                                                |                                                         |           |
| 50.00                                  | 05000 | OPERATING ROOM                       | 0                   | 0                             | 0                                              | 0                                                       | 50.00     |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 0                   | 0                             | 0                                              | 0                                                       | 51.00     |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0                   | 0                             | 0                                              | 0                                                       | 52.00     |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 0                   | 0                             | 0                                              | 0                                                       | 53.00     |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 0                   | 0                             | 0                                              | 0                                                       | 54.00     |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0                   | 0                             | 0                                              | 0                                                       | 56.00     |
| 56.01                                  | 05603 | ULTRASOUND                           | 0                   | 0                             | 0                                              | 0                                                       | 56.01     |
| 57.00                                  | 05700 | CT SCAN                              | 0                   | 0                             | 0                                              | 0                                                       | 57.00     |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0                   | 0                             | 0                                              | 0                                                       | 58.00     |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0                   | 0                             | 0                                              | 0                                                       | 59.00     |
| 60.00                                  | 06000 | LABORATORY                           | 0                   | 0                             | 0                                              | 0                                                       | 60.00     |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0                   | 0                             | 0                                              | 0                                                       | 63.00     |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                  | 0                   | 0                             | 0                                              | 0                                                       | 64.00     |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 0                   | 0                             | 0                                              | 0                                                       | 65.00     |
| 65.01                                  | 06501 | STRESS TEST                          | 0                   | 0                             | 0                                              | 0                                                       | 65.01     |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 0                   | 0                             | 0                                              | 0                                                       | 66.00     |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0                   | 0                             | 0                                              | 0                                                       | 67.00     |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0                   | 0                             | 0                                              | 0                                                       | 68.00     |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0                   | 0                             | 0                                              | 0                                                       | 69.00     |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0                   | 0                             | 0                                              | 0                                                       | 69.01     |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0                   | 0                             | 0                                              | 0                                                       | 69.02     |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0                   | 0                             | 0                                              | 0                                                       | 70.00     |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0                   | 0                             | 0                                              | 0                                                       | 71.00     |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 0                   | 0                             | 0                                              | 0                                                       | 72.00     |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0                   | 0                             | 0                                              | 0                                                       | 73.00     |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0                   | 0                             | 0                                              | 0                                                       | 74.00     |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0                   | 0                             | 0                                              | 0                                                       | 75.02     |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0                   | 0                             | 0                                              | 0                                                       | 76.00     |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 0                   | 0                             | 0                                              | 0                                                       | 76.97     |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                     |                               |                                                |                                                         |           |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                   | 0                             | 0                                              | 0                                                       | 88.00     |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                   | 0                             | 0                                              | 0                                                       | 89.00     |
| 90.00                                  | 09000 | CLINIC                               | 0                   | 0                             | 0                                              | 0                                                       | 90.00     |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0                   | 0                             | 0                                              | 0                                                       | 90.01     |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0                   | 0                             | 0                                              | 0                                                       | 90.03     |
| 91.00                                  | 09100 | EMERGENCY                            | 0                   | 0                             | 0                                              | 100                                                     | 91.00     |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 0                   | 0                             | 0                                              | 0                                                       | 91.20     |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                   | 0                             | 0                                              | 0                                                       | 92.00     |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                     |                               |                                                |                                                         |           |
| 99.10                                  | 09910 | CORF                                 | 0                   | 0                             | 0                                              | 0                                                       | 99.10     |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description      |       |                                                        | NURSING SCHOOL<br><br>(ASSIGNED<br>TIME) | INTERNS & RESIDENTS                                 |                                                    | PARAMED<br>EDUCATION EMS<br>(ASSIGNED<br>TIME) | CLINICAL<br>PASTORAL<br>EDUCATION<br>(ASSIGNED<br>TIME) |        |
|------------------------------|-------|--------------------------------------------------------|------------------------------------------|-----------------------------------------------------|----------------------------------------------------|------------------------------------------------|---------------------------------------------------------|--------|
|                              |       |                                                        |                                          | SERVICES-SALAR<br>Y & FRINGES<br>(ASSIGNED<br>TIME) | SERVICES-OTHER<br>PRGM COSTS<br>(ASSIGNED<br>TIME) |                                                |                                                         |        |
|                              |       |                                                        |                                          | 20.00                                               | 21.00                                              |                                                |                                                         |        |
| 99.20                        | 09920 | OPT                                                    | 0                                        | 0                                                   | 0                                                  | 0                                              | 0                                                       | 99.20  |
| 99.30                        | 09930 | OOT                                                    | 0                                        | 0                                                   | 0                                                  | 0                                              | 0                                                       | 99.30  |
| 99.40                        | 09940 | OSP                                                    | 0                                        | 0                                                   | 0                                                  | 0                                              | 0                                                       | 99.40  |
| 101.00                       | 10100 | HOME HEALTH AGENCY                                     | 0                                        | 0                                                   | 0                                                  | 0                                              | 0                                                       | 101.00 |
| SPECIAL PURPOSE COST CENTERS |       |                                                        |                                          |                                                     |                                                    |                                                |                                                         |        |
| 109.00                       | 10900 | PANCREAS ACQUISITION                                   | 0                                        | 0                                                   | 0                                                  | 0                                              | 0                                                       | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                                 | 0                                        | 0                                                   | 0                                                  | 0                                              | 0                                                       | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                                      | 0                                        | 0                                                   | 0                                                  | 0                                              | 0                                                       | 111.00 |
| 116.00                       | 11600 | HOSPICE                                                | 0                                        |                                                     |                                                    | 0                                              | 0                                                       | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117)                 | 0                                        | 0                                                   | 0                                                  | 100                                            | 100                                                     | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                                        |                                          |                                                     |                                                    |                                                |                                                         |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN                    | 0                                        | 0                                                   | 0                                                  | 0                                              | 0                                                       | 190.00 |
| 194.00                       | 07950 | FUNDRAISING                                            | 0                                        | 0                                                   | 0                                                  | 0                                              | 0                                                       | 194.00 |
| 194.01                       | 07951 | MANAGED CARE ADMINISTRATION                            | 0                                        | 0                                                   | 0                                                  | 0                                              | 0                                                       | 194.01 |
| 194.02                       | 07952 | PHYSICIAN SUPPORT SERVICES                             | 0                                        | 0                                                   | 0                                                  | 0                                              | 0                                                       | 194.02 |
| 194.03                       | 07953 | HOME MEDICAL EQUIPMENT                                 | 0                                        | 0                                                   | 0                                                  | 0                                              | 0                                                       | 194.03 |
| 194.04                       | 07954 | HOME PHARMACY                                          | 0                                        | 0                                                   | 0                                                  | 0                                              | 0                                                       | 194.04 |
| 194.05                       | 07955 | HOSPICE                                                | 0                                        | 0                                                   | 0                                                  | 0                                              | 0                                                       | 194.05 |
| 194.06                       | 07956 | NE IL MRI                                              | 0                                        | 0                                                   | 0                                                  | 0                                              | 0                                                       | 194.06 |
| 200.00                       |       | Cross Foot Adjustments                                 |                                          |                                                     |                                                    |                                                |                                                         | 200.00 |
| 201.00                       |       | Negative Cost Centers                                  |                                          |                                                     |                                                    |                                                |                                                         | 201.00 |
| 202.00                       |       | Cost to be allocated (per Wkst. B, Part I)             | 0                                        | 0                                                   | 0                                                  | 516,302                                        | 413,826                                                 | 202.00 |
| 203.00                       |       | Unit cost multiplier (Wkst. B, Part I)                 | 0.000000                                 | 0.000000                                            | 0.000000                                           | 5,163.020000                                   | 4,138.260000                                            | 203.00 |
| 204.00                       |       | Cost to be allocated (per Wkst. B, Part II)            | 0                                        | 0                                                   | 0                                                  | 131,977                                        | 81,886                                                  | 204.00 |
| 205.00                       |       | Unit cost multiplier (Wkst. B, Part II)                | 0.000000                                 | 0.000000                                            | 0.000000                                           | 1,319.770000                                   | 818.860000                                              | 205.00 |
| 206.00                       |       | NAHE adjustment amount to be allocated (per Wkst. B-2) | 0                                        |                                                     |                                                    | 0                                              | 0                                                       | 206.00 |
| 207.00                       |       | NAHE unit cost multiplier (Wkst. D, Parts III and IV)  | 0.000000                                 |                                                     |                                                    | 0.000000                                       | 0.000000                                                | 207.00 |

MCRIF32 - 16.10.172.3

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet C  
Part I  
Date/Time Prepared:  
7/19/2021 2:11 pm

|                         |                                        |                                      | Title XVIII |             | Hospital                | PPS                 |                       |        |
|-------------------------|----------------------------------------|--------------------------------------|-------------|-------------|-------------------------|---------------------|-----------------------|--------|
| Cost Center Description |                                        |                                      | Charges     |             |                         | Cost or Other Ratio | TEFRA Inpatient Ratio |        |
|                         |                                        |                                      | Inpatient   | Outpatient  | Total (col. 6 + col. 7) |                     |                       |        |
|                         |                                        |                                      | 6.00        | 7.00        | 8.00                    |                     |                       |        |
|                         | INPATIENT ROUTINE SERVICE COST CENTERS |                                      |             |             |                         |                     |                       |        |
| 30.00                   | 03000                                  | ADULTS & PEDIATRICS                  | 202,702,502 |             | 202,702,502             |                     |                       | 30.00  |
| 31.00                   | 03100                                  | INTENSIVE CARE UNIT                  | 29,588,758  |             | 29,588,758              |                     |                       | 31.00  |
| 41.00                   | 04100                                  | SUBPROVIDER - IRF                    | 0           |             | 0                       |                     |                       | 41.00  |
| 42.00                   | 04200                                  | SUBPROVIDER                          | 0           |             | 0                       |                     |                       | 42.00  |
| 43.00                   | 04300                                  | NURSERY                              | 11,619,122  |             | 11,619,122              |                     |                       | 43.00  |
| 45.00                   | 04500                                  | NURSING FACILITY                     | 0           |             | 0                       |                     |                       | 45.00  |
| 45.01                   | 04510                                  | ICF/MR                               | 0           |             | 0                       |                     |                       | 45.01  |
|                         | ANCILLARY SERVICE COST CENTERS         |                                      |             |             |                         |                     |                       |        |
| 50.00                   | 05000                                  | OPERATING ROOM                       | 59,252,871  | 86,856,261  | 146,109,132             | 0.170234            | 0.000000              | 50.00  |
| 51.00                   | 05100                                  | RECOVERY ROOM                        | 6,986,397   | 11,382,742  | 18,369,139              | 0.137692            | 0.000000              | 51.00  |
| 52.00                   | 05200                                  | DELIVERY ROOM & LABOR ROOM           | 2,643,740   | 49,952      | 2,693,692               | 0.922313            | 0.000000              | 52.00  |
| 53.00                   | 05300                                  | ANESTHESIOLOGY                       | 7,666,900   | 9,541,974   | 17,208,874              | 0.031313            | 0.000000              | 53.00  |
| 54.00                   | 05400                                  | RADIOLOGY-DIAGNOSTIC                 | 10,408,380  | 21,853,311  | 32,261,691              | 0.281114            | 0.000000              | 54.00  |
| 56.00                   | 05600                                  | RADIOISOTOPE                         | 4,630,176   | 40,061,869  | 44,692,045              | 0.064389            | 0.000000              | 56.00  |
| 56.01                   | 05603                                  | ULTRASOUND                           | 5,583,722   | 15,700,287  | 21,284,009              | 0.117986            | 0.000000              | 56.01  |
| 57.00                   | 05700                                  | CT SCAN                              | 35,884,140  | 55,820,512  | 91,704,652              | 0.029094            | 0.000000              | 57.00  |
| 58.00                   | 05800                                  | MAGNETIC RESONANCE IMAGING (MRI)     | 8,173,919   | 21,085,350  | 29,259,269              | 0.056219            | 0.000000              | 58.00  |
| 59.00                   | 05900                                  | CARDIAC CATHETERIZATION              | 31,139,522  | 32,819,948  | 63,959,470              | 0.101998            | 0.000000              | 59.00  |
| 60.00                   | 06000                                  | LABORATORY                           | 79,647,209  | 47,803,858  | 127,451,067             | 0.127556            | 0.000000              | 60.00  |
| 63.00                   | 06300                                  | BLOOD STORING, PROCESSING & TRANS.   | 0           | 0           | 0                       | 0.000000            | 0.000000              | 63.00  |
| 64.00                   | 06400                                  | INTRAVENOUS THERAPY                  | 0           | 8,497,485   | 8,497,485               | 0.311051            | 0.000000              | 64.00  |
| 65.00                   | 06500                                  | RESPIRATORY THERAPY                  | 32,780,471  | 1,778,325   | 34,558,796              | 0.167973            | 0.000000              | 65.00  |
| 65.01                   | 06501                                  | STRESS TEST                          | 11,572,049  | 7,521,032   | 19,093,081              | 0.059335            | 0.000000              | 65.01  |
| 66.00                   | 06600                                  | PHYSICAL THERAPY                     | 11,198,744  | 19,105,012  | 30,303,756              | 0.320181            | 0.000000              | 66.00  |
| 67.00                   | 06700                                  | OCCUPATIONAL THERAPY                 | 0           | 0           | 0                       | 0.000000            | 0.000000              | 67.00  |
| 68.00                   | 06800                                  | SPEECH PATHOLOGY                     | 0           | 0           | 0                       | 0.000000            | 0.000000              | 68.00  |
| 69.00                   | 06900                                  | ELECTROCARDIOLOGY                    | 4,534,860   | 4,462,386   | 8,997,246               | 0.084216            | 0.000000              | 69.00  |
| 69.01                   | 06901                                  | ECHOCARDIOGRAM                       | 0           | 0           | 0                       | 0.000000            | 0.000000              | 69.01  |
| 69.02                   | 06902                                  | CARDIOLOGY                           | 0           | 0           | 0                       | 0.000000            | 0.000000              | 69.02  |
| 70.00                   | 07000                                  | ELECTROENCEPHALOGRAPHY               | 238,393     | 281,250     | 519,643                 | 0.620576            | 0.000000              | 70.00  |
| 71.00                   | 07100                                  | MEDICAL SUPPLIES CHARGED TO PATIENTS | 28,366,001  | 22,603,744  | 50,969,745              | 0.560426            | 0.000000              | 71.00  |
| 72.00                   | 07200                                  | IMPL. DEV. CHARGED TO PATIENT        | 42,628,104  | 31,315,873  | 73,943,977              | 0.257610            | 0.000000              | 72.00  |
| 73.00                   | 07300                                  | DRUGS CHARGED TO PATIENTS            | 111,344,302 | 62,046,697  | 173,390,999             | 0.172905            | 0.000000              | 73.00  |
| 74.00                   | 07400                                  | RENAL DIALYSIS                       | 5,752,633   | 177,417     | 5,930,050               | 0.334463            | 0.000000              | 74.00  |
| 75.02                   | 07501                                  | OUTPATIENT SURGERY                   | 0           | 0           | 0                       | 0.000000            | 0.000000              | 75.02  |
| 76.00                   | 03290                                  | ELECTROMYOGRAPHY                     | 0           | 0           | 0                       | 0.000000            | 0.000000              | 76.00  |
| 76.97                   | 07697                                  | CARDIAC REHABILITATION               | 45,488      | 1,700,682   | 1,746,170               | 1.372841            | 0.000000              | 76.97  |
|                         | OUTPATIENT SERVICE COST CENTERS        |                                      |             |             |                         |                     |                       |        |
| 88.00                   | 08800                                  | RURAL HEALTH CLINIC                  | 0           | 0           | 0                       |                     |                       | 88.00  |
| 89.00                   | 08900                                  | FEDERALLY QUALIFIED HEALTH CENTER    | 0           | 0           | 0                       |                     |                       | 89.00  |
| 90.00                   | 09000                                  | CLINIC                               | 68,390      | 16,200,968  | 16,269,358              | 0.229977            | 0.000000              | 90.00  |
| 90.01                   | 09001                                  | ADDICTION RECOVERY CLINIC            | 0           | 0           | 0                       | 0.000000            | 0.000000              | 90.01  |
| 90.03                   | 09002                                  | LITHOTRIPSY                          | 0           | 0           | 0                       | 0.000000            | 0.000000              | 90.03  |
| 91.00                   | 09100                                  | EMERGENCY                            | 45,457,573  | 74,225,732  | 119,683,305             | 0.203746            | 0.000000              | 91.00  |
| 91.20                   | 09101                                  | ACUTE CARE CENTER                    | 54,962      | 9,732,034   | 9,786,996               | 0.554689            | 0.000000              | 91.20  |
| 92.00                   | 09200                                  | OBSERVATION BEDS (NON-DISTINCT PART) | 7,995,473   | 12,960,945  | 20,956,418              | 0.358171            | 0.000000              | 92.00  |
|                         | OTHER REIMBURSABLE COST CENTERS        |                                      |             |             |                         |                     |                       |        |
| 99.10                   | 09910                                  | CORF                                 | 0           | 0           | 0                       |                     |                       | 99.10  |
| 99.20                   | 09920                                  | OPT                                  | 0           | 0           | 0                       |                     |                       | 99.20  |
| 99.30                   | 09930                                  | OOT                                  | 0           | 0           | 0                       |                     |                       | 99.30  |
| 99.40                   | 09940                                  | OSP                                  | 0           | 0           | 0                       |                     |                       | 99.40  |
| 101.00                  | 10100                                  | HOME HEALTH AGENCY                   | 0           | 0           | 0                       |                     |                       | 101.00 |
|                         | SPECIAL PURPOSE COST CENTERS           |                                      |             |             |                         |                     |                       |        |
| 109.00                  | 10900                                  | PANCREAS ACQUISITION                 | 0           | 0           | 0                       |                     |                       | 109.00 |
| 110.00                  | 11000                                  | INTESTINAL ACQUISITION               | 0           | 0           | 0                       |                     |                       | 110.00 |
| 111.00                  | 11100                                  | ISLET ACQUISITION                    | 0           | 0           | 0                       |                     |                       | 111.00 |
| 116.00                  | 11600                                  | HOSPICE                              | 0           | 0           | 0                       |                     |                       | 116.00 |
| 200.00                  |                                        | Subtotal (see instructions)          | 797,964,801 | 615,585,646 | 1,413,550,447           |                     |                       | 200.00 |
| 201.00                  |                                        | Less Observation Beds                |             |             |                         |                     |                       | 201.00 |
| 202.00                  |                                        | Total (see instructions)             | 797,964,801 | 615,585,646 | 1,413,550,447           |                     |                       | 202.00 |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet C  
Part I  
Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description                |       | PPS Inpatient Ratio                  | Title XVIII | Hospital | PPS    |
|----------------------------------------|-------|--------------------------------------|-------------|----------|--------|
|                                        |       | 11.00                                |             |          |        |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |             |          |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  |             |          | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  |             |          | 31.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    |             |          | 41.00  |
| 42.00                                  | 04200 | SUBPROVIDER                          |             |          | 42.00  |
| 43.00                                  | 04300 | NURSERY                              |             |          | 43.00  |
| 45.00                                  | 04500 | NURSING FACILITY                     |             |          | 45.00  |
| 45.01                                  | 04510 | ICF/MR                               |             |          | 45.01  |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |             |          |        |
| 50.00                                  | 05000 | OPERATING ROOM                       | 0.170234    |          | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 0.137692    |          | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0.922313    |          | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 0.031313    |          | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 0.281114    |          | 54.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0.064389    |          | 56.00  |
| 56.01                                  | 05603 | ULTRASOUND                           | 0.117986    |          | 56.01  |
| 57.00                                  | 05700 | CT SCAN                              | 0.029094    |          | 57.00  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0.056219    |          | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0.101998    |          | 59.00  |
| 60.00                                  | 06000 | LABORATORY                           | 0.127556    |          | 60.00  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0.000000    |          | 63.00  |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                  | 0.311051    |          | 64.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 0.167973    |          | 65.00  |
| 65.01                                  | 06501 | STRESS TEST                          | 0.059335    |          | 65.01  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 0.320181    |          | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0.000000    |          | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0.000000    |          | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0.084216    |          | 69.00  |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0.000000    |          | 69.01  |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0.000000    |          | 69.02  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0.620576    |          | 70.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0.560426    |          | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 0.257610    |          | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0.172905    |          | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0.334463    |          | 74.00  |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0.000000    |          | 75.02  |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0.000000    |          | 76.00  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 1.372841    |          | 76.97  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |             |          |        |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  |             |          | 88.00  |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    |             |          | 89.00  |
| 90.00                                  | 09000 | CLINIC                               | 0.229977    |          | 90.00  |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0.000000    |          | 90.01  |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0.000000    |          | 90.03  |
| 91.00                                  | 09100 | EMERGENCY                            | 0.203746    |          | 91.00  |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 0.554689    |          | 91.20  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0.358171    |          | 92.00  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |             |          |        |
| 99.10                                  | 09910 | CORF                                 |             |          | 99.10  |
| 99.20                                  | 09920 | OPT                                  |             |          | 99.20  |
| 99.30                                  | 09930 | OOT                                  |             |          | 99.30  |
| 99.40                                  | 09940 | OSP                                  |             |          | 99.40  |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                   |             |          | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                      |             |          |        |
| 109.00                                 | 10900 | PANCREAS ACQUISITION                 |             |          | 109.00 |
| 110.00                                 | 11000 | INTESTINAL ACQUISITION               |             |          | 110.00 |
| 111.00                                 | 11100 | ISLET ACQUISITION                    |             |          | 111.00 |
| 116.00                                 | 11600 | HOSPICE                              |             |          | 116.00 |
| 200.00                                 |       | Subtotal (see instructions)          |             |          | 200.00 |
| 201.00                                 |       | Less Observation Beds                |             |          | 201.00 |
| 202.00                                 |       | Total (see instructions)             |             |          | 202.00 |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet C  
Part I  
Date/Time Prepared:  
7/19/2021 2:11 pm

