

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: 26-0020 | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet S<br>Parts I-III<br>Date/Time Prepared:<br>11/29/2021 1:59 pm |
|--------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-------------------------------------------------------------------------|

**PART I - COST REPORT STATUS**

|                     |                                                                                                                                                          |                                                                                                                                                                              |                                                                                                                                                  |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Provider use only   | 1. <input checked="" type="checkbox"/> Electronically prepared cost report                                                                               | Date: 11/29/2021                                                                                                                                                             | Time: 1:59 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 type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.                                                                     |                                                                                                                                                                              |                                                                                                                                                  |
| Contractor use only | 5. <input type="checkbox"/> Cost Report Status<br>(1) As Submitted<br>(2) Settled without Audit<br>(3) Settled with Audit<br>(4) Reopened<br>(5) Amended | 6. Date Received:<br>7. Contractor No.<br>8. <input type="checkbox"/> Initial Report for this Provider CCN<br>9. <input type="checkbox"/> Final Report for this Provider CCN | 10. NPR Date:<br>11. Contractor's Vendor Code: 4<br>12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9. |

**PART II - CERTIFICATION**

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MERCY HOSPITAL - ST. LOUIS ( 26-0020 ) for the cost reporting period beginning 07/01/2020 and ending 06/30/2021 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) DENISE SCOFFIC

Officer or Administrator of Provider(s)

VICE PRESIDENT - 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      |        |
|                         | PART III - SETTLEMENT SUMMARY       |         |             |         |      |           |        |
| 1.00                    | Hospital                            | 0       | 1,182,601   | 192,144 | 0    | 0         | 1.00   |
| 2.00                    | Subprovider - IPF                   | 0       | -974        | 0       |      | 0         | 2.00   |
| 3.00                    | Subprovider - IRF                   | 0       | 0           | 0       |      | 0         | 3.00   |
| 4.00                    | SUBPROVIDER I                       |         |             |         |      |           | 4.00   |
| 5.