|                                        |       |                                      | Title XIX                                           |                       | Hospital    |                     | Cost        |
|----------------------------------------|-------|--------------------------------------|-----------------------------------------------------|-----------------------|-------------|---------------------|-------------|
| Cost Center Description                |       |                                      | Total Cost<br>(from Wkst. B,<br>Part I, col.<br>26) | Therapy Limit<br>Adj. | Costs       |                     |             |
|                                        |       |                                      |                                                     |                       | Total Costs | RCE<br>Disallowance | Total Costs |
|                                        |       |                                      | 1.00                                                | 2.00                  | 3.00        | 4.00                | 5.00        |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                                                     |                       |             |                     |             |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 88,664,928                                          |                       | 88,664,928  | 0                   | 88,664,928  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 15,666,545                                          |                       | 15,666,545  | 0                   | 15,666,545  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                                                   |                       | 0           | 0                   | 0           |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                                                   |                       | 0           | 0                   | 0           |
| 43.00                                  | 04300 | NURSERY                              | 6,608,059                                           |                       | 6,608,059   | 0                   | 6,608,059   |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                                                   |                       | 0           | 0                   | 0           |
| 45.01                                  | 04510 | ICF/MR                               | 0                                                   |                       | 0           | 0                   | 0           |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                                                     |                       |             |                     |             |
| 50.00                                  | 05000 | OPERATING ROOM                       | 24,872,681                                          |                       | 24,872,681  | 0                   | 24,872,681  |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 2,529,279                                           |                       | 2,529,279   | 0                   | 2,529,279   |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 2,484,426                                           |                       | 2,484,426   | 0                   | 2,484,426   |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 538,868                                             |                       | 538,868     | 0                   | 538,868     |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 9,069,200                                           |                       | 9,069,200   | 0                   | 9,069,200   |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 2,877,665                                           |                       | 2,877,665   | 0                   | 2,877,665   |
| 56.01                                  | 05603 | ULTRASOUND                           | 2,511,209                                           |                       | 2,511,209   | 0                   | 2,511,209   |
| 57.00                                  | 05700 | CT SCAN                              | 2,668,031                                           |                       | 2,668,031   | 0                   | 2,668,031   |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 1,644,928                                           |                       | 1,644,928   | 0                   | 1,644,928   |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 6,523,765                                           |                       | 6,523,765   | 0                   | 6,523,765   |
| 60.00                                  | 06000 | LABORATORY                           | 16,257,158                                          |                       | 16,257,158  | 0                   | 16,257,158  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0                                                   |                       | 0           | 0                   | 0           |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                  | 2,643,154                                           |                       | 2,643,154   | 0                   | 2,643,154   |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 5,804,933                                           | 0                     | 5,804,933   | 0                   | 5,804,933   |
| 65.01                                  | 06501 | STRESS TEST                          | 1,132,884                                           | 0                     | 1,132,884   | 0                   | 1,132,884   |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 9,702,701                                           | 0                     | 9,702,701   | 0                   | 9,702,701   |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0                                                   | 0                     | 0           | 0                   | 0           |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0                                                   | 0                     | 0           | 0                   | 0           |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 757,715                                             |                       | 757,715     | 0                   | 757,715     |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0                                                   |                       | 0           | 0                   | 0           |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0                                                   |                       | 0           | 0                   | 0           |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 322,478                                             |                       | 322,478     | 0                   | 322,478     |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 28,564,772                                          |                       | 28,564,772  | 0                   | 28,564,772  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 19,048,708                                          |                       | 19,048,708  | 0                   | 19,048,708  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 29,980,110                                          |                       | 29,980,110  | 0                   | 29,980,110  |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 1,983,382                                           |                       | 1,983,382   | 0                   | 1,983,382   |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0                                                   |                       | 0           | 0                   | 0           |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0                                                   |                       | 0           | 0                   | 0           |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 2,397,214                                           |                       | 2,397,214   | 0                   | 2,397,214   |
| 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                               | 3,741,574                                           |                       | 3,741,574   | 0                   | 3,741,574   |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0                                                   |                       | 0           | 0                   | 0           |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0                                                   |                       | 0           | 0                   | 0           |
| 91.00                                  | 09100 | EMERGENCY                            | 24,385,028                                          |                       | 24,385,028  | 0                   | 24,385,028  |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 5,428,737                                           |                       | 5,428,737   | 0                   | 5,428,737   |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 7,505,981                                           |                       | 7,505,981   |                     | 7,505,981   |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                                                     |                       |             |                     |             |
| 99.10                                  | 09910 | CORF                                 | 0                                                   |                       | 0           | 0                   | 0           |
| 99.20                                  | 09920 | OPT                                  | 0                                                   |                       | 0           | 0                   | 0           |
| 99.30                                  | 09930 | OOT                                  | 0                                                   |                       | 0           | 0                   | 0           |
| 99.40                                  | 09940 | OSP                                  | 0                                                   |                       | 0           | 0                   | 0           |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                   | 0                                                   |                       | 0           | 0                   | 0           |
| SPECIAL PURPOSE COST CENTERS           |       |                                      |                                                     |                       |             |                     |             |
| 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           |
| 116.00                                 | 11600 | HOSPICE                              | 0                                                   |                       | 0           | 0                   | 0           |
| 200.00                                 |       | Subtotal (see instructions)          | 326,316,113                                         | 0                     | 326,316,113 | 0                   | 326,316,113 |
| 201.00                                 |       | Less Observation Beds                | 7,505,981                                           |                       | 7,505,981   |                     | 7,505,981   |
| 202.00                                 |       | Total (see instructions)             | 318,810,132                                         | 0                     | 318,810,132 | 0                   | 318,810,132 |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet C  
Part I  
Date/Time Prepared:  
7/19/2021 2:11 pm

|                                        |       |                                      | Title XIX   |             | Hospital                | Cost                |                       |
|----------------------------------------|-------|--------------------------------------|-------------|-------------|-------------------------|---------------------|-----------------------|
| Cost Center Description                |       |                                      | Charges     |             |                         | Cost or Other Ratio | TEFRA Inpatient Ratio |
|                                        |       |                                      | Inpatient   | Outpatient  | Total (col. 6 + col. 7) |                     |                       |
|                                        |       |                                      | 6.00        | 7.00        | 8.00                    | 9.00                | 10.00                 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |             |             |                         |                     |                       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 202,702,502 |             | 202,702,502             |                     | 30.00                 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 29,588,758  |             | 29,588,758              |                     | 31.00                 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0           |             | 0                       |                     | 41.00                 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0           |             | 0                       |                     | 42.00                 |
| 43.00                                  | 04300 | NURSERY                              | 11,619,122  |             | 11,619,122              |                     | 43.00                 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0           |             | 0                       |                     | 45.00                 |
| 45.01                                  | 04510 | ICF/MR                               | 0           |             | 0                       |                     | 45.01                 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |             |             |                         |                     |                       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 59,252,871  | 86,856,261  | 146,109,132             | 0.170234            | 50.00                 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 6,986,397   | 11,382,742  | 18,369,139              | 0.137692            | 51.00                 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 2,643,740   | 49,952      | 2,693,692               | 0.922313            | 52.00                 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 7,666,900   | 9,541,974   | 17,208,874              | 0.031313            | 53.00                 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 10,408,380  | 21,853,311  | 32,261,691              | 0.281114            | 54.00                 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 4,630,176   | 40,061,869  | 44,692,045              | 0.064389            | 56.00                 |
| 56.01                                  | 05603 | ULTRASOUND                           | 5,583,722   | 15,700,287  | 21,284,009              | 0.117986            | 56.01                 |
| 57.00                                  | 05700 | CT SCAN                              | 35,884,140  | 55,820,512  | 91,704,652              | 0.029094            | 57.00                 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 8,173,919   | 21,085,350  | 29,259,269              | 0.056219            | 58.00                 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 31,139,522  | 32,819,948  | 63,959,470              | 0.101998            | 59.00                 |
| 60.00                                  | 06000 | LABORATORY                           | 79,647,209  | 47,803,858  | 127,451,067             | 0.127556            | 60.00                 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0           | 0           | 0                       | 0.000000            | 63.00                 |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                  | 0           | 8,497,485   | 8,497,485               | 0.311051            | 64.00                 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 32,780,471  | 1,778,325   | 34,558,796              | 0.167973            | 65.00                 |
| 65.01                                  | 06501 | STRESS TEST                          | 11,572,049  | 7,521,032   | 19,093,081              | 0.059335            | 65.01                 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 11,198,744  | 19,105,012  | 30,303,756              | 0.320181            | 66.00                 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0           | 0           | 0                       | 0.000000            | 67.00                 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0           | 0           | 0                       | 0.000000            | 68.00                 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 4,534,860   | 4,462,386   | 8,997,246               | 0.084216            | 69.00                 |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0           | 0           | 0                       | 0.000000            | 69.01                 |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0           | 0           | 0                       | 0.000000            | 69.02                 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 238,393     | 281,250     | 519,643                 | 0.620576            | 70.00                 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 28,366,001  | 22,603,744  | 50,969,745              | 0.560426            | 71.00                 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 42,628,104  | 31,315,873  | 73,943,977              | 0.257610            | 72.00                 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 111,344,302 | 62,046,697  | 173,390,999             | 0.172905            | 73.00                 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 5,752,633   | 177,417     | 5,930,050               | 0.334463            | 74.00                 |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0           | 0           | 0                       | 0.000000            | 75.02                 |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0           | 0           | 0                       | 0.000000            | 76.00                 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 45,488      | 1,700,682   | 1,746,170               | 1.372841            | 76.97                 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |             |             |                         |                     |                       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0           | 0           | 0                       | 0.000000            | 88.00                 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0           | 0           | 0                       | 0.000000            | 89.00                 |
| 90.00                                  | 09000 | CLINIC                               | 68,390      | 16,200,968  | 16,269,358              | 0.229977            | 90.00                 |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0           | 0           | 0                       | 0.000000            | 90.01                 |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0           | 0           | 0                       | 0.000000            | 90.03                 |
| 91.00                                  | 09100 | EMERGENCY                            | 45,457,573  | 74,225,732  | 119,683,305             | 0.203746            | 91.00                 |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 54,962      | 9,732,034   | 9,786,996               | 0.554689            | 91.20                 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 7,995,473   | 12,960,945  | 20,956,418              | 0.358171            | 92.00                 |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |             |             |                         |                     |                       |
| 99.10                                  | 09910 | CORF                                 | 0           | 0           | 0                       |                     | 99.10                 |
| 99.20                                  | 09920 | OPT                                  | 0           | 0           | 0                       |                     | 99.20                 |
| 99.30                                  | 09930 | OOT                                  | 0           | 0           | 0                       |                     | 99.30                 |
| 99.40                                  | 09940 | OSP                                  | 0           | 0           | 0                       |                     | 99.40                 |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                   | 0           | 0           | 0                       |                     | 101.00                |
| SPECIAL PURPOSE COST CENTERS           |       |                                      |             |             |                         |                     |                       |
| 109.00                                 | 10900 | PANCREAS ACQUISITION                 | 0           | 0           | 0                       |                     | 109.00                |
| 110.00                                 | 11000 | INTESTINAL ACQUISITION               | 0           | 0           | 0                       |                     | 110.00                |
| 111.00                                 | 11100 | ISLET ACQUISITION                    | 0           | 0           | 0                       |                     | 111.00                |
| 116.00                                 | 11600 | HOSPICE                              | 0           | 0           | 0                       |                     | 116.00                |
| 200.00                                 |       | Subtotal (see instructions)          | 797,964,801 | 615,585,646 | 1,413,550,447           |                     | 200.00                |
| 201.00                                 |       | Less Observation Beds                |             |             |                         |                     | 201.00                |
| 202.00                                 |       | Total (see instructions)             | 797,964,801 | 615,585,646 | 1,413,550,447           |                     | 202.00                |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet C  
Part I  
Date/Time Prepared:  
7/19/2021 2:11 pm

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

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet C  
Part I  
Date/Time Prepared:  
7/19/2021 2:11 pm

|                                        |       |                                      |                                                     | Title V               |             | Hospital            |             | Cost   |  |
|----------------------------------------|-------|--------------------------------------|-----------------------------------------------------|-----------------------|-------------|---------------------|-------------|--------|--|
| Cost Center Description                |       |                                      | Total Cost<br>(from Wkst. B,<br>Part I, col.<br>26) | Therapy Limit<br>Adj. | Costs       |                     |             |        |  |
|                                        |       |                                      |                                                     |                       | Total Costs | RCE<br>Disallowance | Total Costs |        |  |
|                                        |       |                                      |                                                     |                       |             |                     |             |        |  |
|                                        |       |                                      | 1.00                                                | 2.00                  | 3.00        | 4.00                | 5.00        |        |  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                                                     |                       |             |                     |             |        |  |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 88,664,928                                          |                       | 88,664,928  | 0                   | 88,664,928  | 30.00  |  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 15,666,545                                          |                       | 15,666,545  | 0                   | 15,666,545  | 31.00  |  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                                                   |                       | 0           | 0                   | 0           | 41.00  |  |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                                                   |                       | 0           | 0                   | 0           | 42.00  |  |
| 43.00                                  | 04300 | NURSERY                              | 6,608,059                                           |                       | 6,608,059   | 0                   | 6,608,059   | 43.00  |  |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                                                   |                       | 0           | 0                   | 0           | 45.00  |  |
| 45.01                                  | 04510 | ICF/MR                               | 0                                                   |                       | 0           | 0                   | 0           | 45.01  |  |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                                                     |                       |             |                     |             |        |  |
| 50.00                                  | 05000 | OPERATING ROOM                       | 24,872,681                                          |                       | 24,872,681  | 0                   | 24,872,681  | 50.00  |  |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 2,529,279                                           |                       | 2,529,279   | 0                   | 2,529,279   | 51.00  |  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 2,484,426                                           |                       | 2,484,426   | 0                   | 2,484,426   | 52.00  |  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 538,868                                             |                       | 538,868     | 0                   | 538,868     | 53.00  |  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 9,069,200                                           |                       | 9,069,200   | 0                   | 9,069,200   | 54.00  |  |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 2,877,665                                           |                       | 2,877,665   | 0                   | 2,877,665   | 56.00  |  |
| 56.01                                  | 05603 | ULTRASOUND                           | 2,511,209                                           |                       | 2,511,209   | 0                   | 2,511,209   | 56.01  |  |
| 57.00                                  | 05700 | CT SCAN                              | 2,668,031                                           |                       | 2,668,031   | 0                   | 2,668,031   | 57.00  |  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 1,644,928                                           |                       | 1,644,928   | 0                   | 1,644,928   | 58.00  |  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 6,523,765                                           |                       | 6,523,765   | 0                   | 6,523,765   | 59.00  |  |
| 60.00                                  | 06000 | LABORATORY                           | 16,257,158                                          |                       | 16,257,158  | 0                   | 16,257,158  | 60.00  |  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0                                                   |                       | 0           | 0                   | 0           | 63.00  |  |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                  | 2,643,154                                           |                       | 2,643,154   | 0                   | 2,643,154   | 64.00  |  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 5,804,933                                           | 0                     | 5,804,933   | 0                   | 5,804,933   | 65.00  |  |
| 65.01                                  | 06501 | STRESS TEST                          | 1,132,884                                           | 0                     | 1,132,884   | 0                   | 1,132,884   | 65.01  |  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 9,702,701                                           | 0                     | 9,702,701   | 0                   | 9,702,701   | 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                    | 757,715                                             |                       | 757,715     | 0                   | 757,715     | 69.00  |  |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0                                                   |                       | 0           | 0                   | 0           | 69.01  |  |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0                                                   |                       | 0           | 0                   | 0           | 69.02  |  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 322,478                                             |                       | 322,478     | 0                   | 322,478     | 70.00  |  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 28,564,772                                          |                       | 28,564,772  | 0                   | 28,564,772  | 71.00  |  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 19,048,708                                          |                       | 19,048,708  | 0                   | 19,048,708  | 72.00  |  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 29,980,110                                          |                       | 29,980,110  | 0                   | 29,980,110  | 73.00  |  |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 1,983,382                                           |                       | 1,983,382   | 0                   | 1,983,382   | 74.00  |  |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0                                                   |                       | 0           | 0                   | 0           | 75.02  |  |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0                                                   |                       | 0           | 0                   | 0           | 76.00  |  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 2,397,214                                           |                       | 2,397,214   | 0                   | 2,397,214   | 76.97  |  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                                                     |                       |             |                     |             |        |  |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                                                   |                       | 0           | 0                   | 0           | 88.00  |  |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                                   |                       | 0           | 0                   | 0           | 89.00  |  |
| 90.00                                  | 09000 | CLINIC                               | 3,741,574                                           |                       | 3,741,574   | 0                   | 3,741,574   | 90.00  |  |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0                                                   |                       | 0           | 0                   | 0           | 90.01  |  |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0                                                   |                       | 0           | 0                   | 0           | 90.03  |  |
| 91.00                                  | 09100 | EMERGENCY                            | 24,385,028                                          |                       | 24,385,028  | 0                   | 24,385,028  | 91.00  |  |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 5,428,737                                           |                       | 5,428,737   | 0                   | 5,428,737   | 91.20  |  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 7,505,981                                           |                       | 7,505,981   | 0                   | 7,505,981   | 92.00  |  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                                                     |                       |             |                     |             |        |  |
| 99.10                                  | 09910 | CORF                                 | 0                                                   |                       | 0           |                     | 0           | 99.10  |  |
| 99.20                                  | 09920 | OPT                                  | 0                                                   |                       | 0           |                     | 0           | 99.20  |  |
| 99.30                                  | 09930 | OOT                                  | 0                                                   |                       | 0           |                     | 0           | 99.30  |  |
| 99.40                                  | 09940 | OSP                                  | 0                                                   |                       | 0           |                     | 0           | 99.40  |  |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                   | 0                                                   |                       | 0           |                     | 0           | 101.00 |  |
| SPECIAL PURPOSE COST CENTERS           |       |                                      |                                                     |                       |             |                     |             |        |  |
| 109.00                                 | 10900 | PANCREAS ACQUISITION                 | 0                                                   |                       | 0           |                     | 0           | 109.00 |  |
| 110.00                                 | 11000 | INTESTINAL ACQUISITION               | 0                                                   |                       | 0           |                     | 0           | 110.00 |  |
| 111.00                                 | 11100 | ISLET ACQUISITION                    | 0                                                   |                       | 0           |                     | 0           | 111.00 |  |
| 116.00                                 | 11600 | HOSPICE                              | 0                                                   |                       | 0           |                     | 0           | 116.00 |  |
| 200.00                                 |       | Subtotal (see instructions)          | 326,316,113                                         | 0                     | 326,316,113 | 0                   | 326,316,113 | 200.00 |  |
| 201.00                                 |       | Less Observation Beds                | 7,505,981                                           |                       | 7,505,981   |                     | 7,505,981   | 201.00 |  |
| 202.00                                 |       | Total (see instructions)             | 318,810,132                                         | 0                     | 318,810,132 | 0                   | 318,810,132 | 202.00 |  |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet C  
Part I  
Date/Time Prepared:  
7/19/2021 2:11 pm

|                                        |       |                                      | Title V     |             | Hospital                | Cost                |                       |
|----------------------------------------|-------|--------------------------------------|-------------|-------------|-------------------------|---------------------|-----------------------|
| Cost Center Description                |       |                                      | Charges     |             |                         | Cost or Other Ratio | TEFRA Inpatient Ratio |
|                                        |       |                                      | Inpatient   | Outpatient  | Total (col. 6 + col. 7) |                     |                       |
|                                        |       |                                      | 6.00        | 7.00        | 8.00                    | 9.00                | 10.00                 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |             |             |                         |                     |                       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 202,702,502 |             | 202,702,502             |                     | 30.00                 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 29,588,758  |             | 29,588,758              |                     | 31.00                 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0           |             | 0                       |                     | 41.00                 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0           |             | 0                       |                     | 42.00                 |
| 43.00                                  | 04300 | NURSERY                              | 11,619,122  |             | 11,619,122              |                     | 43.00                 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0           |             | 0                       |                     | 45.00                 |
| 45.01                                  | 04510 | ICF/MR                               | 0           |             | 0                       |                     | 45.01                 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |             |             |                         |                     |                       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 59,252,871  | 86,856,261  | 146,109,132             | 0.170234            | 50.00                 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 6,986,397   | 11,382,742  | 18,369,139              | 0.137692            | 51.00                 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 2,643,740   | 49,952      | 2,693,692               | 0.922313            | 52.00                 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 7,666,900   | 9,541,974   | 17,208,874              | 0.031313            | 53.00                 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 10,408,380  | 21,853,311  | 32,261,691              | 0.281114            | 54.00                 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 4,630,176   | 40,061,869  | 44,692,045              | 0.064389            | 56.00                 |
| 56.01                                  | 05603 | ULTRASOUND                           | 5,583,722   | 15,700,287  | 21,284,009              | 0.117986            | 56.01                 |
| 57.00                                  | 05700 | CT SCAN                              | 35,884,140  | 55,820,512  | 91,704,652              | 0.029094            | 57.00                 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 8,173,919   | 21,085,350  | 29,259,269              | 0.056219            | 58.00                 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 31,139,522  | 32,819,948  | 63,959,470              | 0.101998            | 59.00                 |
| 60.00                                  | 06000 | LABORATORY                           | 79,647,209  | 47,803,858  | 127,451,067             | 0.127556            | 60.00                 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0           | 0           | 0                       | 0.000000            | 63.00                 |
| 64.00                                  | 06400 | INTRAVENOUS THERAPY                  | 0           | 8,497,485   | 8,497,485               | 0.311051            | 64.00                 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 32,780,471  | 1,778,325   | 34,558,796              | 0.167973            | 65.00                 |
| 65.01                                  | 06501 | STRESS TEST                          | 11,572,049  | 7,521,032   | 19,093,081              | 0.059335            | 65.01                 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 11,198,744  | 19,105,012  | 30,303,756              | 0.320181            | 66.00                 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0           | 0           | 0                       | 0.000000            | 67.00                 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0           | 0           | 0                       | 0.000000            | 68.00                 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 4,534,860   | 4,462,386   | 8,997,246               | 0.084216            | 69.00                 |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0           | 0           | 0                       | 0.000000            | 69.01                 |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0           | 0           | 0                       | 0.000000            | 69.02                 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 238,393     | 281,250     | 519,643                 | 0.620576            | 70.00                 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 28,366,001  | 22,603,744  | 50,969,745              | 0.560426            | 71.00                 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 42,628,104  | 31,315,873  | 73,943,977              | 0.257610            | 72.00                 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 111,344,302 | 62,046,697  | 173,390,999             | 0.172905            | 73.00                 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 5,752,633   | 177,417     | 5,930,050               | 0.334463            | 74.00                 |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0           | 0           | 0                       | 0.000000            | 75.02                 |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0           | 0           | 0                       | 0.000000            | 76.00                 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 45,488      | 1,700,682   | 1,746,170               | 1.372841            | 76.97                 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |             |             |                         |                     |                       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0           | 0           | 0                       | 0.000000            | 88.00                 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0           | 0           | 0                       | 0.000000            | 89.00                 |
| 90.00                                  | 09000 | CLINIC                               | 68,390      | 16,200,968  | 16,269,358              | 0.229977            | 90.00                 |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0           | 0           | 0                       | 0.000000            | 90.01                 |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0           | 0           | 0                       | 0.000000            | 90.03                 |
| 91.00                                  | 09100 | EMERGENCY                            | 45,457,573  | 74,225,732  | 119,683,305             | 0.203746            | 91.00                 |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 54,962      | 9,732,034   | 9,786,996               | 0.554689            | 91.20                 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 7,995,473   | 12,960,945  | 20,956,418              | 0.358171            | 92.00                 |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |             |             |                         |                     |                       |
| 99.10                                  | 09910 | CORF                                 | 0           | 0           | 0                       |                     | 99.10                 |
| 99.20                                  | 09920 | OPT                                  | 0           | 0           | 0                       |                     | 99.20                 |
| 99.30                                  | 09930 | OOT                                  | 0           | 0           | 0                       |                     | 99.30                 |
| 99.40                                  | 09940 | OSP                                  | 0           | 0           | 0                       |                     | 99.40                 |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                   | 0           | 0           | 0                       |                     | 101.00                |
| SPECIAL PURPOSE COST CENTERS           |       |                                      |             |             |                         |                     |                       |
| 109.00                                 | 10900 | PANCREAS ACQUISITION                 | 0           | 0           | 0                       |                     | 109.00                |
| 110.00                                 | 11000 | INTESTINAL ACQUISITION               | 0           | 0           | 0                       |                     | 110.00                |
| 111.00                                 | 11100 | ISLET ACQUISITION                    | 0           | 0           | 0                       |                     | 111.00                |
| 116.00                                 | 11600 | HOSPICE                              | 0           | 0           | 0                       |                     | 116.00                |
| 200.00                                 |       | Subtotal (see instructions)          | 797,964,801 | 615,585,646 | 1,413,550,447           |                     | 200.00                |
| 201.00                                 |       | Less Observation Beds                |             |             |                         |                     | 201.00                |
| 202.00                                 |       | Total (see instructions)             | 797,964,801 | 615,585,646 | 1,413,550,447           |                     | 202.00                |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet C  
Part I  
Date/Time Prepared:  
7/19/2021 2:11 pm

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

## APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet D  
Part I  
Date/Time Prepared:  
7/19/2021 2:11 pm

|                                        |                              |                                                                   | Title XVIII                                                  |                                                            | Hospital              | PPS                           |        |
|----------------------------------------|------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------|-----------------------|-------------------------------|--------|
| Cost Center Description                |                              | Capital<br>Related Cost<br>(from Wkst. B,<br>Part II, col.<br>26) | Swing Bed<br>Adjustment                                      | Reduced<br>Capital<br>Related Cost<br>(col. 1 - col.<br>2) | Total Patient<br>Days | Per Diem (col.<br>3 / col. 4) |        |
|                                        |                              | 1.00                                                              | 2.00                                                         | 3.00                                                       | 4.00                  | 5.00                          |        |
| INPATIENT ROUTINE SERVICE COST CENTERS |                              |                                                                   |                                                              |                                                            |                       |                               |        |
| 30.00                                  | ADULTS & PEDIATRICS          | 9,516,083                                                         | 0                                                            | 9,516,083                                                  | 69,966                | 136.01                        | 30.00  |
| 31.00                                  | INTENSIVE CARE UNIT          | 994,417                                                           |                                                              | 994,417                                                    | 5,279                 | 188.37                        | 31.00  |
| 41.00                                  | SUBPROVIDER - IRF            | 0                                                                 | 0                                                            | 0                                                          | 0                     | 0.00                          | 41.00  |
| 42.00                                  | SUBPROVIDER                  | 0                                                                 | 0                                                            | 0                                                          | 0                     | 0.00                          | 42.00  |
| 43.00                                  | NURSERY                      | 414,501                                                           |                                                              | 414,501                                                    | 2,031                 | 204.09                        | 43.00  |
| 45.00                                  | NURSING FACILITY             | 0                                                                 |                                                              | 0                                                          | 0                     | 0.00                          | 45.00  |
| 45.01                                  | ICF/MR                       | 0                                                                 |                                                              | 0                                                          | 0                     | 0.00                          | 45.01  |
| 200.00                                 | Total (lines 30 through 199) | 10,925,001                                                        |                                                              | 10,925,001                                                 | 77,276                |                               | 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          | 28,229                                                            | 3,839,426                                                    |                                                            |                       |                               |        |
| 31.00                                  | INTENSIVE CARE UNIT          | 1,793                                                             | 337,747                                                      |                                                            |                       |                               |        |
| 41.00                                  | SUBPROVIDER - IRF            | 0                                                                 | 0                                                            |                                                            |                       |                               |        |
| 42.00                                  | SUBPROVIDER                  | 0                                                                 | 0                                                            |                                                            |                       |                               |        |
| 43.00                                  | NURSERY                      | 0                                                                 | 0                                                            |                                                            |                       |                               |        |
| 45.00                                  | NURSING FACILITY             | 0                                                                 | 0                                                            |                                                            |                       |                               |        |
| 45.01                                  | ICF/MR                       | 0                                                                 | 0                                                            |                                                            |                       |                               |        |
| 200.00                                 | Total (lines 30 through 199) | 30,022                                                            | 4,177,173                                                    |                                                            |                       |                               |        |

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet D  
Part II  
Date/Time Prepared:  
7/19/2021 2:11 pm

|                                 |       |                                      | Title XVIII                                                       |                                                       | Hospital                                            | PPS                             |                                           |        |
|---------------------------------|-------|--------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------|---------------------------------|-------------------------------------------|--------|
| Cost Center Description         |       |                                      | Capital<br>Related Cost<br>(from Wkst. B,<br>Part II, col.<br>26) | Total Charges<br>(from Wkst. C,<br>Part I, col.<br>8) | Ratio of Cost<br>to Charges<br>(col. 1 ÷ col.<br>2) | Inpatient<br>Program<br>Charges | Capital Costs<br>(column 3 x<br>column 4) |        |
|                                 |       |                                      | 1.00                                                              | 2.00                                                  | 3.00                                                | 4.00                            | 5.00                                      |        |
| ANCILLARY SERVICE COST CENTERS  |       |                                      |                                                                   |                                                       |                                                     |                                 |                                           |        |
| 50.00                           | 05000 | OPERATING ROOM                       | 2,352,512                                                         | 146,109,132                                           | 0.016101                                            | 21,392,518                      | 344,441                                   | 50.00  |
| 51.00                           | 05100 | RECOVERY ROOM                        | 218,914                                                           | 18,369,139                                            | 0.011917                                            | 2,623,606                       | 31,266                                    | 51.00  |
| 52.00                           | 05200 | DELIVERY ROOM & LABOR ROOM           | 473,940                                                           | 2,693,692                                             | 0.175944                                            | 0                               | 0                                         | 52.00  |
| 53.00                           | 05300 | ANESTHESIOLOGY                       | 42,181                                                            | 17,208,874                                            | 0.002451                                            | 2,633,332                       | 6,454                                     | 53.00  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                 | 1,484,391                                                         | 32,261,691                                            | 0.046011                                            | 4,649,052                       | 213,908                                   | 54.00  |
| 56.00                           | 05600 | RADIOISOTOPE                         | 205,461                                                           | 44,692,045                                            | 0.004597                                            | 2,006,195                       | 9,222                                     | 56.00  |
| 56.01                           | 05603 | ULTRASOUND                           | 137,498                                                           | 21,284,009                                            | 0.006460                                            | 2,362,742                       | 15,263                                    | 56.01  |
| 57.00                           | 05700 | CT SCAN                              | 162,471                                                           | 91,704,652                                            | 0.001772                                            | 14,676,089                      | 26,006                                    | 57.00  |
| 58.00                           | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 186,894                                                           | 29,259,269                                            | 0.006388                                            | 3,306,534                       | 21,122                                    | 58.00  |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION              | 685,259                                                           | 63,959,470                                            | 0.010714                                            | 14,392,547                      | 154,202                                   | 59.00  |
| 60.00                           | 06000 | LABORATORY                           | 693,597                                                           | 127,451,067                                           | 0.005442                                            | 31,896,805                      | 173,582                                   | 60.00  |
| 63.00                           | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 63.00  |
| 64.00                           | 06400 | INTRAVENOUS THERAPY                  | 48,432                                                            | 8,497,485                                             | 0.005700                                            | 0                               | 0                                         | 64.00  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                  | 296,379                                                           | 34,558,796                                            | 0.008576                                            | 14,176,393                      | 121,577                                   | 65.00  |
| 65.01                           | 06501 | STRESS TEST                          | 29,049                                                            | 19,093,081                                            | 0.001521                                            | 5,327,724                       | 8,103                                     | 65.01  |
| 66.00                           | 06600 | PHYSICAL THERAPY                     | 1,086,041                                                         | 30,303,756                                            | 0.035838                                            | 5,522,572                       | 197,918                                   | 66.00  |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                 | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 67.00  |
| 68.00                           | 06800 | SPEECH PATHOLOGY                     | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 68.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                    | 26,432                                                            | 8,997,246                                             | 0.002938                                            | 2,326,042                       | 6,834                                     | 69.00  |
| 69.01                           | 06901 | ECHOCARDIOGRAM                       | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 69.01  |
| 69.02                           | 06902 | CARDIOLOGY                           | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 69.02  |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY               | 82,731                                                            | 519,643                                               | 0.159207                                            | 106,021                         | 16,879                                    | 70.00  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 330,580                                                           | 50,969,745                                            | 0.006486                                            | 11,949,643                      | 77,505                                    | 71.00  |
| 72.00                           | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 220,969                                                           | 73,943,977                                            | 0.002988                                            | 18,399,391                      | 54,977                                    | 72.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS            | 602,740                                                           | 173,390,999                                           | 0.003476                                            | 42,549,593                      | 147,902                                   | 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                       | 188,062                                                           | 5,930,050                                             | 0.031713                                            | 3,297,590                       | 104,576                                   | 74.00  |
| 75.02                           | 07501 | OUTPATIENT SURGERY                   | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 75.02  |
| 76.00                           | 03290 | ELECTROMYOGRAPHY                     | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 76.00  |
| 76.97                           | 07697 | CARDIAC REHABILITATION               | 659,224                                                           | 1,746,170                                             | 0.377526                                            | 20,609                          | 7,780                                     | 76.97  |
| OUTPATIENT SERVICE COST CENTERS |       |                                      |                                                                   |                                                       |                                                     |                                 |                                           |        |
| 88.00                           | 08800 | RURAL HEALTH CLINIC                  | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 88.00  |
| 89.00                           | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 89.00  |
| 90.00                           | 09000 | CLINIC                               | 378,980                                                           | 16,269,358                                            | 0.023294                                            | 45,139                          | 1,051                                     | 90.00  |
| 90.01                           | 09001 | ADDICTION RECOVERY CLINIC            | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.01  |
| 90.03                           | 09002 | LITHOTRIPSY                          | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.03  |
| 91.00                           | 09100 | EMERGENCY                            | 2,634,297                                                         | 119,683,305                                           | 0.022011                                            | 18,288,572                      | 402,550                                   | 91.00  |
| 91.20                           | 09101 | ACUTE CARE CENTER                    | 473,430                                                           | 9,786,996                                             | 0.048373                                            | 28,067                          | 1,358                                     | 91.20  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 805,587                                                           | 20,956,418                                            | 0.038441                                            | 3,426,497                       | 131,718                                   | 92.00  |
| 200.00                          |       | Total (lines 50 through 199)         | 14,506,051                                                        | 1,169,640,065                                         |                                                     | 225,403,273                     | 2,276,194                                 | 200.00 |

| APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS |       |                              |                                                                   |                                                               | Provider CCN: 14-0202                         |                               | Period:<br>From 01/01/2020<br>To 12/31/2020 |        | Worksheet D<br>Part III<br>Date/Time Prepared:<br>7/19/2021 2:11 pm |  |        |
|---------------------------------------------------------------------|-------|------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------|-------------------------------|---------------------------------------------|--------|---------------------------------------------------------------------|--|--------|
|                                                                     |       |                              |                                                                   |                                                               | Title XVIII                                   |                               | Hospital                                    |        | PPS                                                                 |  |        |
| Cost Center Description                                             |       |                              | Nursing School<br>Post-Stepdown<br>Adjustments                    | Nursing School                                                | Allied Health<br>Post-Stepdown<br>Adjustments | Allied Health<br>Cost         | All Other<br>Medical<br>Education Cost      |        |                                                                     |  |        |
|                                                                     |       |                              | 1A                                                                | 1.00                                                          | 2A                                            | 2.00                          | 3.00                                        |        |                                                                     |  |        |
| INPATIENT ROUTINE SERVICE COST CENTERS                              |       |                              |                                                                   |                                                               |                                               |                               |                                             |        |                                                                     |  |        |
| 30.00                                                               | 03000 | ADULTS & PEDIATRICS          | 0                                                                 | 0                                                             | 0                                             | 372,443                       | 0                                           | 30.00  |                                                                     |  |        |
| 31.00                                                               | 03100 | INTENSIVE CARE UNIT          | 0                                                                 | 0                                                             | 0                                             | 28,968                        | 0                                           | 31.00  |                                                                     |  |        |
| 41.00                                                               | 04100 | SUBPROVIDER - IRF            | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                           | 41.00  |                                                                     |  |        |
| 42.00                                                               | 04200 | SUBPROVIDER                  | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                           | 42.00  |                                                                     |  |        |
| 43.00                                                               | 04300 | NURSERY                      | 0                                                                 | 0                                                             | 0                                             | 12,415                        | 0                                           | 43.00  |                                                                     |  |        |
| 45.00                                                               | 04500 | NURSING FACILITY             | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                           | 45.00  |                                                                     |  |        |
| 45.01                                                               | 04510 | ICF/MR                       | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                           | 45.01  |                                                                     |  |        |
| 200.00                                                              |       | Total (lines 30 through 199) | 0                                                                 | 0                                                             | 0                                             | 413,826                       | 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                                                                 | 372,443                                                       | 69,966                                        | 5.32                          | 28,229                                      | 30.00  |                                                                     |  |        |
| 31.00                                                               | 03100 | INTENSIVE CARE UNIT          | 0                                                                 | 28,968                                                        | 5,279                                         | 5.49                          | 1,793                                       | 31.00  |                                                                     |  |        |
| 41.00                                                               | 04100 | SUBPROVIDER - IRF            | 0                                                                 | 0                                                             | 0                                             | 0.00                          | 0                                           | 41.00  |                                                                     |  |        |
| 42.00                                                               | 04200 | SUBPROVIDER                  | 0                                                                 | 0                                                             | 0                                             | 0.00                          | 0                                           | 42.00  |                                                                     |  |        |
| 43.00                                                               | 04300 | NURSERY                      | 0                                                                 | 12,415                                                        | 2,031                                         | 6.11                          | 0                                           | 43.00  |                                                                     |  |        |
| 45.00                                                               | 04500 | NURSING FACILITY             | 0                                                                 | 0                                                             | 0                                             | 0.00                          | 0                                           | 45.00  |                                                                     |  |        |
| 45.01                                                               | 04510 | ICF/MR                       | 0                                                                 | 0                                                             | 0                                             | 0.00                          | 0                                           | 45.01  |                                                                     |  |        |
| 200.00                                                              |       | Total (lines 30 through 199) | 0                                                                 | 413,826                                                       | 77,276                                        | 0.00                          | 30,022                                      | 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          | 150,178                                                           |                                                               |                                               |                               |                                             |        |                                                                     |  | 30.00  |
| 31.00                                                               | 03100 | INTENSIVE CARE UNIT          | 9,844                                                             |                                                               |                                               |                               |                                             |        |                                                                     |  | 31.00  |
| 41.00                                                               | 04100 | SUBPROVIDER - IRF            | 0                                                                 |                                                               |                                               |                               |                                             |        |                                                                     |  | 41.00  |
| 42.00                                                               | 04200 | SUBPROVIDER                  | 0                                                                 |                                                               |                                               |                               |                                             |        |                                                                     |  | 42.00  |
| 43.00                                                               | 04300 | NURSERY                      | 0                                                                 |                                                               |                                               |                               |                                             |        |                                                                     |  | 43.00  |
| 45.00                                                               | 04500 | NURSING FACILITY             | 0                                                                 |                                                               |                                               |                               |                                             |        |                                                                     |  | 45.00  |
| 45.01                                                               | 04510 | ICF/MR                       | 0                                                                 |                                                               |                                               |                               |                                             |        |                                                                     |  | 45.01  |
| 200.00                                                              |       | Total (lines 30 through 199) | 160,022                                                           |                                                               |                                               |                               |                                             |        |                                                                     |  | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                      | Provider CCN: 14-0202                |                                                | Period:<br>From 01/01/2020<br>To 12/31/2020 |                                               | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>7/19/2021 2:11 pm |        |
|----------------------------------------------------------------------------------|-------|--------------------------------------|--------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------|--------|
|                                                                                  |       |                                      | Title XVIII                          |                                                | Hospital                                    |                                               | PPS                                                                |        |
| Cost Center Description                                                          |       |                                      | Non Physician<br>Anesthetist<br>Cost | Nursing School<br>Post-Stepdown<br>Adjustments | Nursing School                              | Allied Health<br>Post-Stepdown<br>Adjustments | Allied Health                                                      |        |
|                                                                                  |       |                                      | 1.00                                 | 2A                                             | 2.00                                        | 3A                                            | 3.00                                                               |        |
| ANCILLARY SERVICE COST CENTERS                                                   |       |                                      |                                      |                                                |                                             |                                               |                                                                    |        |
| 50.00                                                                            | 05000 | OPERATING ROOM                       | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 50.00  |
| 51.00                                                                            | 05100 | RECOVERY ROOM                        | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 51.00  |
| 52.00                                                                            | 05200 | DELIVERY ROOM & LABOR ROOM           | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 52.00  |
| 53.00                                                                            | 05300 | ANESTHESIOLOGY                       | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 53.00  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                 | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 54.00  |
| 56.00                                                                            | 05600 | RADIOISOTOPE                         | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 56.00  |
| 56.01                                                                            | 05603 | ULTRASOUND                           | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 56.01  |
| 57.00                                                                            | 05700 | CT SCAN                              | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 57.00  |
| 58.00                                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION              | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 59.00  |
| 60.00                                                                            | 06000 | LABORATORY                           | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 60.00  |
| 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  |
| 65.01                                                                            | 06501 | STRESS TEST                          | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 65.01  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                     | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 66.00  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                 | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                     | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                    | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 69.00  |
| 69.01                                                                            | 06901 | ECHOCARDIOGRAM                       | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 69.01  |
| 69.02                                                                            | 06902 | CARDIOLOGY                           | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 69.02  |
| 70.00                                                                            | 07000 | ELECTROENCEPHALOGRAPHY               | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 70.00  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 71.00  |
| 72.00                                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS            | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                       | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 74.00  |
| 75.02                                                                            | 07501 | OUTPATIENT SURGERY                   | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 75.02  |
| 76.00                                                                            | 03290 | ELECTROMYOGRAPHY                     | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 76.00  |
| 76.97                                                                            | 07697 | CARDIAC REHABILITATION               | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 76.97  |
| OUTPATIENT SERVICE COST CENTERS                                                  |       |                                      |                                      |                                                |                                             |                                               |                                                                    |        |
| 88.00                                                                            | 08800 | RURAL HEALTH CLINIC                  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 88.00  |
| 89.00                                                                            | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 89.00  |
| 90.00                                                                            | 09000 | CLINIC                               | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 90.00  |
| 90.01                                                                            | 09001 | ADDICTION RECOVERY CLINIC            | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 90.01  |
| 90.03                                                                            | 09002 | LITHOTRIPSY                          | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 90.03  |
| 91.00                                                                            | 09100 | EMERGENCY                            | 0                                    | 0                                              | 0                                           | 0                                             | 516,302                                                            | 91.00  |
| 91.20                                                                            | 09101 | ACUTE CARE CENTER                    | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 91.20  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                                    | 0                                              | 0                                           | 0                                             | 31,533                                                             | 92.00  |
| 200.00                                                                           |       | Total (lines 50 through 199)         | 0                                    | 0                                              | 0                                           | 0                                             | 547,835                                                            | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet D  
Part IV  
Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description |                                 |                                      | All Other Medical Education Cost | Title XVIII                              |                                                  | Hospital                                     | PPS                                                           |        |
|-------------------------|---------------------------------|--------------------------------------|----------------------------------|------------------------------------------|--------------------------------------------------|----------------------------------------------|---------------------------------------------------------------|--------|
|                         |                                 |                                      |                                  | Total Cost (sum of cols. 1, 2, 3, and 4) | Total Outpatient Cost (sum of cols. 2, 3, and 4) | Total Charges (from Wkst. C, Part I, col. 8) | Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions) |        |
|                         |                                 |                                      | 4.00                             | 5.00                                     | 6.00                                             | 7.00                                         | 8.00                                                          |        |
|                         | ANCILLARY SERVICE COST CENTERS  |                                      |                                  |                                          |                                                  |                                              |                                                               |        |
| 50.00                   | 05000                           | OPERATING ROOM                       | 0                                | 0                                        | 0                                                | 146,109,132                                  | 0.000000                                                      | 50.00  |
| 51.00                   | 05100                           | RECOVERY ROOM                        | 0                                | 0                                        | 0                                                | 18,369,139                                   | 0.000000                                                      | 51.00  |
| 52.00                   | 05200                           | DELIVERY ROOM & LABOR ROOM           | 0                                | 0                                        | 0                                                | 2,693,692                                    | 0.000000                                                      | 52.00  |
| 53.00                   | 05300                           | ANESTHESIOLOGY                       | 0                                | 0                                        | 0                                                | 17,208,874                                   | 0.000000                                                      | 53.00  |
| 54.00                   | 05400                           | RADIOLOGY-DIAGNOSTIC                 | 0                                | 0                                        | 0                                                | 32,261,691                                   | 0.000000                                                      | 54.00  |
| 56.00                   | 05600                           | RADIOISOTOPE                         | 0                                | 0                                        | 0                                                | 44,692,045                                   | 0.000000                                                      | 56.00  |
| 56.01                   | 05603                           | ULTRASOUND                           | 0                                | 0                                        | 0                                                | 21,284,009                                   | 0.000000                                                      | 56.01  |
| 57.00                   | 05700                           | CT SCAN                              | 0                                | 0                                        | 0                                                | 91,704,652                                   | 0.000000                                                      | 57.00  |
| 58.00                   | 05800                           | MAGNETIC RESONANCE IMAGING (MRI)     | 0                                | 0                                        | 0                                                | 29,259,269                                   | 0.000000                                                      | 58.00  |
| 59.00                   | 05900                           | CARDIAC CATHETERIZATION              | 0                                | 0                                        | 0                                                | 63,959,470                                   | 0.000000                                                      | 59.00  |
| 60.00                   | 06000                           | LABORATORY                           | 0                                | 0                                        | 0                                                | 127,451,067                                  | 0.000000                                                      | 60.00  |
| 63.00                   | 06300                           | BLOOD STORING, PROCESSING & TRANS.   | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      | 63.00  |
| 64.00                   | 06400                           | INTRAVENOUS THERAPY                  | 0                                | 0                                        | 0                                                | 8,497,485                                    | 0.000000                                                      | 64.00  |
| 65.00                   | 06500                           | RESPIRATORY THERAPY                  | 0                                | 0                                        | 0                                                | 34,558,796                                   | 0.000000                                                      | 65.00  |
| 65.01                   | 06501                           | STRESS TEST                          | 0                                | 0                                        | 0                                                | 19,093,081                                   | 0.000000                                                      | 65.01  |
| 66.00                   | 06600                           | PHYSICAL THERAPY                     | 0                                | 0                                        | 0                                                | 30,303,756                                   | 0.000000                                                      | 66.00  |
| 67.00                   | 06700                           | OCCUPATIONAL THERAPY                 | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      | 67.00  |
| 68.00                   | 06800                           | SPEECH PATHOLOGY                     | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      | 68.00  |
| 69.00                   | 06900                           | ELECTROCARDIOLOGY                    | 0                                | 0                                        | 0                                                | 8,997,246                                    | 0.000000                                                      | 69.00  |
| 69.01                   | 06901                           | ECHOCARDIOGRAM                       | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      | 69.01  |
| 69.02                   | 06902                           | CARDIOLOGY                           | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      | 69.02  |
| 70.00                   | 07000                           | ELECTROENCEPHALOGRAPHY               | 0                                | 0                                        | 0                                                | 519,643                                      | 0.000000                                                      | 70.00  |
| 71.00                   | 07100                           | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0                                | 0                                        | 0                                                | 50,969,745                                   | 0.000000                                                      | 71.00  |
| 72.00                   | 07200                           | IMPL. DEV. CHARGED TO PATIENT        | 0                                | 0                                        | 0                                                | 73,943,977                                   | 0.000000                                                      | 72.00  |
| 73.00                   | 07300                           | DRUGS CHARGED TO PATIENTS            | 0                                | 0                                        | 0                                                | 173,390,999                                  | 0.000000                                                      | 73.00  |
| 74.00                   | 07400                           | RENAL DIALYSIS                       | 0                                | 0                                        | 0                                                | 5,930,050                                    | 0.000000                                                      | 74.00  |
| 75.02                   | 07501                           | OUTPATIENT SURGERY                   | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      | 75.02  |
| 76.00                   | 03290                           | ELECTROMYOGRAPHY                     | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      | 76.00  |
| 76.97                   | 07697                           | CARDIAC REHABILITATION               | 0                                | 0                                        | 0                                                | 1,746,170                                    | 0.000000                                                      | 76.97  |
|                         | OUTPATIENT SERVICE COST CENTERS |                                      |                                  |                                          |                                                  |                                              |                                                               |        |
| 88.00                   | 08800                           | RURAL HEALTH CLINIC                  | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      | 88.00  |
| 89.00                   | 08900                           | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      | 89.00  |
| 90.00                   | 09000                           | CLINIC                               | 0                                | 0                                        | 0                                                | 16,269,358                                   | 0.000000                                                      | 90.00  |
| 90.01                   | 09001                           | ADDICTION RECOVERY CLINIC            | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      | 90.01  |
| 90.03                   | 09002                           | LITHOTRIPSY                          | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      | 90.03  |
| 91.00                   | 09100                           | EMERGENCY                            | 0                                | 516,302                                  | 516,302                                          | 119,683,305                                  | 0.004314                                                      | 91.00  |
| 91.20                   | 09101                           | ACUTE CARE CENTER                    | 0                                | 0                                        | 0                                                | 9,786,996                                    | 0.000000                                                      | 91.20  |
| 92.00                   | 09200                           | OBSERVATION BEDS (NON-DISTINCT PART) | 0                                | 31,533                                   | 31,533                                           | 20,956,418                                   | 0.001505                                                      | 92.00  |
| 200.00                  |                                 | Total (lines 50 through 199)         | 0                                | 547,835                                  | 547,835                                          | 1,169,640,065                                |                                                               | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet D  
Part IV  
Date/Time Prepared:  
7/19/2021 2:11 pm

|                         |                                 |                                      |                                                                   | Title XVIII                     |                                                                     | Hospital                         |                                                                      | PPS    |  |
|-------------------------|---------------------------------|--------------------------------------|-------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------|--------|--|
| Cost Center Description |                                 |                                      | Outpatient<br>Ratio of Cost<br>to Charges<br>(col. 6 ÷ col.<br>7) | Inpatient<br>Program<br>Charges | Inpatient<br>Program<br>Pass-Through<br>Costs (col. 8<br>x col. 10) | Outpatient<br>Program<br>Charges | Outpatient<br>Program<br>Pass-Through<br>Costs (col. 9<br>x col. 12) |        |  |
|                         |                                 |                                      | 9.00                                                              | 10.00                           | 11.00                                                               | 12.00                            | 13.00                                                                |        |  |
|                         | ANCILLARY SERVICE COST CENTERS  |                                      |                                                                   |                                 |                                                                     |                                  |                                                                      |        |  |
| 50.00                   | 05000                           | OPERATING ROOM                       | 0.000000                                                          | 21,392,518                      | 0                                                                   | 23,635,949                       | 0                                                                    | 50.00  |  |
| 51.00                   | 05100                           | RECOVERY ROOM                        | 0.000000                                                          | 2,623,606                       | 0                                                                   | 2,454,529                        | 0                                                                    | 51.00  |  |
| 52.00                   | 05200                           | DELIVERY ROOM & LABOR ROOM           | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 52.00  |  |
| 53.00                   | 05300                           | ANESTHESIOLOGY                       | 0.000000                                                          | 2,633,332                       | 0                                                                   | 2,414,510                        | 0                                                                    | 53.00  |  |
| 54.00                   | 05400                           | RADIOLOGY-DIAGNOSTIC                 | 0.000000                                                          | 4,649,052                       | 0                                                                   | 3,412,473                        | 0                                                                    | 54.00  |  |
| 56.00                   | 05600                           | RADIOISOTOPE                         | 0.000000                                                          | 2,006,195                       | 0                                                                   | 15,079,946                       | 0                                                                    | 56.00  |  |
| 56.01                   | 05603                           | ULTRASOUND                           | 0.000000                                                          | 2,362,742                       | 0                                                                   | 3,037,079                        | 0                                                                    | 56.01  |  |
| 57.00                   | 05700                           | CT SCAN                              | 0.000000                                                          | 14,676,089                      | 0                                                                   | 16,140,108                       | 0                                                                    | 57.00  |  |
| 58.00                   | 05800                           | MAGNETIC RESONANCE IMAGING (MRI)     | 0.000000                                                          | 3,306,534                       | 0                                                                   | 5,767,211                        | 0                                                                    | 58.00  |  |
| 59.00                   | 05900                           | CARDIAC CATHETERIZATION              | 0.000000                                                          | 14,392,547                      | 0                                                                   | 15,022,322                       | 0                                                                    | 59.00  |  |
| 60.00                   | 06000                           | LABORATORY                           | 0.000000                                                          | 31,896,805                      | 0                                                                   | 8,833,354                        | 0                                                                    | 60.00  |  |
| 63.00                   | 06300                           | BLOOD STORING, PROCESSING & TRANS.   | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 63.00  |  |
| 64.00                   | 06400                           | INTRAVENOUS THERAPY                  | 0.000000                                                          | 0                               | 0                                                                   | 2,282,943                        | 0                                                                    | 64.00  |  |
| 65.00                   | 06500                           | RESPIRATORY THERAPY                  | 0.000000                                                          | 14,176,393                      | 0                                                                   | 468,136                          | 0                                                                    | 65.00  |  |
| 65.01                   | 06501                           | STRESS TEST                          | 0.000000                                                          | 5,327,724                       | 0                                                                   | 2,341,084                        | 0                                                                    | 65.01  |  |
| 66.00                   | 06600                           | PHYSICAL THERAPY                     | 0.000000                                                          | 5,522,572                       | 0                                                                   | 220,707                          | 0                                                                    | 66.00  |  |
| 67.00                   | 06700                           | OCCUPATIONAL THERAPY                 | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 67.00  |  |
| 68.00                   | 06800                           | SPEECH PATHOLOGY                     | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 68.00  |  |
| 69.00                   | 06900                           | ELECTROCARDIOLOGY                    | 0.000000                                                          | 2,326,042                       | 0                                                                   | 1,236,108                        | 0                                                                    | 69.00  |  |
| 69.01                   | 06901                           | ECHOCARDIOGRAM                       | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 69.01  |  |
| 69.02                   | 06902                           | CARDIOLOGY                           | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 69.02  |  |
| 70.00                   | 07000                           | ELECTROENCEPHALOGRAPHY               | 0.000000                                                          | 106,021                         | 0                                                                   | 46,737                           | 0                                                                    | 70.00  |  |
| 71.00                   | 07100                           | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0.000000                                                          | 11,949,643                      | 0                                                                   | 7,435,541                        | 0                                                                    | 71.00  |  |
| 72.00                   | 07200                           | IMPL. DEV. CHARGED TO PATIENT        | 0.000000                                                          | 18,399,391                      | 0                                                                   | 11,341,760                       | 0                                                                    | 72.00  |  |
| 73.00                   | 07300                           | DRUGS CHARGED TO PATIENTS            | 0.000000                                                          | 42,549,593                      | 0                                                                   | 19,921,569                       | 0                                                                    | 73.00  |  |
| 74.00                   | 07400                           | RENAL DIALYSIS                       | 0.000000                                                          | 3,297,590                       | 0                                                                   | 104,415                          | 0                                                                    | 74.00  |  |
| 75.02                   | 07501                           | OUTPATIENT SURGERY                   | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 75.02  |  |
| 76.00                   | 03290                           | ELECTROMYOGRAPHY                     | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 76.00  |  |
| 76.97                   | 07697                           | CARDIAC REHABILITATION               | 0.000000                                                          | 20,609                          | 0                                                                   | 678,561                          | 0                                                                    | 76.97  |  |
|                         | OUTPATIENT SERVICE COST CENTERS |                                      |                                                                   |                                 |                                                                     |                                  |                                                                      |        |  |
| 88.00                   | 08800                           | RURAL HEALTH CLINIC                  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 88.00  |  |
| 89.00                   | 08900                           | FEDERALLY QUALIFIED HEALTH CENTER    | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 89.00  |  |
| 90.00                   | 09000                           | CLINIC                               | 0.000000                                                          | 45,139                          | 0                                                                   | 6,563,231                        | 0                                                                    | 90.00  |  |
| 90.01                   | 09001                           | ADDICTION RECOVERY CLINIC            | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 90.01  |  |
| 90.03                   | 09002                           | LITHOTRIPSY                          | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 90.03  |  |
| 91.00                   | 09100                           | EMERGENCY                            | 0.004314                                                          | 18,288,572                      | 78,897                                                              | 12,786,992                       | 55,163                                                               | 91.00  |  |
| 91.20                   | 09101                           | ACUTE CARE CENTER                    | 0.000000                                                          | 28,067                          | 0                                                                   | 567,557                          | 0                                                                    | 91.20  |  |
| 92.00                   | 09200                           | OBSERVATION BEDS (NON-DISTINCT PART) | 0.001505                                                          | 3,426,497                       | 5,157                                                               | 4,185,707                        | 6,299                                                                | 92.00  |  |
| 200.00                  |                                 | Total (lines 50 through 199)         |                                                                   | 225,403,273                     | 84,054                                                              | 165,978,529                      | 61,462                                                               | 200.00 |  |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet D  
Part V  
Date/Time Prepared:  
7/19/2021 2:11 pm

|                                 |       |                                                    | Title XVIII                                                    |                                           | Hospital                                                                     |                                                                                  | PPS                         |        |
|---------------------------------|-------|----------------------------------------------------|----------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------|--------|
| Cost Center Description         |       |                                                    | Cost to Charge<br>Ratio From<br>Worksheet C,<br>Part I, col. 9 | Charges                                   |                                                                              | Costs                                                                            |                             |        |
|                                 |       |                                                    |                                                                | PPS Reimbursed<br>Services (see<br>inst.) | Cost<br>Reimbursed<br>Services<br>Subject To<br>Ded. & Coins.<br>(see inst.) | Cost<br>Reimbursed<br>Services Not<br>Subject To<br>Ded. & Coins.<br>(see inst.) | PPS Services<br>(see inst.) |        |
|                                 |       |                                                    |                                                                |                                           |                                                                              |                                                                                  |                             |        |
|                                 |       |                                                    | 1.00                                                           | 2.00                                      | 3.00                                                                         | 4.00                                                                             | 5.00                        |        |
| ANCILLARY SERVICE COST CENTERS  |       |                                                    |                                                                |                                           |                                                                              |                                                                                  |                             |        |
| 50.00                           | 05000 | OPERATING ROOM                                     | 0.170234                                                       | 23,635,949                                | 0                                                                            | 0                                                                                | 4,023,642                   | 50.00  |
| 51.00                           | 05100 | RECOVERY ROOM                                      | 0.137692                                                       | 2,454,529                                 | 0                                                                            | 0                                                                                | 337,969                     | 51.00  |
| 52.00                           | 05200 | DELIVERY ROOM & LABOR ROOM                         | 0.922313                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 52.00  |
| 53.00                           | 05300 | ANESTHESIOLOGY                                     | 0.031313                                                       | 2,414,510                                 | 0                                                                            | 0                                                                                | 75,606                      | 53.00  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                               | 0.281114                                                       | 3,412,473                                 | 0                                                                            | 0                                                                                | 959,294                     | 54.00  |
| 56.00                           | 05600 | RADIOISOTOPE                                       | 0.064389                                                       | 15,079,946                                | 0                                                                            | 0                                                                                | 970,983                     | 56.00  |
| 56.01                           | 05603 | ULTRASOUND                                         | 0.117986                                                       | 3,037,079                                 | 0                                                                            | 0                                                                                | 358,333                     | 56.01  |
| 57.00                           | 05700 | CT SCAN                                            | 0.029094                                                       | 16,140,108                                | 0                                                                            | 0                                                                                | 469,580                     | 57.00  |
| 58.00                           | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                   | 0.056219                                                       | 5,767,211                                 | 0                                                                            | 0                                                                                | 324,227                     | 58.00  |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION                            | 0.101998                                                       | 15,022,322                                | 0                                                                            | 0                                                                                | 1,532,247                   | 59.00  |
| 60.00                           | 06000 | LABORATORY                                         | 0.127556                                                       | 8,833,354                                 | 0                                                                            | 0                                                                                | 1,126,747                   | 60.00  |
| 63.00                           | 06300 | BLOOD STORING, PROCESSING & TRANS.                 | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 63.00  |
| 64.00                           | 06400 | INTRAVENOUS THERAPY                                | 0.311051                                                       | 2,282,943                                 | 0                                                                            | 0                                                                                | 710,112                     | 64.00  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                                | 0.167973                                                       | 468,136                                   | 0                                                                            | 0                                                                                | 78,634                      | 65.00  |
| 65.01                           | 06501 | STRESS TEST                                        | 0.059335                                                       | 2,341,084                                 | 0                                                                            | 0                                                                                | 138,908                     | 65.01  |
| 66.00                           | 06600 | PHYSICAL THERAPY                                   | 0.320181                                                       | 220,707                                   | 0                                                                            | 0                                                                                | 70,666                      | 66.00  |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                               | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 67.00  |
| 68.00                           | 06800 | SPEECH PATHOLOGY                                   | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 68.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                                  | 0.084216                                                       | 1,236,108                                 | 0                                                                            | 0                                                                                | 104,100                     | 69.00  |
| 69.01                           | 06901 | ECHOCARDIOGRAM                                     | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 69.01  |
| 69.02                           | 06902 | CARDIOLOGY                                         | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 69.02  |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY                             | 0.620576                                                       | 46,737                                    | 0                                                                            | 0                                                                                | 29,004                      | 70.00  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS               | 0.560426                                                       | 7,435,541                                 | 0                                                                            | 0                                                                                | 4,167,071                   | 71.00  |
| 72.00                           | 07200 | IMPL. DEV. CHARGED TO PATIENT                      | 0.257610                                                       | 11,341,760                                | 0                                                                            | 0                                                                                | 2,921,751                   | 72.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS                          | 0.172905                                                       | 19,921,569                                | 4,215                                                                        | 74,988                                                                           | 3,444,539                   | 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                                     | 0.334463                                                       | 104,415                                   | 0                                                                            | 0                                                                                | 34,923                      | 74.00  |
| 75.02                           | 07501 | OUTPATIENT SURGERY                                 | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 75.02  |
| 76.00                           | 03290 | ELECTROMYOGRAPHY                                   | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 76.00  |
| 76.97                           | 07697 | CARDIAC REHABILITATION                             | 1.372841                                                       | 678,561                                   | 0                                                                            | 0                                                                                | 931,556                     | 76.97  |
| OUTPATIENT SERVICE COST CENTERS |       |                                                    |                                                                |                                           |                                                                              |                                                                                  |                             |        |
| 88.00                           | 08800 | RURAL HEALTH CLINIC                                |                                                                |                                           |                                                                              |                                                                                  |                             | 88.00  |
| 89.00                           | 08900 | FEDERALLY QUALIFIED HEALTH CENTER                  |                                                                |                                           |                                                                              |                                                                                  |                             | 89.00  |
| 90.00                           | 09000 | CLINIC                                             | 0.229977                                                       | 6,563,231                                 | 0                                                                            | 0                                                                                | 1,509,392                   | 90.00  |
| 90.01                           | 09001 | ADDICTION RECOVERY CLINIC                          | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 90.01  |
| 90.03                           | 09002 | LITHOTRIPSY                                        | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 90.03  |
| 91.00                           | 09100 | EMERGENCY                                          | 0.203746                                                       | 12,786,992                                | 0                                                                            | 0                                                                                | 2,605,298                   | 91.00  |
| 91.20                           | 09101 | ACUTE CARE CENTER                                  | 0.554689                                                       | 567,557                                   | 0                                                                            | 0                                                                                | 314,818                     | 91.20  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)               | 0.358171                                                       | 4,185,707                                 | 0                                                                            | 0                                                                                | 1,499,199                   | 92.00  |
| 200.00                          |       | Subtotal (see instructions)                        |                                                                | 165,978,529                               | 4,215                                                                        | 74,988                                                                           | 28,738,599                  | 200.00 |
| 201.00                          |       | Less PBP Clinic Lab. Services-Program Only Charges |                                                                |                                           | 0                                                                            | 0                                                                                | 0                           | 201.00 |
| 202.00                          |       | Net Charges (line 200 - line 201)                  |                                                                | 165,978,529                               | 4,215                                                                        | 74,988                                                                           | 28,738,599                  | 202.00 |

| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST |       |                                                       |                                                                              | Provider CCN: 14-0202                                                            |  | Period:<br>From 01/01/2020<br>To 12/31/2020 |  | Worksheet D<br>Part V<br>Date/Time Prepared:<br>7/19/2021 2:11 pm |        |
|------------------------------------------------------------------|-------|-------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--|---------------------------------------------|--|-------------------------------------------------------------------|--------|
|                                                                  |       |                                                       |                                                                              | Title XVIII                                                                      |  | Hospital                                    |  | PPS                                                               |        |
| Cost Center Description                                          |       |                                                       | Costs                                                                        |                                                                                  |  |                                             |  |                                                                   |        |
|                                                                  |       |                                                       | Cost<br>Reimbursed<br>Services<br>Subject To<br>Ded. & Coins.<br>(see inst.) | Cost<br>Reimbursed<br>Services Not<br>Subject To<br>Ded. & Coins.<br>(see inst.) |  |                                             |  |                                                                   |        |
|                                                                  |       |                                                       | 6.00                                                                         | 7.00                                                                             |  |                                             |  |                                                                   |        |
| ANCILLARY SERVICE COST CENTERS                                   |       |                                                       |                                                                              |                                                                                  |  |                                             |  |                                                                   |        |
| 50.00                                                            | 05000 | OPERATING ROOM                                        | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 50.00  |
| 51.00                                                            | 05100 | RECOVERY ROOM                                         | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 51.00  |
| 52.00                                                            | 05200 | DELIVERY ROOM & LABOR ROOM                            | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 52.00  |
| 53.00                                                            | 05300 | ANESTHESIOLOGY                                        | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 53.00  |
| 54.00                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                                  | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 54.00  |
| 56.00                                                            | 05600 | RADIOISOTOPE                                          | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 56.00  |
| 56.01                                                            | 05603 | ULTRASOUND                                            | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 56.01  |
| 57.00                                                            | 05700 | CT SCAN                                               | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 57.00  |
| 58.00                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                      | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 58.00  |
| 59.00                                                            | 05900 | CARDIAC CATHETERIZATION                               | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 59.00  |
| 60.00                                                            | 06000 | LABORATORY                                            | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 60.00  |
| 63.00                                                            | 06300 | BLOOD STORING, PROCESSING & TRANS.                    | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 63.00  |
| 64.00                                                            | 06400 | INTRAVENOUS THERAPY                                   | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 64.00  |
| 65.00                                                            | 06500 | RESPIRATORY THERAPY                                   | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 65.00  |
| 65.01                                                            | 06501 | STRESS TEST                                           | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 65.01  |
| 66.00                                                            | 06600 | PHYSICAL THERAPY                                      | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 66.00  |
| 67.00                                                            | 06700 | OCCUPATIONAL THERAPY                                  | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 67.00  |
| 68.00                                                            | 06800 | SPEECH PATHOLOGY                                      | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 68.00  |
| 69.00                                                            | 06900 | ELECTROCARDIOLOGY                                     | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 69.00  |
| 69.01                                                            | 06901 | ECHOCARDIOGRAM                                        | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 69.01  |
| 69.02                                                            | 06902 | CARDIOLOGY                                            | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 69.02  |
| 70.00                                                            | 07000 | ELECTROENCEPHALOGRAPHY                                | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 70.00  |
| 71.00                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS                  | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 71.00  |
| 72.00                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENT                         | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 72.00  |
| 73.00                                                            | 07300 | DRUGS CHARGED TO PATIENTS                             | 729                                                                          | 12,966                                                                           |  |                                             |  |                                                                   | 73.00  |
| 74.00                                                            | 07400 | RENAL DIALYSIS                                        | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 74.00  |
| 75.02                                                            | 07501 | OUTPATIENT SURGERY                                    | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 75.02  |
| 76.00                                                            | 03290 | ELECTROMYOGRAPHY                                      | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 76.00  |
| 76.97                                                            | 07697 | CARDIAC REHABILITATION                                | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 76.97  |
| OUTPATIENT SERVICE COST CENTERS                                  |       |                                                       |                                                                              |                                                                                  |  |                                             |  |                                                                   |        |
| 88.00                                                            | 08800 | RURAL HEALTH CLINIC                                   |                                                                              |                                                                                  |  |                                             |  |                                                                   | 88.00  |
| 89.00                                                            | 08900 | FEDERALLY QUALIFIED HEALTH CENTER                     |                                                                              |                                                                                  |  |                                             |  |                                                                   | 89.00  |
| 90.00                                                            | 09000 | CLINIC                                                | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 90.00  |
| 90.01                                                            | 09001 | ADDICTION RECOVERY CLINIC                             | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 90.01  |
| 90.03                                                            | 09002 | LITHOTRIPSY                                           | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 90.03  |
| 91.00                                                            | 09100 | EMERGENCY                                             | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 91.00  |
| 91.20                                                            | 09101 | ACUTE CARE CENTER                                     | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 91.20  |
| 92.00                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)                  | 0                                                                            | 0                                                                                |  |                                             |  |                                                                   | 92.00  |
| 200.00                                                           |       | Subtotal (see instructions)                           | 729                                                                          | 12,966                                                                           |  |                                             |  |                                                                   | 200.00 |
| 201.00                                                           |       | Less PBP Clinic Lab. Services-Program<br>Only Charges | 0                                                                            |                                                                                  |  |                                             |  |                                                                   | 201.00 |
| 202.00                                                           |       | Net Charges (line 200 - line 201)                     | 729                                                                          | 12,966                                                                           |  |                                             |  |                                                                   | 202.00 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet D  
Part V  
Date/Time Prepared:  
7/19/2021 2:11 pm

|                                 |       |                                                       | 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.) | 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.) | Costs<br>PPS Services<br>(see inst.) |
|                                 |       |                                                       | 1.00                                                           | 2.00                                      | 3.00                                                                         | 4.00                                                                             | 5.00                                 |
| ANCILLARY SERVICE COST CENTERS  |       |                                                       |                                                                |                                           |                                                                              |                                                                                  |                                      |
| 50.00                           | 05000 | OPERATING ROOM                                        | 0.170234                                                       | 0                                         | 0                                                                            | 980,708                                                                          | 0                                    |
| 51.00                           | 05100 | RECOVERY ROOM                                         | 0.137692                                                       | 0                                         | 0                                                                            | 167,267                                                                          | 0                                    |
| 52.00                           | 05200 | DELIVERY ROOM & LABOR ROOM                            | 0.922313                                                       | 0                                         | 0                                                                            | 4,170                                                                            | 0                                    |
| 53.00                           | 05300 | ANESTHESIOLOGY                                        | 0.031313                                                       | 0                                         | 0                                                                            | 117,448                                                                          | 0                                    |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                                  | 0.281114                                                       | 0                                         | 0                                                                            | 335,322                                                                          | 0                                    |
| 56.00                           | 05600 | RADIOISOTOPE                                          | 0.064389                                                       | 0                                         | 0                                                                            | 472,720                                                                          | 0                                    |
| 56.01                           | 05603 | ULTRASOUND                                            | 0.117986                                                       | 0                                         | 0                                                                            | 359,981                                                                          | 0                                    |
| 57.00                           | 05700 | CT SCAN                                               | 0.029094                                                       | 0                                         | 0                                                                            | 1,138,126                                                                        | 0                                    |
| 58.00                           | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                      | 0.056219                                                       | 0                                         | 0                                                                            | 242,982                                                                          | 0                                    |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION                               | 0.101998                                                       | 0                                         | 0                                                                            | 439,022                                                                          | 0                                    |
| 60.00                           | 06000 | LABORATORY                                            | 0.127556                                                       | 0                                         | 0                                                                            | 1,569,438                                                                        | 0                                    |
| 63.00                           | 06300 | BLOOD STORING, PROCESSING & TRANS.                    | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                    |
| 64.00                           | 06400 | INTRAVENOUS THERAPY                                   | 0.311051                                                       | 0                                         | 0                                                                            | 200,781                                                                          | 0                                    |
| 65.00                           | 06500 | RESPIRATORY THERAPY                                   | 0.167973                                                       | 0                                         | 0                                                                            | 60,150                                                                           | 0                                    |
| 65.01                           | 06501 | STRESS TEST                                           | 0.059335                                                       | 0                                         | 0                                                                            | 73,044                                                                           | 0                                    |
| 66.00                           | 06600 | PHYSICAL THERAPY                                      | 0.320181                                                       | 0                                         | 0                                                                            | 425,966                                                                          | 0                                    |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                                  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                    |
| 68.00                           | 06800 | SPEECH PATHOLOGY                                      | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                    |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                                     | 0.084216                                                       | 0                                         | 0                                                                            | 134,879                                                                          | 0                                    |
| 69.01                           | 06901 | ECHOCARDIOGRAM                                        | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                    |
| 69.02                           | 06902 | CARDIOLOGY                                            | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                    |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY                                | 0.620576                                                       | 0                                         | 0                                                                            | 8,391                                                                            | 0                                    |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS                  | 0.560426                                                       | 0                                         | 0                                                                            | 250,749                                                                          | 0                                    |
| 72.00                           | 07200 | IMPL. DEV. CHARGED TO PATIENT                         | 0.257610                                                       | 0                                         | 0                                                                            | 193,884                                                                          | 0                                    |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS                             | 0.172905                                                       | 0                                         | 0                                                                            | 1,839,176                                                                        | 0                                    |
| 74.00                           | 07400 | RENAL DIALYSIS                                        | 0.334463                                                       | 0                                         | 0                                                                            | 4,730                                                                            | 0                                    |
| 75.02                           | 07501 | OUTPATIENT SURGERY                                    | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                    |
| 76.00                           | 03290 | ELECTROMYOGRAPHY                                      | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                    |
| 76.97                           | 07697 | CARDIAC REHABILITATION                                | 1.372841                                                       | 0                                         | 0                                                                            | 2,153                                                                            | 0                                    |
| 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                                                | 0.229977                                                       | 0                                         | 0                                                                            | 293,296                                                                          | 0                                    |
| 90.01                           | 09001 | ADDICTION RECOVERY CLINIC                             | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                    |
| 90.03                           | 09002 | LITHOTRIPSY                                           | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                    |
| 91.00                           | 09100 | EMERGENCY                                             | 0.203746                                                       | 0                                         | 0                                                                            | 2,820,332                                                                        | 0                                    |
| 91.20                           | 09101 | ACUTE CARE CENTER                                     | 0.554689                                                       | 0                                         | 0                                                                            | 206,413                                                                          | 0                                    |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)                  | 0.358171                                                       | 0                                         | 0                                                                            | 373,934                                                                          | 0                                    |
| 200.00                          |       | Subtotal (see instructions)                           |                                                                | 0                                         | 0                                                                            | 12,715,062                                                                       | 0                                    |
| 201.00                          |       | Less PBP Clinic Lab. Services-Program<br>Only Charges |                                                                |                                           | 0                                                                            | 0                                                                                | 0                                    |
| 202.00                          |       | Net Charges (line 200 - line 201)                     |                                                                | 0                                         | 0                                                                            | 12,715,062                                                                       | 0                                    |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet D  
Part V  
Date/Time Prepared:  
7/19/2021 2:11 pm

|        |                                 |                                                               | Title XIX                                                         |           | Hospital | Cost   |
|--------|---------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------|-----------|----------|--------|
|        | Cost Center Description         | Costs                                                         |                                                                   |           |          |        |
|        |                                 | Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) | Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) |           |          |        |
|        |                                 | 6.00                                                          | 7.00                                                              |           |          |        |
|        | ANCILLARY SERVICE COST CENTERS  |                                                               |                                                                   |           |          |        |
| 50.00  | 05000                           | OPERATING ROOM                                                | 0                                                                 | 166,950   |          | 50.00  |
| 51.00  | 05100                           | RECOVERY ROOM                                                 | 0                                                                 | 23,031    |          | 51.00  |
| 52.00  | 05200                           | DELIVERY ROOM & LABOR ROOM                                    | 0                                                                 | 3,846     |          | 52.00  |
| 53.00  | 05300                           | ANESTHESIOLOGY                                                | 0                                                                 | 3,678     |          | 53.00  |
| 54.00  | 05400                           | RADIOLOGY-DIAGNOSTIC                                          | 0                                                                 | 94,264    |          | 54.00  |
| 56.00  | 05600                           | RADIOISOTOPE                                                  | 0                                                                 | 30,438    |          | 56.00  |
| 56.01  | 05603                           | ULTRASOUND                                                    | 0                                                                 | 42,473    |          | 56.01  |
| 57.00  | 05700                           | CT SCAN                                                       | 0                                                                 | 33,113    |          | 57.00  |
| 58.00  | 05800                           | MAGNETIC RESONANCE IMAGING (MRI)                              | 0                                                                 | 13,660    |          | 58.00  |
| 59.00  | 05900                           | CARDIAC CATHETERIZATION                                       | 0                                                                 | 44,779    |          | 59.00  |
| 60.00  | 06000                           | LABORATORY                                                    | 0                                                                 | 200,191   |          | 60.00  |
| 63.00  | 06300                           | BLOOD STORING, PROCESSING & TRANS.                            | 0                                                                 | 0         |          | 63.00  |
| 64.00  | 06400                           | INTRAVENOUS THERAPY                                           | 0                                                                 | 62,453    |          | 64.00  |
| 65.00  | 06500                           | RESPIRATORY THERAPY                                           | 0                                                                 | 10,104    |          | 65.00  |
| 65.01  | 06501                           | STRESS TEST                                                   | 0                                                                 | 4,334     |          | 65.01  |
| 66.00  | 06600                           | PHYSICAL THERAPY                                              | 0                                                                 | 136,386   |          | 66.00  |
| 67.00  | 06700                           | OCCUPATIONAL THERAPY                                          | 0                                                                 | 0         |          | 67.00  |
| 68.00  | 06800                           | SPEECH PATHOLOGY                                              | 0                                                                 | 0         |          | 68.00  |
| 69.00  | 06900                           | ELECTROCARDIOLOGY                                             | 0                                                                 | 11,359    |          | 69.00  |
| 69.01  | 06901                           | ECHOCARDIOGRAM                                                | 0                                                                 | 0         |          | 69.01  |
| 69.02  | 06902                           | CARDIOLOGY                                                    | 0                                                                 | 0         |          | 69.02  |
| 70.00  | 07000                           | ELECTROENCEPHALOGRAPHY                                        | 0                                                                 | 5,207     |          | 70.00  |
| 71.00  | 07100                           | MEDICAL SUPPLIES CHARGED TO PATIENTS                          | 0                                                                 | 140,526   |          | 71.00  |
| 72.00  | 07200                           | IMPL. DEV. CHARGED TO PATIENT                                 | 0                                                                 | 49,946    |          | 72.00  |
| 73.00  | 07300                           | DRUGS CHARGED TO PATIENTS                                     | 0                                                                 | 318,003   |          | 73.00  |
| 74.00  | 07400                           | RENAL DIALYSIS                                                | 0                                                                 | 1,582     |          | 74.00  |
| 75.02  | 07501                           | OUTPATIENT SURGERY                                            | 0                                                                 | 0         |          | 75.02  |
| 76.00  | 03290                           | ELECTROMYOGRAPHY                                              | 0                                                                 | 0         |          | 76.00  |
| 76.97  | 07697                           | CARDIAC REHABILITATION                                        | 0                                                                 | 2,956     |          | 76.97  |
|        | OUTPATIENT SERVICE COST CENTERS |                                                               |                                                                   |           |          |        |
| 88.00  | 08800                           | RURAL HEALTH CLINIC                                           |                                                                   |           |          | 88.00  |
| 89.00  | 08900                           | FEDERALLY QUALIFIED HEALTH CENTER                             |                                                                   |           |          | 89.00  |
| 90.00  | 09000                           | CLINIC                                                        | 0                                                                 | 67,451    |          | 90.00  |
| 90.01  | 09001                           | ADDICTION RECOVERY CLINIC                                     | 0                                                                 | 0         |          | 90.01  |
| 90.03  | 09002                           | LITHOTRIPSY                                                   | 0                                                                 | 0         |          | 90.03  |
| 91.00  | 09100                           | EMERGENCY                                                     | 0                                                                 | 574,631   |          | 91.00  |
| 91.20  | 09101                           | ACUTE CARE CENTER                                             | 0                                                                 | 114,495   |          | 91.20  |
| 92.00  | 09200                           | OBSERVATION BEDS (NON-DISTINCT PART)                          | 0                                                                 | 133,932   |          | 92.00  |
| 200.00 |                                 | Subtotal (see instructions)                                   | 0                                                                 | 2,289,788 |          | 200.00 |
| 201.00 |                                 | Less PBP Clinic Lab. Services-Program Only Charges            | 0                                                                 |           |          | 201.00 |
| 202.00 |                                 | Net Charges (line 200 - line 201)                             | 0                                                                 | 2,289,788 |          | 202.00 |

| COMPUTATION OF INPATIENT OPERATING COST                                      |                                                                                                                                                                                           | Provider CCN: 14-0202 | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet D-1<br>Date/Time Prepared:<br>7/19/2021 2:11 pm |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-----------------------------------------------------------|
| Cost Center Description                                                      |                                                                                                                                                                                           | Title XVIII           | Hospital                                    | PPS                                                       |
|                                                                              |                                                                                                                                                                                           |                       |                                             | 1.00                                                      |
| <b>PART I - ALL PROVIDER COMPONENTS</b>                                      |                                                                                                                                                                                           |                       |                                             |                                                           |
| <b>INPATIENT DAYS</b>                                                        |                                                                                                                                                                                           |                       |                                             |                                                           |
| 1.00                                                                         | Inpatient days (including private room days and swing-bed days, excluding newborn)                                                                                                        |                       | 69,966                                      | 1.00                                                      |
| 2.00                                                                         | Inpatient days (including private room days, excluding swing-bed and newborn days)                                                                                                        |                       | 69,966                                      | 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)                                                                                                                     |                       | 64,043                                      | 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)                                                      |                       | 28,229                                      | 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)                                                                                                                           |                       | 88,664,928                                  | 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)                                                                                                      |                       | 88,664,928                                  | 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)                                                                   |                       | 88,664,928                                  | 37.00                                                     |
| <b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>                              |                                                                                                                                                                                           |                       |                                             |                                                           |
| <b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b> |                                                                                                                                                                                           |                       |                                             |                                                           |
| 38.00                                                                        | Adjusted general inpatient routine service cost per diem (see instructions)                                                                                                               |                       | 1,267.26                                    | 38.00                                                     |
| 39.00                                                                        | Program general inpatient routine service cost (line 9 x line 38)                                                                                                                         |                       | 35,773,483                                  | 39.00                                                     |
| 40.00                                                                        | Medically necessary private room cost applicable to the Program (line 14 x line 35)                                                                                                       |                       | 0                                           | 40.00                                                     |
| 41.00                                                                        | Total Program general inpatient routine service cost (line 39 + line 40)                                                                                                                  |                       | 35,773,483                                  | 41.00                                                     |

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet D-1

Date/Time Prepared:  
7/19/2021 2:11 pm

|                                                                               |                                                                                                                                                                                                                                                                 | Title XVIII          |                      | Hospital                           | PPS          |                                |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|------------------------------------|--------------|--------------------------------|
| Cost Center Description                                                       |                                                                                                                                                                                                                                                                 | Total Inpatient Cost | Total Inpatient Days | Average Per Diem (col. 1 ÷ col. 2) | Program Days | Program Cost (col. 3 x col. 4) |
|                                                                               |                                                                                                                                                                                                                                                                 | 1.00                 | 2.00                 | 3.00                               | 4.00         | 5.00                           |
| 42.00                                                                         | NURSERY (title V & XIX only)                                                                                                                                                                                                                                    | 0                    | 0                    | 0.00                               | 0            | 0                              |
| Intensive Care Type Inpatient Hospital Units                                  |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |
| 43.00                                                                         | INTENSIVE CARE UNIT                                                                                                                                                                                                                                             | 15,666,545           | 5,279                | 2,967.71                           | 1,793        | 5,321,104                      |
| 44.00                                                                         | CORONARY CARE UNIT                                                                                                                                                                                                                                              |                      |                      |                                    |              |                                |
| 45.00                                                                         | BURN INTENSIVE CARE UNIT                                                                                                                                                                                                                                        |                      |                      |                                    |              |                                |
| 46.00                                                                         | SURGICAL INTENSIVE CARE UNIT                                                                                                                                                                                                                                    |                      |                      |                                    |              |                                |
| 47.00                                                                         | OTHER SPECIAL CARE (SPECIFY)                                                                                                                                                                                                                                    |                      |                      |                                    |              |                                |
| Cost Center Description                                                       |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |
|                                                                               |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              | 1.00                           |
| 48.00                                                                         | Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)                                                                                                                                                                                          |                      |                      |                                    |              | 41,581,552                     |
| 49.00                                                                         | Total Program inpatient costs (sum of lines 41 through 48)(see instructions)                                                                                                                                                                                    |                      |                      |                                    |              | 82,676,139                     |
| PASS THROUGH COST ADJUSTMENTS                                                 |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |
| 50.00                                                                         | Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)                                                                                                                                                      |                      |                      |                                    |              | 4,337,195                      |
| 51.00                                                                         | Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)                                                                                                                                                    |                      |                      |                                    |              | 2,360,248                      |
| 52.00                                                                         | Total Program excludable cost (sum of lines 50 and 51)                                                                                                                                                                                                          |                      |                      |                                    |              | 6,697,443                      |
| 53.00                                                                         | Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)                                                                                                                |                      |                      |                                    |              | 75,978,696                     |
| TARGET AMOUNT AND LIMIT COMPUTATION                                           |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |
| 54.00                                                                         | Program discharges                                                                                                                                                                                                                                              |                      |                      |                                    |              | 0                              |
| 55.00                                                                         | Target amount per discharge                                                                                                                                                                                                                                     |                      |                      |                                    |              | 0.00                           |
| 56.00                                                                         | Target amount (line 54 x line 55)                                                                                                                                                                                                                               |                      |                      |                                    |              | 0                              |
| 57.00                                                                         | Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)                                                                                                                                                                  |                      |                      |                                    |              | 0                              |
| 58.00                                                                         | Bonus payment (see instructions)                                                                                                                                                                                                                                |                      |                      |                                    |              | 0                              |
| 59.00                                                                         | Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket                                                                                                                                             |                      |                      |                                    |              | 0.00                           |
| 60.00                                                                         | Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket                                                                                                                                                                           |                      |                      |                                    |              | 0.00                           |
| 61.00                                                                         | If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions) |                      |                      |                                    |              | 0                              |
| 62.00                                                                         | Relief payment (see instructions)                                                                                                                                                                                                                               |                      |                      |                                    |              | 0                              |
| 63.00                                                                         | Allowable Inpatient cost plus incentive payment (see instructions)                                                                                                                                                                                              |                      |                      |                                    |              | 0                              |
| PROGRAM INPATIENT ROUTINE SWING BED COST                                      |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |
| 64.00                                                                         | Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                            |                      |                      |                                    |              | 0                              |
| 65.00                                                                         | Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                              |                      |                      |                                    |              | 0                              |
| 66.00                                                                         | Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)                                                                                                                                       |                      |                      |                                    |              | 0                              |
| 67.00                                                                         | Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)                                                                                                                                        |                      |                      |                                    |              | 0                              |
| 68.00                                                                         | Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)                                                                                                                                          |                      |                      |                                    |              | 0                              |
| 69.00                                                                         | Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)                                                                                                                                                                                   |                      |                      |                                    |              | 0                              |
| PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |
| 70.00                                                                         | Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)                                                                                                                                                                          |                      |                      |                                    |              | 70.00                          |
| 71.00                                                                         | Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)                                                                                                                                                                                     |                      |                      |                                    |              | 71.00                          |
| 72.00                                                                         | Program routine service cost (line 9 x line 71)                                                                                                                                                                                                                 |                      |                      |                                    |              | 72.00                          |
| 73.00                                                                         | Medically necessary private room cost applicable to Program (line 14 x line 35)                                                                                                                                                                                 |                      |                      |                                    |              | 73.00                          |
| 74.00                                                                         | Total Program general inpatient routine service costs (line 72 + line 73)                                                                                                                                                                                       |                      |                      |                                    |              | 74.00                          |
| 75.00                                                                         | Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)                                                                                                                                               |                      |                      |                                    |              | 75.00                          |
| 76.00                                                                         | Per diem capital-related costs (line 75 ÷ line 2)                                                                                                                                                                                                               |                      |                      |                                    |              | 76.00                          |
| 77.00                                                                         | Program capital-related costs (line 9 x line 76)                                                                                                                                                                                                                |                      |                      |                                    |              | 77.00                          |
| 78.00                                                                         | Inpatient routine service cost (line 74 minus line 77)                                                                                                                                                                                                          |                      |                      |                                    |              | 78.00                          |
| 79.00                                                                         | Aggregate charges to beneficiaries for excess costs (from provider records)                                                                                                                                                                                     |                      |                      |                                    |              | 79.00                          |
| 80.00                                                                         | Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)                                                                                                                                                               |                      |                      |                                    |              | 80.00                          |
| 81.00                                                                         | Inpatient routine service cost per diem limitation                                                                                                                                                                                                              |                      |                      |                                    |              | 81.00                          |
| 82.00                                                                         | Inpatient routine service cost limitation (line 9 x line 81)                                                                                                                                                                                                    |                      |                      |                                    |              | 82.00                          |
| 83.00                                                                         | Reasonable inpatient routine service costs (see instructions)                                                                                                                                                                                                   |                      |                      |                                    |              | 83.00                          |
| 84.00                                                                         | Program inpatient ancillary services (see instructions)                                                                                                                                                                                                         |                      |                      |                                    |              | 84.00                          |
| 85.00                                                                         | Utilization review - physician compensation (see instructions)                                                                                                                                                                                                  |                      |                      |                                    |              | 85.00                          |
| 86.00                                                                         | Total Program inpatient operating costs (sum of lines 83 through 85)                                                                                                                                                                                            |                      |                      |                                    |              | 86.00                          |
| PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST                    |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |
| 87.00                                                                         | Total observation bed days (see instructions)                                                                                                                                                                                                                   |                      |                      |                                    |              | 5,923                          |
| 88.00                                                                         | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)                                                                                                                                                                                             |                      |                      |                                    |              | 1,267.26                       |
| 89.00                                                                         | Observation bed cost (line 87 x line 88) (see instructions)                                                                                                                                                                                                     |                      |                      |                                    |              | 7,505,981                      |

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet D-1

Date/Time Prepared:  
7/19/2021 2:11 pm

|                                                  |           | Title XVIII                    |                        | Hospital                                           | PPS                                                                                   |       |
|--------------------------------------------------|-----------|--------------------------------|------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------|-------|
| Cost Center Description                          | Cost      | Routine Cost<br>(from line 21) | column 1 ÷<br>column 2 | Total<br>Observation<br>Bed Cost (from<br>line 89) | Observation<br>Bed Pass<br>Through Cost<br>(col. 3 x col.<br>4) (see<br>instructions) |       |
|                                                  | 1.00      | 2.00                           | 3.00                   | 4.00                                               | 5.00                                                                                  |       |
| COMPUTATION OF OBSERVATION BED PASS THROUGH COST |           |                                |                        |                                                    |                                                                                       |       |
| 90.00 Capital-related cost                       | 9,516,083 | 88,664,928                     | 0.107326               | 7,505,981                                          | 805,587                                                                               | 90.00 |
| 91.00 Nursing School cost                        | 0         | 88,664,928                     | 0.000000               | 7,505,981                                          | 0                                                                                     | 91.00 |
| 92.00 Allied health cost                         | 372,443   | 88,664,928                     | 0.004201               | 7,505,981                                          | 31,533                                                                                | 92.00 |
| 93.00 All other Medical Education                | 0         | 88,664,928                     | 0.000000               | 7,505,981                                          | 0                                                                                     | 93.00 |

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT |       |                                                                    | Provider CCN: 14-0202       | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet D-3<br>Date/Time Prepared:<br>7/19/2021 2:11 pm |        |
|------------------------------------------------|-------|--------------------------------------------------------------------|-----------------------------|---------------------------------------------|-----------------------------------------------------------|--------|
|                                                |       |                                                                    | Title XVIII                 | Hospital                                    | PPS                                                       |        |
| Cost Center Description                        |       |                                                                    | Ratio of Cost<br>To Charges | Inpatient<br>Program<br>Charges             | Inpatient<br>Program Costs<br>(col. 1 x col.<br>2)        |        |
|                                                |       |                                                                    | 1.00                        | 2.00                                        | 3.00                                                      |        |
| INPATIENT ROUTINE SERVICE COST CENTERS         |       |                                                                    |                             |                                             |                                                           |        |
| 30.00                                          | 03000 | ADULTS & PEDIATRICS                                                |                             | 89,027,112                                  |                                                           | 30.00  |
| 31.00                                          | 03100 | INTENSIVE CARE UNIT                                                |                             | 9,791,487                                   |                                                           | 31.00  |
| 41.00                                          | 04100 | SUBPROVIDER - IRF                                                  |                             | 0                                           |                                                           | 41.00  |
| 42.00                                          | 04200 | SUBPROVIDER                                                        |                             | 0                                           |                                                           | 42.00  |
| 43.00                                          | 04300 | NURSERY                                                            |                             |                                             |                                                           | 43.00  |
| ANCILLARY SERVICE COST CENTERS                 |       |                                                                    |                             |                                             |                                                           |        |
| 50.00                                          | 05000 | OPERATING ROOM                                                     | 0.170234                    | 21,392,518                                  | 3,641,734                                                 | 50.00  |
| 51.00                                          | 05100 | RECOVERY ROOM                                                      | 0.137692                    | 2,623,606                                   | 361,250                                                   | 51.00  |
| 52.00                                          | 05200 | DELIVERY ROOM & LABOR ROOM                                         | 0.922313                    | 0                                           | 0                                                         | 52.00  |
| 53.00                                          | 05300 | ANESTHESIOLOGY                                                     | 0.031313                    | 2,633,332                                   | 82,458                                                    | 53.00  |
| 54.00                                          | 05400 | RADIOLOGY-DIAGNOSTIC                                               | 0.281114                    | 4,649,052                                   | 1,306,914                                                 | 54.00  |
| 56.00                                          | 05600 | RADIOISOTOPE                                                       | 0.064389                    | 2,006,195                                   | 129,177                                                   | 56.00  |
| 56.01                                          | 05603 | ULTRASOUND                                                         | 0.117986                    | 2,362,742                                   | 278,770                                                   | 56.01  |
| 57.00                                          | 05700 | CT SCAN                                                            | 0.029094                    | 14,676,089                                  | 426,986                                                   | 57.00  |
| 58.00                                          | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                                   | 0.056219                    | 3,306,534                                   | 185,890                                                   | 58.00  |
| 59.00                                          | 05900 | CARDIAC CATHETERIZATION                                            | 0.101998                    | 14,392,547                                  | 1,468,011                                                 | 59.00  |
| 60.00                                          | 06000 | LABORATORY                                                         | 0.127556                    | 31,896,805                                  | 4,068,629                                                 | 60.00  |
| 63.00                                          | 06300 | BLOOD STORING, PROCESSING & TRANS.                                 | 0.000000                    | 0                                           | 0                                                         | 63.00  |
| 64.00                                          | 06400 | INTRAVENOUS THERAPY                                                | 0.311051                    | 0                                           | 0                                                         | 64.00  |
| 65.00                                          | 06500 | RESPIRATORY THERAPY                                                | 0.167973                    | 14,176,393                                  | 2,381,251                                                 | 65.00  |
| 65.01                                          | 06501 | STRESS TEST                                                        | 0.059335                    | 5,327,724                                   | 316,121                                                   | 65.01  |
| 66.00                                          | 06600 | PHYSICAL THERAPY                                                   | 0.320181                    | 5,522,572                                   | 1,768,223                                                 | 66.00  |
| 67.00                                          | 06700 | OCCUPATIONAL THERAPY                                               | 0.000000                    | 0                                           | 0                                                         | 67.00  |
| 68.00                                          | 06800 | SPEECH PATHOLOGY                                                   | 0.000000                    | 0                                           | 0                                                         | 68.00  |
| 69.00                                          | 06900 | ELECTROCARDIOLOGY                                                  | 0.084216                    | 2,326,042                                   | 195,890                                                   | 69.00  |
| 69.01                                          | 06901 | ECHOCARDIOGRAM                                                     | 0.000000                    | 0                                           | 0                                                         | 69.01  |
| 69.02                                          | 06902 | CARDIOLOGY                                                         | 0.000000                    | 0                                           | 0                                                         | 69.02  |
| 70.00                                          | 07000 | ELECTROENCEPHALOGRAPHY                                             | 0.620576                    | 106,021                                     | 65,794                                                    | 70.00  |
| 71.00                                          | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS                               | 0.560426                    | 11,949,643                                  | 6,696,891                                                 | 71.00  |
| 72.00                                          | 07200 | IMPL. DEV. CHARGED TO PATIENT                                      | 0.257610                    | 18,399,391                                  | 4,739,867                                                 | 72.00  |
| 73.00                                          | 07300 | DRUGS CHARGED TO PATIENTS                                          | 0.172905                    | 42,549,593                                  | 7,357,037                                                 | 73.00  |
| 74.00                                          | 07400 | RENAL DIALYSIS                                                     | 0.334463                    | 3,297,590                                   | 1,102,922                                                 | 74.00  |
| 75.02                                          | 07501 | OUTPATIENT SURGERY                                                 | 0.000000                    | 0                                           | 0                                                         | 75.02  |
| 76.00                                          | 03290 | ELECTROMYOGRAPHY                                                   | 0.000000                    | 0                                           | 0                                                         | 76.00  |
| 76.97                                          | 07697 | CARDIAC REHABILITATION                                             | 1.372841                    | 20,609                                      | 28,293                                                    | 76.97  |
| 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                                                             | 0.229977                    | 45,139                                      | 10,381                                                    | 90.00  |
| 90.01                                          | 09001 | ADDICTION RECOVERY CLINIC                                          | 0.000000                    | 0                                           | 0                                                         | 90.01  |
| 90.03                                          | 09002 | LITHOTRIPSY                                                        | 0.000000                    | 0                                           | 0                                                         | 90.03  |
| 91.00                                          | 09100 | EMERGENCY                                                          | 0.203746                    | 18,288,572                                  | 3,726,223                                                 | 91.00  |
| 91.20                                          | 09101 | ACUTE CARE CENTER                                                  | 0.554689                    | 28,067                                      | 15,568                                                    | 91.20  |
| 92.00                                          | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)                               | 0.358171                    | 3,426,497                                   | 1,227,272                                                 | 92.00  |
| 200.00                                         |       | Total (sum of lines 50 through 94 and 96 through 98)               |                             | 225,403,273                                 | 41,581,552                                                | 200.00 |
| 201.00                                         |       | Less PBP Clinic Laboratory Services-Program only charges (line 61) |                             | 0                                           | 0                                                         | 201.00 |
| 202.00                                         |       | Net charges (line 200 minus line 201)                              |                             | 225,403,273                                 |                                                           | 202.00 |

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT |       |                                                                    | Provider CCN: 14-0202       | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet D-3<br>Date/Time Prepared:<br>7/19/2021 2:11 pm |        |
|------------------------------------------------|-------|--------------------------------------------------------------------|-----------------------------|---------------------------------------------|-----------------------------------------------------------|--------|
|                                                |       |                                                                    | Title XIX                   | Hospital                                    | Cost                                                      |        |
| Cost Center Description                        |       |                                                                    | Ratio of Cost<br>To Charges | Inpatient<br>Program<br>Charges             | Inpatient<br>Program Costs<br>(col. 1 x col.<br>2)        |        |
|                                                |       |                                                                    | 1.00                        | 2.00                                        | 3.00                                                      |        |
| INPATIENT ROUTINE SERVICE COST CENTERS         |       |                                                                    |                             |                                             |                                                           |        |
| 30.00                                          | 03000 | ADULTS & PEDIATRICS                                                |                             | 9,114,906                                   |                                                           | 30.00  |
| 31.00                                          | 03100 | INTENSIVE CARE UNIT                                                |                             | 3,080,792                                   |                                                           | 31.00  |
| 41.00                                          | 04100 | SUBPROVIDER - IRF                                                  |                             | 0                                           |                                                           | 41.00  |
| 42.00                                          | 04200 | SUBPROVIDER                                                        |                             | 0                                           |                                                           | 42.00  |
| 43.00                                          | 04300 | NURSERY                                                            |                             | 1,806,071                                   |                                                           | 43.00  |
| ANCILLARY SERVICE COST CENTERS                 |       |                                                                    |                             |                                             |                                                           |        |
| 50.00                                          | 05000 | OPERATING ROOM                                                     | 0.170234                    | 2,414,161                                   | 410,972                                                   | 50.00  |
| 51.00                                          | 05100 | RECOVERY ROOM                                                      | 0.137692                    | 246,320                                     | 33,916                                                    | 51.00  |
| 52.00                                          | 05200 | DELIVERY ROOM & LABOR ROOM                                         | 0.922313                    | 57,182                                      | 52,740                                                    | 52.00  |
| 53.00                                          | 05300 | ANESTHESIOLOGY                                                     | 0.031313                    | 316,191                                     | 9,901                                                     | 53.00  |
| 54.00                                          | 05400 | RADIOLOGY-DIAGNOSTIC                                               | 0.281114                    | 488,334                                     | 137,278                                                   | 54.00  |
| 56.00                                          | 05600 | RADIOISOTOPE                                                       | 0.064389                    | 149,091                                     | 9,600                                                     | 56.00  |
| 56.01                                          | 05603 | ULTRASOUND                                                         | 0.117986                    | 277,922                                     | 32,791                                                    | 56.01  |
| 57.00                                          | 05700 | CT SCAN                                                            | 0.029094                    | 1,775,006                                   | 51,642                                                    | 57.00  |
| 58.00                                          | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                                   | 0.056219                    | 348,483                                     | 19,591                                                    | 58.00  |
| 59.00                                          | 05900 | CARDIAC CATHETERIZATION                                            | 0.101998                    | 844,463                                     | 86,134                                                    | 59.00  |
| 60.00                                          | 06000 | LABORATORY                                                         | 0.127556                    | 4,082,698                                   | 520,773                                                   | 60.00  |
| 63.00                                          | 06300 | BLOOD STORING, PROCESSING & TRANS.                                 | 0.000000                    | 0                                           | 0                                                         | 63.00  |
| 64.00                                          | 06400 | INTRAVENOUS THERAPY                                                | 0.311051                    | 0                                           | 0                                                         | 64.00  |
| 65.00                                          | 06500 | RESPIRATORY THERAPY                                                | 0.167973                    | 1,945,013                                   | 326,710                                                   | 65.00  |
| 65.01                                          | 06501 | STRESS TEST                                                        | 0.059335                    | 305,971                                     | 18,155                                                    | 65.01  |
| 66.00                                          | 06600 | PHYSICAL THERAPY                                                   | 0.320181                    | 456,962                                     | 146,311                                                   | 66.00  |
| 67.00                                          | 06700 | OCCUPATIONAL THERAPY                                               | 0.000000                    | 0                                           | 0                                                         | 67.00  |
| 68.00                                          | 06800 | SPEECH PATHOLOGY                                                   | 0.000000                    | 0                                           | 0                                                         | 68.00  |
| 69.00                                          | 06900 | ELECTROCARDIOLOGY                                                  | 0.084216                    | 208,026                                     | 17,519                                                    | 69.00  |
| 69.01                                          | 06901 | ECHOCARDIOGRAM                                                     | 0.000000                    | 0                                           | 0                                                         | 69.01  |
| 69.02                                          | 06902 | CARDIOLOGY                                                         | 0.000000                    | 0                                           | 0                                                         | 69.02  |
| 70.00                                          | 07000 | ELECTROENCEPHALOGRAPHY                                             | 0.620576                    | 9,405                                       | 5,837                                                     | 70.00  |
| 71.00                                          | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS                               | 0.560426                    | 1,008,793                                   | 565,354                                                   | 71.00  |
| 72.00                                          | 07200 | IMPL. DEV. CHARGED TO PATIENT                                      | 0.257610                    | 942,120                                     | 242,700                                                   | 72.00  |
| 73.00                                          | 07300 | DRUGS CHARGED TO PATIENTS                                          | 0.172905                    | 5,902,527                                   | 1,020,576                                                 | 73.00  |
| 74.00                                          | 07400 | RENAL DIALYSIS                                                     | 0.334463                    | 165,560                                     | 55,374                                                    | 74.00  |
| 75.02                                          | 07501 | OUTPATIENT SURGERY                                                 | 0.000000                    | 0                                           | 0                                                         | 75.02  |
| 76.00                                          | 03290 | ELECTROMYOGRAPHY                                                   | 0.000000                    | 0                                           | 0                                                         | 76.00  |
| 76.97                                          | 07697 | CARDIAC REHABILITATION                                             | 1.372841                    | 0                                           | 0                                                         | 76.97  |
| OUTPATIENT SERVICE COST CENTERS                |       |                                                                    |                             |                                             |                                                           |        |
| 88.00                                          | 08800 | RURAL HEALTH CLINIC                                                | 0.000000                    | 0                                           | 0                                                         | 88.00  |
| 89.00                                          | 08900 | FEDERALLY QUALIFIED HEALTH CENTER                                  | 0.000000                    | 0                                           | 0                                                         | 89.00  |
| 90.00                                          | 09000 | CLINIC                                                             | 0.229977                    | 210                                         | 48                                                        | 90.00  |
| 90.01                                          | 09001 | ADDICTION RECOVERY CLINIC                                          | 0.000000                    | 0                                           | 0                                                         | 90.01  |
| 90.03                                          | 09002 | LITHOTRIPSY                                                        | 0.000000                    | 0                                           | 0                                                         | 90.03  |
| 91.00                                          | 09100 | EMERGENCY                                                          | 0.203746                    | 2,114,285                                   | 430,777                                                   | 91.00  |
| 91.20                                          | 09101 | ACUTE CARE CENTER                                                  | 0.554689                    | 1,226                                       | 680                                                       | 91.20  |
| 92.00                                          | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)                               | 0.358171                    | 240,765                                     | 86,235                                                    | 92.00  |
| 200.00                                         |       | Total (sum of lines 50 through 94 and 96 through 98)               |                             | 24,300,714                                  | 4,281,614                                                 | 200.00 |
| 201.00                                         |       | Less PBP Clinic Laboratory Services-Program only charges (line 61) |                             | 0                                           | 0                                                         | 201.00 |
| 202.00                                         |       | Net charges (line 200 minus line 201)                              |                             | 24,300,714                                  |                                                           | 202.00 |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                   |                                                                                                                                                                                                                                         | Provider CCN: 14-0202 | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet E<br>Part A<br>Date/Time Prepared:<br>7/19/2021 2:11 pm |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-------------------------------------------------------------------|
|                                                                           |                                                                                                                                                                                                                                         | Title XVIII           | Hospital                                    | PPS                                                               |
|                                                                           |                                                                                                                                                                                                                                         |                       | 1.00                                        |                                                                   |
| PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS                           |                                                                                                                                                                                                                                         |                       |                                             |                                                                   |
| 1.00                                                                      | DRG Amounts Other than Outlier Payments                                                                                                                                                                                                 |                       | 0                                           | 1.00                                                              |
| 1.01                                                                      | DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)                                                                                                                                  |                       | 42,273,902                                  | 1.01                                                              |
| 1.02                                                                      | DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)                                                                                                                               |                       | 15,429,931                                  | 1.02                                                              |
| 1.03                                                                      | DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)                                                                                                              |                       | 0                                           | 1.03                                                              |
| 1.04                                                                      | DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)                                                                                                           |                       | 0                                           | 1.04                                                              |
| 2.00                                                                      | Outlier payments for discharges. (see instructions)                                                                                                                                                                                     |                       |                                             | 2.00                                                              |
| 2.01                                                                      | Outlier reconciliation amount                                                                                                                                                                                                           |                       | 0                                           | 2.01                                                              |
| 2.02                                                                      | Outlier payment for discharges for Model 4 BPCI (see instructions)                                                                                                                                                                      |                       | 0                                           | 2.02                                                              |
| 2.03                                                                      | Outlier payments for discharges occurring prior to October 1 (see instructions)                                                                                                                                                         |                       | 0                                           | 2.03                                                              |
| 2.04                                                                      | Outlier payments for discharges occurring on or after October 1 (see instructions)                                                                                                                                                      |                       | 1,260,509                                   | 2.04                                                              |
| 3.00                                                                      | Managed Care Simulated Payments                                                                                                                                                                                                         |                       | 0                                           | 3.00                                                              |
| 4.00                                                                      | Bed days available divided by number of days in the cost reporting period (see instructions)                                                                                                                                            |                       | 254.48                                      | 4.00                                                              |
| Indirect Medical Education Adjustment                                     |                                                                                                                                                                                                                                         |                       |                                             |                                                                   |
| 5.00                                                                      | FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)                                                                                           |                       | 0.00                                        | 5.00                                                              |
| 6.00                                                                      | FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)                                                                                  |                       | 0.00                                        | 6.00                                                              |
| 7.00                                                                      | MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)                                                                                                                                      |                       | 0.00                                        | 7.00                                                              |
| 7.01                                                                      | ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.                                                                          |                       | 0.00                                        | 7.01                                                              |
| 8.00                                                                      | Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002). |                       | 0.00                                        | 8.00                                                              |
| 8.01                                                                      | The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.                                                                                  |                       | 0.00                                        | 8.01                                                              |
| 8.02                                                                      | The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)                                                                                                |                       | 0.00                                        | 8.02                                                              |
| 9.00                                                                      | Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)                                                                                                                                   |                       | 0.00                                        | 9.00                                                              |
| 10.00                                                                     | FTE count for allopathic and osteopathic programs in the current year from your records                                                                                                                                                 |                       | 0.00                                        | 10.00                                                             |
| 11.00                                                                     | FTE count for residents in dental and podiatric programs.                                                                                                                                                                               |                       | 0.00                                        | 11.00                                                             |
| 12.00                                                                     | Current year allowable FTE (see instructions)                                                                                                                                                                                           |                       | 0.00                                        | 12.00                                                             |
| 13.00                                                                     | Total allowable FTE count for the prior year.                                                                                                                                                                                           |                       | 0.00                                        | 13.00                                                             |
| 14.00                                                                     | Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.                                                                                                             |                       | 0.00                                        | 14.00                                                             |
| 15.00                                                                     | Sum of lines 12 through 14 divided by 3.                                                                                                                                                                                                |                       | 0.00                                        | 15.00                                                             |
| 16.00                                                                     | Adjustment for residents in initial years of the program                                                                                                                                                                                |                       | 0.00                                        | 16.00                                                             |
| 17.00                                                                     | Adjustment for residents displaced by program or hospital closure                                                                                                                                                                       |                       | 0.00                                        | 17.00                                                             |
| 18.00                                                                     | Adjusted rolling average FTE count                                                                                                                                                                                                      |                       | 0.00                                        | 18.00                                                             |
| 19.00                                                                     | Current year resident to bed ratio (line 18 divided by line 4).                                                                                                                                                                         |                       | 0.000000                                    | 19.00                                                             |
| 20.00                                                                     | Prior year resident to bed ratio (see instructions)                                                                                                                                                                                     |                       | 0.000000                                    | 20.00                                                             |
| 21.00                                                                     | Enter the lesser of lines 19 or 20 (see instructions)                                                                                                                                                                                   |                       | 0.000000                                    | 21.00                                                             |
| 22.00                                                                     | IME payment adjustment (see instructions)                                                                                                                                                                                               |                       | 0                                           | 22.00                                                             |
| 22.01                                                                     | IME payment adjustment - Managed Care (see instructions)                                                                                                                                                                                |                       | 0                                           | 22.01                                                             |
| Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA |                                                                                                                                                                                                                                         |                       |                                             |                                                                   |
| 23.00                                                                     | Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C ).                                                                                                                         |                       | 0.00                                        | 23.00                                                             |
| 24.00                                                                     | IME FTE Resident Count Over Cap (see instructions)                                                                                                                                                                                      |                       | 0.00                                        | 24.00                                                             |
| 25.00                                                                     | If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)                                                                                                                             |                       | 0.00                                        | 25.00                                                             |
| 26.00                                                                     | Resident to bed ratio (divide line 25 by line 4)                                                                                                                                                                                        |                       | 0.000000                                    | 26.00                                                             |
| 27.00                                                                     | IME payments adjustment factor. (see instructions)                                                                                                                                                                                      |                       | 0.000000                                    | 27.00                                                             |
| 28.00                                                                     | IME add-on adjustment amount (see instructions)                                                                                                                                                                                         |                       | 0                                           | 28.00                                                             |
| 28.01                                                                     | IME add-on adjustment amount - Managed Care (see instructions)                                                                                                                                                                          |                       | 0                                           | 28.01                                                             |
| 29.00                                                                     | Total IME payment ( sum of lines 22 and 28)                                                                                                                                                                                             |                       | 0                                           | 29.00                                                             |
| 29.01                                                                     | Total IME payment - Managed Care (sum of lines 22.01 and 28.01)                                                                                                                                                                         |                       | 0                                           | 29.01                                                             |
| Disproportionate Share Adjustment                                         |                                                                                                                                                                                                                                         |                       |                                             |                                                                   |
| 30.00                                                                     | Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)                                                                                                                                             |                       | 3.25                                        | 30.00                                                             |
| 31.00                                                                     | Percentage of Medicaid patient days (see instructions)                                                                                                                                                                                  |                       | 14.23                                       | 31.00                                                             |
| 32.00                                                                     | Sum of lines 30 and 31                                                                                                                                                                                                                  |                       | 17.48                                       | 32.00                                                             |
| 33.00                                                                     | Allowable disproportionate share percentage (see instructions)                                                                                                                                                                          |                       | 4.11                                        | 33.00                                                             |
| 34.00                                                                     | Disproportionate share adjustment (see instructions)                                                                                                                                                                                    |                       | 592,907                                     | 34.00                                                             |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                                            |                                                                                                                  | Provider CCN: 14-0202 | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet E<br>Part A<br>Date/Time Prepared:<br>7/19/2021 2:11 pm |       |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-------------------------------------------------------------------|-------|
|                                                                                                    |                                                                                                                  | Title XVIII           | Hospital                                    | PPS                                                               |       |
|                                                                                                    |                                                                                                                  |                       | Prior to 10/1                               | On/After 10/1                                                     |       |
|                                                                                                    |                                                                                                                  |                       | 1.00                                        | 2.00                                                              |       |
| <b>Uncompensated Care Adjustment</b>                                                               |                                                                                                                  |                       |                                             |                                                                   |       |
| 35.00                                                                                              | Total uncompensated care amount (see instructions)                                                               |                       | 8,350,599,096                               | 8,290,014,521                                                     | 35.00 |
| 35.01                                                                                              | Factor 3 (see instructions)                                                                                      |                       | 0.000442822                                 | 0.000392797                                                       | 35.01 |
| 35.02                                                                                              | Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)             |                       | 3,697,833                                   | 3,256,293                                                         | 35.02 |
| 35.03                                                                                              | Pro rata share of the hospital uncompensated care payment amount (see instructions)                              |                       | 2,768,324                                   | 820,765                                                           | 35.03 |
| 36.00                                                                                              | Total uncompensated care (sum of columns 1 and 2 on line 35.03)                                                  |                       | 3,589,089                                   |                                                                   | 36.00 |
| <b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b> |                                                                                                                  |                       |                                             |                                                                   |       |
| 40.00                                                                                              | Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)                      |                       | 0                                           |                                                                   | 40.00 |
| 41.00                                                                                              | Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)                  |                       | 0                                           |                                                                   | 41.00 |
| 41.01                                                                                              | Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions) |                       | 0                                           |                                                                   | 41.01 |
| 42.00                                                                                              | Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)                                  |                       | 0.00                                        |                                                                   | 42.00 |
| 43.00                                                                                              | Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)              |                       | 0                                           |                                                                   | 43.00 |
| 44.00                                                                                              | Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)                       |                       | 0.000000                                    |                                                                   | 44.00 |
| 45.00                                                                                              | Average weekly cost for dialysis treatments (see instructions)                                                   |                       | 0.00                                        |                                                                   | 45.00 |
| 46.00                                                                                              | Total additional payment (line 45 times line 44 times line 41.01)                                                |                       | 0                                           |                                                                   | 46.00 |
| 47.00                                                                                              | Subtotal (see instructions)                                                                                      |                       | 63,146,338                                  |                                                                   | 47.00 |
| 48.00                                                                                              | Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))      |                       | 0                                           |                                                                   | 48.00 |
|                                                                                                    |                                                                                                                  |                       |                                             | <b>Amount</b>                                                     |       |
|                                                                                                    |                                                                                                                  |                       |                                             | 1.00                                                              |       |
| 49.00                                                                                              | Total payment for inpatient operating costs (see instructions)                                                   |                       |                                             | 63,146,338                                                        | 49.00 |
| 50.00                                                                                              | Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)                            |                       |                                             | 4,782,075                                                         | 50.00 |
| 51.00                                                                                              | Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)                             |                       |                                             | 0                                                                 | 51.00 |
| 52.00                                                                                              | Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).                            |                       |                                             | 0                                                                 | 52.00 |
| 53.00                                                                                              | Nursing and Allied Health Managed Care payment                                                                   |                       |                                             | 54,913                                                            | 53.00 |
| 54.00                                                                                              | Special add-on payments for new technologies                                                                     |                       |                                             | 387,482                                                           | 54.00 |
| 54.01                                                                                              | Islet isolation add-on payment                                                                                   |                       |                                             | 0                                                                 | 54.01 |
| 55.00                                                                                              | Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)                                                  |                       |                                             | 0                                                                 | 55.00 |
| 56.00                                                                                              | Cost of physicians' services in a teaching hospital (see instructions)                                           |                       |                                             | 0                                                                 | 56.00 |
| 57.00                                                                                              | Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).                 |                       |                                             | 160,022                                                           | 57.00 |
| 58.00                                                                                              | Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)                               |                       |                                             | 84,054                                                            | 58.00 |
| 59.00                                                                                              | Total (sum of amounts on lines 49 through 58)                                                                    |                       |                                             | 68,614,884                                                        | 59.00 |
| 60.00                                                                                              | Primary payer payments                                                                                           |                       |                                             | 3,765                                                             | 60.00 |
| 61.00                                                                                              | Total amount payable for program beneficiaries (line 59 minus line 60)                                           |                       |                                             | 68,611,119                                                        | 61.00 |
| 62.00                                                                                              | Deductibles billed to program beneficiaries                                                                      |                       |                                             | 5,410,328                                                         | 62.00 |
| 63.00                                                                                              | Coinurance billed to program beneficiaries                                                                       |                       |                                             | 189,365                                                           | 63.00 |
| 64.00                                                                                              | Allowable bad debts (see instructions)                                                                           |                       |                                             | 702,919                                                           | 64.00 |
| 65.00                                                                                              | Adjusted reimbursable bad debts (see instructions)                                                               |                       |                                             | 456,897                                                           | 65.00 |
| 66.00                                                                                              | Allowable bad debts for dual eligible beneficiaries (see instructions)                                           |                       |                                             | 380,003                                                           | 66.00 |
| 67.00                                                                                              | Subtotal (line 61 plus line 65 minus lines 62 and 63)                                                            |                       |                                             | 63,468,323                                                        | 67.00 |
| 68.00                                                                                              | Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)            |                       |                                             | 0                                                                 | 68.00 |
| 69.00                                                                                              | Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)                         |                       |                                             | 0                                                                 | 69.00 |
| 70.00                                                                                              | ADJUSTMENTS - OTHER PER PS&R                                                                                     |                       |                                             | 2,084                                                             | 70.00 |
| 70.50                                                                                              | Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)              |                       |                                             | 0                                                                 | 70.50 |
| 70.87                                                                                              | Demonstration payment adjustment amount before sequestration                                                     |                       |                                             | 0                                                                 | 70.87 |
| 70.88                                                                                              | SCH or MDH volume decrease adjustment (contractor use only)                                                      |                       |                                             | 0                                                                 | 70.88 |
| 70.89                                                                                              | Pioneer ACO demonstration payment adjustment amount (see instructions)                                           |                       |                                             | 0                                                                 | 70.89 |
| 70.90                                                                                              | HSP bonus payment HVBP adjustment amount (see instructions)                                                      |                       |                                             | 0                                                                 | 70.90 |
| 70.91                                                                                              | HSP bonus payment HRR adjustment amount (see instructions)                                                       |                       |                                             | 0                                                                 | 70.91 |
| 70.92                                                                                              | Bundled Model 1 discount amount (see instructions)                                                               |                       |                                             | 0                                                                 | 70.92 |
| 70.93                                                                                              | HVBP payment adjustment amount (see instructions)                                                                |                       |                                             | -15,272                                                           | 70.93 |
| 70.94                                                                                              | HRR adjustment amount (see instructions)                                                                         |                       |                                             | -99,301                                                           | 70.94 |
| 70.95                                                                                              | Recovery of accelerated depreciation                                                                             |                       |                                             | 0                                                                 | 70.95 |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                                                              |                                                                                                                                                | Provider CCN: 14-0202 | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet E<br>Part A<br>Date/Time Prepared:<br>7/19/2021 2:11 pm |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-------------------------------------------------------------------|
|                                                                                                                      |                                                                                                                                                | Title XVIII           | Hospital                                    | PPS                                                               |
|                                                                                                                      |                                                                                                                                                | FFY (yyyy)            | Amount                                      |                                                                   |
|                                                                                                                      |                                                                                                                                                | 0                     | 1.00                                        |                                                                   |
| 70.96                                                                                                                | Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)           | 0                     | 0                                           | 70.96                                                             |
| 70.97                                                                                                                | Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1) | 0                     | 0                                           | 70.97                                                             |
| 70.98                                                                                                                | Low Volume Payment-3                                                                                                                           |                       | 0                                           | 70.98                                                             |
| 70.99                                                                                                                | HAC adjustment amount (see instructions)                                                                                                       |                       | 181,397                                     | 70.99                                                             |
| 71.00                                                                                                                | Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)                                                                          |                       | 63,174,437                                  | 71.00                                                             |
| 71.01                                                                                                                | Sequestration adjustment (see instructions)                                                                                                    |                       | 416,951                                     | 71.01                                                             |
| 71.02                                                                                                                | Demonstration payment adjustment amount after sequestration                                                                                    |                       | 0                                           | 71.02                                                             |
| 71.03                                                                                                                | Sequestration adjustment-PARHM pass-throughs                                                                                                   |                       | 0                                           | 71.03                                                             |
| 72.00                                                                                                                | Interim payments                                                                                                                               |                       | 62,288,168                                  | 72.00                                                             |
| 72.01                                                                                                                | Interim payments-PARHM                                                                                                                         |                       | 0                                           | 72.01                                                             |
| 73.00                                                                                                                | Tentative settlement (for contractor use only)                                                                                                 |                       | 0                                           | 73.00                                                             |
| 73.01                                                                                                                | Tentative settlement-PARHM (for contractor use only)                                                                                           |                       | 0                                           | 73.01                                                             |
| 74.00                                                                                                                | Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)                                                                    |                       | 469,318                                     | 74.00                                                             |
| 74.01                                                                                                                | Balance due provider/program-PARHM (see instructions)                                                                                          |                       | 0                                           | 74.01                                                             |
| 75.00                                                                                                                | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2                                         |                       | 1,312,772                                   | 75.00                                                             |
| TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)                                                                  |                                                                                                                                                |                       |                                             |                                                                   |
| 90.00                                                                                                                | Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)                                              |                       | 0                                           | 90.00                                                             |
| 91.00                                                                                                                | Capital outlier from Wkst. L, Pt. I, line 2                                                                                                    |                       | 0                                           | 91.00                                                             |
| 92.00                                                                                                                | Operating outlier reconciliation adjustment amount (see instructions)                                                                          |                       | 0                                           | 92.00                                                             |
| 93.00                                                                                                                | Capital outlier reconciliation adjustment amount (see instructions)                                                                            |                       | 0                                           | 93.00                                                             |
| 94.00                                                                                                                | The rate used to calculate the time value of money (see instructions)                                                                          |                       | 0.00                                        | 94.00                                                             |
| 95.00                                                                                                                | Time value of money for operating expenses (see instructions)                                                                                  |                       | 0                                           | 95.00                                                             |
| 96.00                                                                                                                | Time value of money for capital related expenses (see instructions)                                                                            |                       | 0                                           | 96.00                                                             |
|                                                                                                                      |                                                                                                                                                | Prior to 10/1         | On/After 10/1                               |                                                                   |
|                                                                                                                      |                                                                                                                                                | 1.00                  | 2.00                                        |                                                                   |
| HSP Bonus Payment Amount                                                                                             |                                                                                                                                                |                       |                                             |                                                                   |
| 100.00                                                                                                               | HSP bonus amount (see instructions)                                                                                                            |                       | 0                                           | 100.00                                                            |
| HVBP Adjustment for HSP Bonus Payment                                                                                |                                                                                                                                                |                       |                                             |                                                                   |
| 101.00                                                                                                               | HVBP adjustment factor (see instructions)                                                                                                      | 0.0000000000          | 0.0000000000                                | 101.00                                                            |
| 102.00                                                                                                               | HVBP adjustment amount for HSP bonus payment (see instructions)                                                                                |                       | 0                                           | 102.00                                                            |
| HRR Adjustment for HSP Bonus Payment                                                                                 |                                                                                                                                                |                       |                                             |                                                                   |
| 103.00                                                                                                               | HRR adjustment factor (see instructions)                                                                                                       | 0.0000                | 0.0000                                      | 103.00                                                            |
| 104.00                                                                                                               | HRR adjustment amount for HSP bonus payment (see instructions)                                                                                 |                       | 0                                           | 104.00                                                            |
| Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment                                     |                                                                                                                                                |                       |                                             |                                                                   |
| 200.00                                                                                                               | Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.           |                       |                                             | 200.00                                                            |
| Cost Reimbursement                                                                                                   |                                                                                                                                                |                       |                                             |                                                                   |
| 201.00                                                                                                               | Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)                                                                             |                       |                                             | 201.00                                                            |
| 202.00                                                                                                               | Medicare discharges (see instructions)                                                                                                         |                       |                                             | 202.00                                                            |
| 203.00                                                                                                               | Case-mix adjustment factor (see instructions)                                                                                                  |                       |                                             | 203.00                                                            |
| Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period) |                                                                                                                                                |                       |                                             |                                                                   |
| 204.00                                                                                                               | Medicare target amount                                                                                                                         |                       |                                             | 204.00                                                            |
| 205.00                                                                                                               | Case-mix adjusted target amount (line 203 times line 204)                                                                                      |                       |                                             | 205.00                                                            |
| 206.00                                                                                                               | Medicare inpatient routine cost cap (line 202 times line 205)                                                                                  |                       |                                             | 206.00                                                            |
| Adjustment to Medicare Part A Inpatient Reimbursement                                                                |                                                                                                                                                |                       |                                             |                                                                   |
| 207.00                                                                                                               | Program reimbursement under the \$410A Demonstration (see instructions)                                                                        |                       |                                             | 207.00                                                            |
| 208.00                                                                                                               | Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)                                                                         |                       |                                             | 208.00                                                            |
| 209.00                                                                                                               | Adjustment to Medicare IPPS payments (see instructions)                                                                                        |                       |                                             | 209.00                                                            |
| 210.00                                                                                                               | Reserved for future use                                                                                                                        |                       |                                             | 210.00                                                            |
| 211.00                                                                                                               | Total adjustment to Medicare IPPS payments (see instructions)                                                                                  |                       |                                             | 211.00                                                            |
| Comparison of PPS versus Cost Reimbursement                                                                          |                                                                                                                                                |                       |                                             |                                                                   |
| 212.00                                                                                                               | Total adjustment to Medicare Part A IPPS payments (from line 211)                                                                              |                       |                                             | 212.00                                                            |
| 213.00                                                                                                               | Low-volume adjustment (see instructions)                                                                                                       |                       |                                             | 213.00                                                            |
| 218.00                                                                                                               | Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)               |                       |                                             | 218.00                                                            |

| Health Financial Systems                                          |                                                                                                                                                                      | CONDELL MEDICAL CENTER |                                             | In Lieu of Form CMS-2552-10                                       |  |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------|-------------------------------------------------------------------|--|
| CALCULATION OF REIMBURSEMENT SETTLEMENT                           |                                                                                                                                                                      | Provider CCN: 14-0202  | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet E<br>Part B<br>Date/Time Prepared:<br>7/19/2021 2:11 pm |  |
|                                                                   |                                                                                                                                                                      | Title XVIII            | Hospital                                    | PPS                                                               |  |
|                                                                   |                                                                                                                                                                      |                        | 1.00                                        |                                                                   |  |
| PART B - MEDICAL AND OTHER HEALTH SERVICES                        |                                                                                                                                                                      |                        |                                             |                                                                   |  |
| 1.00                                                              | Medical and other services (see instructions)                                                                                                                        |                        | 13,695                                      | 1.00                                                              |  |
| 2.00                                                              | Medical and other services reimbursed under OPPS (see instructions)                                                                                                  |                        | 28,677,137                                  | 2.00                                                              |  |
| 3.00                                                              | OPPS payments                                                                                                                                                        |                        | 26,284,778                                  | 3.00                                                              |  |
| 4.00                                                              | Outlier payment (see instructions)                                                                                                                                   |                        | 36,513                                      | 4.00                                                              |  |
| 4.01                                                              | Outlier reconciliation amount (see instructions)                                                                                                                     |                        | 0                                           | 4.01                                                              |  |
| 5.00                                                              | Enter the hospital specific payment to cost ratio (see instructions)                                                                                                 |                        | 0.000                                       | 5.00                                                              |  |
| 6.00                                                              | Line 2 times line 5                                                                                                                                                  |                        | 0                                           | 6.00                                                              |  |
| 7.00                                                              | Sum of lines 3, 4, and 4.01, divided by line 6                                                                                                                       |                        | 0.00                                        | 7.00                                                              |  |
| 8.00                                                              | Transitional corridor payment (see instructions)                                                                                                                     |                        | 0                                           | 8.00                                                              |  |
| 9.00                                                              | Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200                                                                                   |                        | 61,462                                      | 9.00                                                              |  |
| 10.00                                                             | Organ acquisitions                                                                                                                                                   |                        | 0                                           | 10.00                                                             |  |
| 11.00                                                             | Total cost (sum of lines 1 and 10) (see instructions)                                                                                                                |                        | 13,695                                      | 11.00                                                             |  |
| COMPUTATION OF LESSER OF COST OR CHARGES                          |                                                                                                                                                                      |                        |                                             |                                                                   |  |
| Reasonable charges                                                |                                                                                                                                                                      |                        |                                             |                                                                   |  |
| 12.00                                                             | Ancillary service charges                                                                                                                                            |                        | 79,203                                      | 12.00                                                             |  |
| 13.00                                                             | Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)                                                                                                 |                        | 0                                           | 13.00                                                             |  |
| 14.00                                                             | Total reasonable charges (sum of lines 12 and 13)                                                                                                                    |                        | 79,203                                      | 14.00                                                             |  |
| Customary charges                                                 |                                                                                                                                                                      |                        |                                             |                                                                   |  |
| 15.00                                                             | Aggregate amount actually collected from patients liable for payment for services on a charge basis                                                                  |                        | 0                                           | 15.00                                                             |  |
| 16.00                                                             | Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e) |                        | 0                                           | 16.00                                                             |  |
| 17.00                                                             | Ratio of line 15 to line 16 (not to exceed 1.000000)                                                                                                                 |                        | 0.000000                                    | 17.00                                                             |  |
| 18.00                                                             | Total customary charges (see instructions)                                                                                                                           |                        | 79,203                                      | 18.00                                                             |  |
| 19.00                                                             | Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)                                                       |                        | 65,508                                      | 19.00                                                             |  |
| 20.00                                                             | Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)                                                       |                        | 0                                           | 20.00                                                             |  |
| 21.00                                                             | Lesser of cost or charges (see instructions)                                                                                                                         |                        | 13,695                                      | 21.00                                                             |  |
| 22.00                                                             | Interns and residents (see instructions)                                                                                                                             |                        | 0                                           | 22.00                                                             |  |
| 23.00                                                             | Cost of physicians' services in a teaching hospital (see instructions)                                                                                               |                        | 0                                           | 23.00                                                             |  |
| 24.00                                                             | Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)                                                                                                         |                        | 26,382,753                                  | 24.00                                                             |  |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT                           |                                                                                                                                                                      |                        |                                             |                                                                   |  |
| 25.00                                                             | Deductibles and coinsurance amounts (for CAH, see instructions)                                                                                                      |                        | 4,511,492                                   | 25.00                                                             |  |
| 26.00                                                             | Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)                                                                        |                        | 0                                           | 26.00                                                             |  |
| 27.00                                                             | Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)                                                     |                        | 21,884,956                                  | 27.00                                                             |  |
| 28.00                                                             | Direct graduate medical education payments (from Wkst. E-4, line 50)                                                                                                 |                        | 0                                           | 28.00                                                             |  |
| 29.00                                                             | ESRD direct medical education costs (from Wkst. E-4, line 36)                                                                                                        |                        | 0                                           | 29.00                                                             |  |
| 30.00                                                             | Subtotal (sum of lines 27 through 29)                                                                                                                                |                        | 21,884,956                                  | 30.00                                                             |  |
| 31.00                                                             | Primary payer payments                                                                                                                                               |                        | 1,031                                       | 31.00                                                             |  |
| 32.00                                                             | Subtotal (line 30 minus line 31)                                                                                                                                     |                        | 21,883,925                                  | 32.00                                                             |  |
| ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) |                                                                                                                                                                      |                        |                                             |                                                                   |  |
| 33.00                                                             | Composite rate ESRD (from Wkst. I-5, line 11)                                                                                                                        |                        | 0                                           | 33.00                                                             |  |
| 34.00                                                             | Allowable bad debts (see instructions)                                                                                                                               |                        | 480,785                                     | 34.00                                                             |  |
| 35.00                                                             | Adjusted reimbursable bad debts (see instructions)                                                                                                                   |                        | 312,510                                     | 35.00                                                             |  |
| 36.00                                                             | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                                                               |                        | 246,561                                     | 36.00                                                             |  |
| 37.00                                                             | Subtotal (see instructions)                                                                                                                                          |                        | 22,196,435                                  | 37.00                                                             |  |
| 38.00                                                             | MSP-LCC reconciliation amount from PS&R                                                                                                                              |                        | 0                                           | 38.00                                                             |  |
| 39.00                                                             | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)                                                                                                                       |                        | 0                                           | 39.00                                                             |  |
| 39.50                                                             | Pioneer ACO demonstration payment adjustment (see instructions)                                                                                                      |                        | 0                                           | 39.50                                                             |  |
| 39.97                                                             | Demonstration payment adjustment amount before sequestration                                                                                                         |                        | 0                                           | 39.97                                                             |  |
| 39.98                                                             | Partial or full credits received from manufacturers for replaced devices (see instructions)                                                                          |                        | 0                                           | 39.98                                                             |  |
| 39.99                                                             | RECOVERY OF ACCELERATED DEPRECIATION                                                                                                                                 |                        | 0                                           | 39.99                                                             |  |
| 40.00                                                             | Subtotal (see instructions)                                                                                                                                          |                        | 22,196,435                                  | 40.00                                                             |  |
| 40.01                                                             | Sequestration adjustment (see instructions)                                                                                                                          |                        | 146,496                                     | 40.01                                                             |  |
| 40.02                                                             | Demonstration payment adjustment amount after sequestration                                                                                                          |                        | 0                                           | 40.02                                                             |  |
| 40.03                                                             | Sequestration adjustment-PARHM pass-throughs                                                                                                                         |                        | 0                                           | 40.03                                                             |  |
| 41.00                                                             | Interim payments                                                                                                                                                     |                        | 22,337,979                                  | 41.00                                                             |  |
| 41.01                                                             | Interim payments-PARHM                                                                                                                                               |                        | 0                                           | 41.01                                                             |  |
| 42.00                                                             | Tentative settlement (for contractors use only)                                                                                                                      |                        | 0                                           | 42.00                                                             |  |
| 42.01                                                             | Tentative settlement-PARHM (for contractor use only)                                                                                                                 |                        | 0                                           | 42.01                                                             |  |
| 43.00                                                             | Balance due provider/program (see instructions)                                                                                                                      |                        | -288,040                                    | 43.00                                                             |  |
| 43.01                                                             | Balance due provider/program-PARHM (see instructions)                                                                                                                |                        | 0                                           | 43.01                                                             |  |
| 44.00                                                             | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2                                                               |                        | 0                                           | 44.00                                                             |  |
| TO BE COMPLETED BY CONTRACTOR                                     |                                                                                                                                                                      |                        |                                             |                                                                   |  |
| 90.00                                                             | Original outlier amount (see instructions)                                                                                                                           |                        | 0                                           | 90.00                                                             |  |
| 91.00                                                             | Outlier reconciliation adjustment amount (see instructions)                                                                                                          |                        | 0                                           | 91.00                                                             |  |
| 92.00                                                             | The rate used to calculate the Time Value of Money                                                                                                                   |                        | 0.00                                        | 92.00                                                             |  |
| 93.00                                                             | Time Value of Money (see instructions)                                                                                                                               |                        | 0                                           | 93.00                                                             |  |
| 94.00                                                             | Total (sum of lines 91 and 93)                                                                                                                                       |                        | 0                                           | 94.00                                                             |  |

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet E-1  
Part I  
Date/Time Prepared:  
7/19/2021 2:11 pm

|                               |                                                                                                                                                                                                                        | Title XVIII      |            | Hospital          |                      | PPS  |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------|-------------------|----------------------|------|
|                               |                                                                                                                                                                                                                        | Inpatient Part A |            | Part B            |                      |      |
|                               |                                                                                                                                                                                                                        | mm/dd/yyyy       | Amount     | mm/dd/yyyy        | Amount               |      |
|                               |                                                                                                                                                                                                                        | 1.00             | 2.00       | 3.00              | 4.00                 |      |
| 1.00                          | Total interim payments paid to provider                                                                                                                                                                                |                  | 62,342,254 |                   | 22,344,844           | 1.00 |
| 2.00                          | Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero                          |                  | 0          |                   | 0                    | 2.00 |
| 3.00                          | List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) |                  |            |                   |                      | 3.00 |
| Program to Provider           |                                                                                                                                                                                                                        |                  |            |                   |                      |      |
| 3.01                          | ADJUSTMENTS TO PROVIDER                                                                                                                                                                                                |                  | 0          |                   | 0                    | 3.01 |
| 3.02                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 3.02 |
| 3.03                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 3.03 |
| 3.04                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 3.04 |
| 3.05                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 3.05 |
| Provider to Program           |                                                                                                                                                                                                                        |                  |            |                   |                      |      |
| 3.50                          | ADJUSTMENTS TO PROGRAM                                                                                                                                                                                                 | 11/18/2020       | 54,086     | 11/18/2020        | 6,865                | 3.50 |
| 3.51                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 3.51 |
| 3.52                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 3.52 |
| 3.53                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 3.53 |
| 3.54                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 3.54 |
| 3.99                          | Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)                                                                                                                                                         |                  | -54,086    |                   | -6,865               | 3.99 |
| 4.00                          | Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)                                                                                                |                  | 62,288,168 |                   | 22,337,979           | 4.00 |
| TO BE COMPLETED BY CONTRACTOR |                                                                                                                                                                                                                        |                  |            |                   |                      |      |
| 5.00                          | List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)                                                                        |                  |            |                   |                      | 5.00 |
| Program to Provider           |                                                                                                                                                                                                                        |                  |            |                   |                      |      |
| 5.01                          | TENTATIVE TO PROVIDER                                                                                                                                                                                                  |                  | 0          |                   | 0                    | 5.01 |
| 5.02                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 5.02 |
| 5.03                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 5.03 |
| Provider to Program           |                                                                                                                                                                                                                        |                  |            |                   |                      |      |
| 5.50                          | TENTATIVE TO PROGRAM                                                                                                                                                                                                   |                  | 0          |                   | 0                    | 5.50 |
| 5.51                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 5.51 |
| 5.52                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 5.52 |
| 5.99                          | Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)                                                                                                                                                         |                  | 0          |                   | 0                    | 5.99 |
| 6.00                          | Determined net settlement amount (balance due) based on the cost report. (1)                                                                                                                                           |                  |            |                   |                      | 6.00 |
| 6.01                          | SETTLEMENT TO PROVIDER                                                                                                                                                                                                 |                  | 469,318    |                   | 0                    | 6.01 |
| 6.02                          | SETTLEMENT TO PROGRAM                                                                                                                                                                                                  |                  | 0          |                   | 288,040              | 6.02 |
| 7.00                          | Total Medicare program liability (see instructions)                                                                                                                                                                    |                  | 62,757,486 |                   | 22,049,939           | 7.00 |
|                               |                                                                                                                                                                                                                        |                  |            | Contractor Number | NPR Date (Mo/Day/Yr) |      |
|                               |                                                                                                                                                                                                                        | 0                |            | 1.00              | 2.00                 |      |
| 8.00                          | Name of Contractor                                                                                                                                                                                                     |                  |            |                   |                      | 8.00 |

|                                                               |                                                                                                                |                       |                                             |                                                                      |
|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|----------------------------------------------------------------------|
| CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT               |                                                                                                                | Provider CCN: 14-0202 | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet E-1<br>Part II<br>Date/Time Prepared:<br>7/19/2021 2:11 pm |
|                                                               |                                                                                                                | Title XVIII           | Hospital                                    | PPS                                                                  |
|                                                               |                                                                                                                |                       |                                             | 1.00                                                                 |
| TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS    |                                                                                                                |                       |                                             |                                                                      |
| HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION |                                                                                                                |                       |                                             |                                                                      |
| 1.00                                                          | Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14                       |                       |                                             | 1.00                                                                 |
| 2.00                                                          | Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12                                               |                       |                                             | 2.00                                                                 |
| 3.00                                                          | Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2                                                        |                       |                                             | 3.00                                                                 |
| 4.00                                                          | Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12                                               |                       |                                             | 4.00                                                                 |
| 5.00                                                          | Total hospital charges from Wkst C, Pt. I, col. 8 line 200                                                     |                       |                                             | 5.00                                                                 |
| 6.00                                                          | Total hospital charity care charges from Wkst. S-10, col. 3 line 20                                            |                       |                                             | 6.00                                                                 |
| 7.00                                                          | CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168 |                       |                                             | 7.00                                                                 |
| 8.00                                                          | Calculation of the HIT incentive payment (see instructions)                                                    |                       |                                             | 8.00                                                                 |
| 9.00                                                          | Sequestration adjustment amount (see instructions)                                                             |                       |                                             | 9.00                                                                 |
| 10.00                                                         | Calculation of the HIT incentive payment after sequestration (see instructions)                                |                       |                                             | 10.00                                                                |
| INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH              |                                                                                                                |                       |                                             |                                                                      |
| 30.00                                                         | Initial/interim HIT payment adjustment (see instructions)                                                      |                       |                                             | 30.00                                                                |
| 31.00                                                         | Other Adjustment (specify)                                                                                     |                       |                                             | 31.00                                                                |
| 32.00                                                         | Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)                        |                       |                                             | 32.00                                                                |

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

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet G

Date/Time Prepared:  
7/19/2021 2:11 pm

|                                                                                      | General Fund   | Specific Purpose Fund | Endowment Fund | Plant Fund |       |
|--------------------------------------------------------------------------------------|----------------|-----------------------|----------------|------------|-------|
|                                                                                      | 1.00           | 2.00                  | 3.00           | 4.00       |       |
| <b>CURRENT ASSETS</b>                                                                |                |                       |                |            |       |
| 1.00 Cash on hand in banks                                                           | 959,878,000    | 0                     | 0              | 0          | 1.00  |
| 2.00 Temporary investments                                                           | 125,053,000    | 0                     | 0              | 0          | 2.00  |
| 3.00 Notes receivable                                                                | 0              | 0                     | 0              | 0          | 3.00  |
| 4.00 Accounts receivable                                                             | 1,587,671,000  | 0                     | 0              | 0          | 4.00  |
| 5.00 Other receivable                                                                | 0              | 0                     | 0              | 0          | 5.00  |
| 6.00 Allowances for uncollectible notes and accounts receivable                      | 0              | 0                     | 0              | 0          | 6.00  |
| 7.00 Inventory                                                                       | 0              | 0                     | 0              | 0          | 7.00  |
| 8.00 Prepaid expenses                                                                | 0              | 0                     | 0              | 0          | 8.00  |
| 9.00 Other current assets                                                            | 706,475,000    | 0                     | 0              | 0          | 9.00  |
| 10.00 Due from other funds                                                           | 0              | 0                     | 0              | 0          | 10.00 |
| 11.00 Total current assets (sum of lines 1-10)                                       | 3,379,077,000  | 0                     | 0              | 0          | 11.00 |
| <b>FIXED ASSETS</b>                                                                  |                |                       |                |            |       |
| 12.00 Land                                                                           | 461,831,000    | 0                     | 0              | 0          | 12.00 |
| 13.00 Land improvements                                                              | 0              | 0                     | 0              | 0          | 13.00 |
| 14.00 Accumulated depreciation                                                       | 0              | 0                     | 0              | 0          | 14.00 |
| 15.00 Buildings                                                                      | 8,014,348,000  | 0                     | 0              | 0          | 15.00 |
| 16.00 Accumulated depreciation                                                       | 0              | 0                     | 0              | 0          | 16.00 |
| 17.00 Leasehold improvements                                                         | 0              | 0                     | 0              | 0          | 17.00 |
| 18.00 Accumulated depreciation                                                       | 0              | 0                     | 0              | 0          | 18.00 |
| 19.00 Fixed equipment                                                                | 0              | 0                     | 0              | 0          | 19.00 |
| 20.00 Accumulated depreciation                                                       | 0              | 0                     | 0              | 0          | 20.00 |
| 21.00 Automobiles and trucks                                                         | 0              | 0                     | 0              | 0          | 21.00 |
| 22.00 Accumulated depreciation                                                       | 0              | 0                     | 0              | 0          | 22.00 |
| 23.00 Major movable equipment                                                        | 2,520,502,000  | 0                     | 0              | 0          | 23.00 |
| 24.00 Accumulated depreciation                                                       | -5,144,704,000 | 0                     | 0              | 0          | 24.00 |
| 25.00 Minor equipment depreciable                                                    | 0              | 0                     | 0              | 0          | 25.00 |
| 26.00 Accumulated depreciation                                                       | 0              | 0                     | 0              | 0          | 26.00 |
| 27.00 HIT designated Assets                                                          | 0              | 0                     | 0              | 0          | 27.00 |
| 28.00 Accumulated depreciation                                                       | 0              | 0                     | 0              | 0          | 28.00 |
| 29.00 Minor equipment-nondepreciable                                                 | 0              | 0                     | 0              | 0          | 29.00 |
| 30.00 Total fixed assets (sum of lines 12-29)                                        | 5,851,977,000  | 0                     | 0              | 0          | 30.00 |
| <b>OTHER ASSETS</b>                                                                  |                |                       |                |            |       |
| 31.00 Investments                                                                    | 11,107,210,000 | 0                     | 0              | 0          | 31.00 |
| 32.00 Deposits on leases                                                             | 0              | 0                     | 0              | 0          | 32.00 |
| 33.00 Due from owners/officers                                                       | 0              | 0                     | 0              | 0          | 33.00 |
| 34.00 Other assets                                                                   | 1,111,379,000  | 0                     | 0              | 0          | 34.00 |
| 35.00 Total other assets (sum of lines 31-34)                                        | 12,218,589,000 | 0                     | 0              | 0          | 35.00 |
| 36.00 Total assets (sum of lines 11, 30, and 35)                                     | 21,449,643,000 | 0                     | 0              | 0          | 36.00 |
| <b>CURRENT LIABILITIES</b>                                                           |                |                       |                |            |       |
| 37.00 Accounts payable                                                               | 1,341,619,000  | 0                     | 0              | 0          | 37.00 |
| 38.00 Salaries, wages, and fees payable                                              | 1,207,672,000  | 0                     | 0              | 0          | 38.00 |
| 39.00 Payroll taxes payable                                                          | 0              | 0                     | 0              | 0          | 39.00 |
| 40.00 Notes and loans payable (short term)                                           | 79,934,000     | 0                     | 0              | 0          | 40.00 |
| 41.00 Deferred income                                                                | 0              | 0                     | 0              | 0          | 41.00 |
| 42.00 Accelerated payments                                                           | 0              | 0                     | 0              | 0          | 42.00 |
| 43.00 Due to other funds                                                             | 0              | 0                     | 0              | 0          | 43.00 |
| 44.00 Other current liabilities                                                      | 690,637,000    | 0                     | 0              | 0          | 44.00 |
| 45.00 Total current liabilities (sum of lines 37 thru 44)                            | 3,319,862,000  | 0                     | 0              | 0          | 45.00 |
| <b>LONG TERM LIABILITIES</b>                                                         |                |                       |                |            |       |
| 46.00 Mortgage payable                                                               | 3,310,401,000  | 0                     | 0              | 0          | 46.00 |
| 47.00 Notes payable                                                                  | 0              | 0                     | 0              | 0          | 47.00 |
| 48.00 Unsecured loans                                                                | 0              | 0                     | 0              | 0          | 48.00 |
| 49.00 Other long term liabilities                                                    | 2,419,336,000  | 0                     | 0              | 0          | 49.00 |
| 50.00 Total long term liabilities (sum of lines 46 thru 49)                          | 5,729,737,000  | 0                     | 0              | 0          | 50.00 |
| 51.00 Total liabilities (sum of lines 45 and 50)                                     | 9,049,599,000  | 0                     | 0              | 0          | 51.00 |
| <b>CAPITAL ACCOUNTS</b>                                                              |                |                       |                |            |       |
| 52.00 General fund balance                                                           | 12,400,044,000 | 0                     | 0              | 0          | 52.00 |
| 53.00 Specific purpose fund                                                          | 0              | 0                     | 0              | 0          | 53.00 |
| 54.00 Donor created - endowment fund balance - restricted                            | 0              | 0                     | 0              | 0          | 54.00 |
| 55.00 Donor created - endowment fund balance - unrestricted                          | 0              | 0                     | 0              | 0          | 55.00 |
| 56.00 Governing body created - endowment fund balance                                | 0              | 0                     | 0              | 0          | 56.00 |
| 57.00 Plant fund balance - invested in plant                                         | 0              | 0                     | 0              | 0          | 57.00 |
| 58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion | 0              | 0                     | 0              | 0          | 58.00 |
| 59.00 Total fund balances (sum of lines 52 thru 58)                                  | 12,400,044,000 | 0                     | 0              | 0          | 59.00 |
| 60.00 Total liabilities and fund balances (sum of lines 51 and 59)                   | 21,449,643,000 | 0                     | 0              | 0          | 60.00 |

## STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet G-1

Date/Time Prepared:  
7/19/2021 2:11 pm

|       |                                                                         | General Fund   |                | Special Purpose Fund |      | Endowment Fund |       |
|-------|-------------------------------------------------------------------------|----------------|----------------|----------------------|------|----------------|-------|
|       |                                                                         | 1.00           | 2.00           | 3.00                 | 4.00 | 5.00           |       |
| 1.00  | Fund balances at beginning of period                                    |                | 11,698,664,000 |                      | 0    |                | 1.00  |
| 2.00  | Net income (loss) (from Wkst. G-3, line 29)                             |                | 27,728,133     |                      |      |                | 2.00  |
| 3.00  | Total (sum of line 1 and line 2)                                        |                | 11,726,392,133 |                      | 0    |                | 3.00  |
| 4.00  | ADJ TO FUND BALANCE                                                     | 673,651,867    |                | 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)                                       |                | 673,651,867    |                      | 0    |                | 10.00 |
| 11.00 | Subtotal (line 3 plus line 10)                                          |                | 12,400,044,000 |                      | 0    |                | 11.00 |
| 12.00 | Deductions (debit adjustments) (specify)                                | 0              |                | 0                    |      | 0              | 12.00 |
| 13.00 |                                                                         | 0              |                | 0                    |      | 0              | 13.00 |
| 14.00 |                                                                         | 0              |                | 0                    |      | 0              | 14.00 |
| 15.00 |                                                                         | 0              |                | 0                    |      | 0              | 15.00 |
| 16.00 |                                                                         | 0              |                | 0                    |      | 0              | 16.00 |
| 17.00 |                                                                         | 0              |                | 0                    |      | 0              | 17.00 |
| 18.00 | Total deductions (sum of lines 12-17)                                   |                | 0              |                      | 0    |                | 18.00 |
| 19.00 | Fund balance at end of period per balance sheet (line 11 minus line 18) |                | 12,400,044,000 |                      | 0    |                | 19.00 |
|       |                                                                         | Endowment Fund |                | Plant Fund           |      |                |       |
|       |                                                                         | 6.00           | 7.00           | 8.00                 |      |                |       |
| 1.00  | Fund balances at beginning of period                                    | 0              |                | 0                    |      |                | 1.00  |
| 2.00  | Net income (loss) (from Wkst. G-3, line 29)                             |                |                |                      |      |                | 2.00  |
| 3.00  | Total (sum of line 1 and line 2)                                        | 0              |                | 0                    |      |                | 3.00  |
| 4.00  | ADJ TO FUND BALANCE                                                     |                | 0              |                      |      |                | 4.00  |
| 5.00  |                                                                         |                | 0              |                      |      |                | 5.00  |
| 6.00  |                                                                         |                | 0              |                      |      |                | 6.00  |
| 7.00  |                                                                         |                | 0              |                      |      |                | 7.00  |
| 8.00  |                                                                         |                | 0              |                      |      |                | 8.00  |
| 9.00  |                                                                         |                | 0              |                      |      |                | 9.00  |
| 10.00 | Total additions (sum of line 4-9)                                       | 0              |                | 0                    |      |                | 10.00 |
| 11.00 | Subtotal (line 3 plus line 10)                                          | 0              |                | 0                    |      |                | 11.00 |
| 12.00 | Deductions (debit adjustments) (specify)                                |                | 0              |                      |      |                | 12.00 |
| 13.00 |                                                                         |                | 0              |                      |      |                | 13.00 |
| 14.00 |                                                                         |                | 0              |                      |      |                | 14.00 |
| 15.00 |                                                                         |                | 0              |                      |      |                | 15.00 |
| 16.00 |                                                                         |                | 0              |                      |      |                | 16.00 |
| 17.00 |                                                                         |                | 0              |                      |      |                | 17.00 |
| 18.00 | Total deductions (sum of lines 12-17)                                   | 0              |                | 0                    |      |                | 18.00 |
| 19.00 | Fund balance at end of period per balance sheet (line 11 minus line 18) | 0              |                | 0                    |      |                | 19.00 |

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
7/19/2021 2:11 pm

| Cost Center Description                                |                                                                                                | Inpatient   | Outpatient  | Total         |       |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------|-------------|---------------|-------|
|                                                        |                                                                                                | 1.00        | 2.00        | 3.00          |       |
| <b>PART I - PATIENT REVENUES</b>                       |                                                                                                |             |             |               |       |
| <b>General Inpatient Routine Services</b>              |                                                                                                |             |             |               |       |
| 1.00                                                   | Hospital                                                                                       | 214,321,624 |             | 214,321,624   | 1.00  |
| 2.00                                                   | SUBPROVIDER - IPF                                                                              |             |             |               | 2.00  |
| 3.00                                                   | SUBPROVIDER - IRF                                                                              | 0           |             | 0             | 3.00  |
| 4.00                                                   | SUBPROVIDER                                                                                    | 0           |             | 0             | 4.00  |
| 5.00                                                   | Swing bed - SNF                                                                                | 0           |             | 0             | 5.00  |
| 6.00                                                   | Swing bed - NF                                                                                 | 0           |             | 0             | 6.00  |
| 7.00                                                   | SKILLED NURSING FACILITY                                                                       |             |             |               | 7.00  |
| 8.00                                                   | NURSING FACILITY                                                                               | 0           |             | 0             | 8.00  |
| 8.01                                                   | ICF/MR                                                                                         | 0           |             | 0             | 8.01  |
| 9.00                                                   | OTHER LONG TERM CARE                                                                           |             |             |               | 9.00  |
| 10.00                                                  | Total general inpatient care services (sum of lines 1-9)                                       | 214,321,624 |             | 214,321,624   | 10.00 |
| <b>Intensive Care Type Inpatient Hospital Services</b> |                                                                                                |             |             |               |       |
| 11.00                                                  | INTENSIVE CARE UNIT                                                                            | 29,588,758  |             | 29,588,758    | 11.00 |
| 12.00                                                  | CORONARY CARE UNIT                                                                             |             |             |               | 12.00 |
| 13.00                                                  | BURN INTENSIVE CARE UNIT                                                                       |             |             |               | 13.00 |
| 14.00                                                  | SURGICAL INTENSIVE CARE UNIT                                                                   |             |             |               | 14.00 |
| 15.00                                                  | OTHER SPECIAL CARE (SPECIFY)                                                                   |             |             |               | 15.00 |
| 16.00                                                  | Total intensive care type inpatient hospital services (sum of lines 11-15)                     | 29,588,758  |             | 29,588,758    | 16.00 |
| 17.00                                                  | Total inpatient routine care services (sum of lines 10 and 16)                                 | 243,910,382 |             | 243,910,382   | 17.00 |
| 18.00                                                  | Ancillary services                                                                             | 502,726,309 | 502,547,679 | 1,005,273,988 | 18.00 |
| 19.00                                                  | Outpatient services                                                                            | 53,576,398  | 113,119,679 | 166,696,077   | 19.00 |
| 20.00                                                  | RURAL HEALTH CLINIC                                                                            | 0           | 0           | 0             | 20.00 |
| 21.00                                                  | FEDERALLY QUALIFIED HEALTH CENTER                                                              | 0           | 0           | 0             | 21.00 |
| 22.00                                                  | HOME HEALTH AGENCY                                                                             |             | 0           | 0             | 22.00 |
| 23.00                                                  | AMBULANCE SERVICES                                                                             |             |             |               | 23.00 |
| 24.00                                                  | CMHC                                                                                           |             |             |               | 24.00 |
| 24.10                                                  | CORF                                                                                           | 0           | 0           | 0             | 24.10 |
| 24.20                                                  | OPT                                                                                            | 0           | 0           | 0             | 24.20 |
| 24.30                                                  | OOT                                                                                            | 0           | 0           | 0             | 24.30 |
| 24.40                                                  | OSP                                                                                            | 0           | 0           | 0             | 24.40 |
| 25.00                                                  | AMBULATORY SURGICAL CENTER (D.P.)                                                              |             |             |               | 25.00 |
| 26.00                                                  | HOSPICE                                                                                        | 0           | 0           | 0             | 26.00 |
| 27.00                                                  | 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)            | 800,213,089 | 615,667,358 | 1,415,880,447 | 28.00 |
| <b>PART II - OPERATING EXPENSES</b>                    |                                                                                                |             |             |               |       |
| 29.00                                                  | Operating expenses (per Wkst. A, column 3, line 200)                                           |             | 340,452,266 |               | 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) |             | 340,452,266 |               | 43.00 |

## STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0202

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet G-3

Date/Time Prepared:  
7/19/2021 2:11 pm

|              |                                                                           | 1.00          |       |
|--------------|---------------------------------------------------------------------------|---------------|-------|
| 1.00         | Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)        | 1,415,880,447 | 1.00  |
| 2.00         | Less contractual allowances and discounts on patients' accounts           | 1,086,529,594 | 2.00  |
| 3.00         | Net patient revenues (line 1 minus line 2)                                | 329,350,853   | 3.00  |
| 4.00         | Less total operating expenses (from Wkst. G-2, Part II, line 43)          | 340,452,266   | 4.00  |
| 5.00         | Net income from service to patients (line 3 minus line 4)                 | -11,101,413   | 5.00  |
| OTHER INCOME |                                                                           |               |       |
| 6.00         | Contributions, donations, bequests, etc                                   | 399,003       | 6.00  |
| 7.00         | Income from investments                                                   | 0             | 7.00  |
| 8.00         | Revenues from telephone and other miscellaneous communication services    | 11,206        | 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                           | 202,196       | 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                        | 320           | 18.00 |
| 19.00        | Tuition (fees, sale of textbooks, uniforms, etc.)                         | 229,036       | 19.00 |
| 20.00        | Revenue from gifts, flowers, coffee shops, and canteen                    | 644,882       | 20.00 |
| 21.00        | Rental of vending machines                                                | 0             | 21.00 |
| 22.00        | Rental of hospital space                                                  | 793,172       | 22.00 |
| 23.00        | Governmental appropriations                                               | 128,120       | 23.00 |
| 24.00        | OTHER OPERATING REVENUES                                                  | 1,137,033     | 24.00 |
| 24.50        | COVID-19 PHE Funding                                                      | 38,221,464    | 24.50 |
| 25.00        | Total other income (sum of lines 6-24)                                    | 41,766,432    | 25.00 |
| 26.00        | Total (line 5 plus line 25)                                               | 30,665,019    | 26.00 |
| 27.00        | NON OPERATING EXPENSES & REVENUES                                         | 2,936,886     | 27.00 |
| 28.00        | Total other expenses (sum of line 27 and subscripts)                      | 2,936,886     | 28.00 |
| 29.00        | Net income (or loss) for the period (line 26 minus line 28)               | 27,728,133    | 29.00 |

| CALCULATION OF CAPITAL PAYMENT                      |                                                                                                                                                              | Provider CCN: 14-0202 | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet L<br>Parts I-III<br>Date/Time Prepared:<br>7/19/2021 2:11 pm |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|------------------------------------------------------------------------|
|                                                     |                                                                                                                                                              | Title XVIII           | Hospital                                    | PPS                                                                    |
|                                                     |                                                                                                                                                              | 1.00                  |                                             |                                                                        |
| <b>PART I - FULLY PROSPECTIVE METHOD</b>            |                                                                                                                                                              |                       |                                             |                                                                        |
| <b>CAPITAL FEDERAL AMOUNT</b>                       |                                                                                                                                                              |                       |                                             |                                                                        |
| 1.00                                                | Capital DRG other than outlier                                                                                                                               |                       | 4,486,113                                   | 1.00                                                                   |
| 1.01                                                | Model 4 BPCI Capital DRG other than outlier                                                                                                                  |                       | 0                                           | 1.01                                                                   |
| 2.00                                                | Capital DRG outlier payments                                                                                                                                 |                       | 134,462                                     | 2.00                                                                   |
| 2.01                                                | Model 4 BPCI Capital DRG outlier payments                                                                                                                    |                       | 0                                           | 2.01                                                                   |
| 3.00                                                | Total inpatient days divided by number of days in the cost reporting period (see instructions)                                                               |                       | 190.23                                      | 3.00                                                                   |
| 4.00                                                | Number of interns & residents (see instructions)                                                                                                             |                       | 0.00                                        | 4.00                                                                   |
| 5.00                                                | Indirect medical education percentage (see instructions)                                                                                                     |                       | 0.00                                        | 5.00                                                                   |
| 6.00                                                | Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)                                 |                       | 0                                           | 6.00                                                                   |
| 7.00                                                | Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)                                    |                       | 3.25                                        | 7.00                                                                   |
| 8.00                                                | Percentage of Medicaid patient days to total days (see instructions)                                                                                         |                       | 14.23                                       | 8.00                                                                   |
| 9.00                                                | Sum of lines 7 and 8                                                                                                                                         |                       | 17.48                                       | 9.00                                                                   |
| 10.00                                               | Allowable disproportionate share percentage (see instructions)                                                                                               |                       | 3.60                                        | 10.00                                                                  |
| 11.00                                               | Disproportionate share adjustment (see instructions)                                                                                                         |                       | 161,500                                     | 11.00                                                                  |
| 12.00                                               | Total prospective capital payments (see instructions)                                                                                                        |                       | 4,782,075                                   | 12.00                                                                  |
|                                                     |                                                                                                                                                              | 1.00                  |                                             |                                                                        |
| <b>PART II - PAYMENT UNDER REASONABLE COST</b>      |                                                                                                                                                              |                       |                                             |                                                                        |
| 1.00                                                | Program inpatient routine capital cost (see instructions)                                                                                                    |                       | 0                                           | 1.00                                                                   |
| 2.00                                                | Program inpatient ancillary capital cost (see instructions)                                                                                                  |                       | 0                                           | 2.00                                                                   |
| 3.00                                                | Total inpatient program capital cost (line 1 plus line 2)                                                                                                    |                       | 0                                           | 3.00                                                                   |
| 4.00                                                | Capital cost payment factor (see instructions)                                                                                                               |                       | 0                                           | 4.00                                                                   |
| 5.00                                                | Total inpatient program capital cost (line 3 x line 4)                                                                                                       |                       | 0                                           | 5.00                                                                   |
|                                                     |                                                                                                                                                              | 1.00                  |                                             |                                                                        |
| <b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b> |                                                                                                                                                              |                       |                                             |                                                                        |
| 1.00                                                | Program inpatient capital costs (see instructions)                                                                                                           |                       | 0                                           | 1.00                                                                   |
| 2.00                                                | Program inpatient capital costs for extraordinary circumstances (see instructions)                                                                           |                       | 0                                           | 2.00                                                                   |
| 3.00                                                | Net program inpatient capital costs (line 1 minus line 2)                                                                                                    |                       | 0                                           | 3.00                                                                   |
| 4.00                                                | Applicable exception percentage (see instructions)                                                                                                           |                       | 0.00                                        | 4.00                                                                   |
| 5.00                                                | Capital cost for comparison to payments (line 3 x line 4)                                                                                                    |                       | 0                                           | 5.00                                                                   |
| 6.00                                                | Percentage adjustment for extraordinary circumstances (see instructions)                                                                                     |                       | 0.00                                        | 6.00                                                                   |
| 7.00                                                | Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)                                                                |                       | 0                                           | 7.00                                                                   |
| 8.00                                                | Capital minimum payment level (line 5 plus line 7)                                                                                                           |                       | 0                                           | 8.00                                                                   |
| 9.00                                                | Current year capital payments (from Part I, line 12, as applicable)                                                                                          |                       | 0                                           | 9.00                                                                   |
| 10.00                                               | Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)                                                            |                       | 0                                           | 10.00                                                                  |
| 11.00                                               | Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)                                 |                       | 0                                           | 11.00                                                                  |
| 12.00                                               | Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)                                                                   |                       | 0                                           | 12.00                                                                  |
| 13.00                                               | Current year exception payment (if line 12 is positive, enter the amount on this line)                                                                       |                       | 0                                           | 13.00                                                                  |
| 14.00                                               | Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line) |                       | 0                                           | 14.00                                                                  |
| 15.00                                               | Current year allowable operating and capital payment (see instructions)                                                                                      |                       | 0                                           | 15.00                                                                  |
| 16.00                                               | Current year operating and capital costs (see instructions)                                                                                                  |                       | 0                                           | 16.00                                                                  |
| 17.00                                               | Current year exception offset amount (see instructions)                                                                                                      |                       | 0                                           | 17.00                                                                  |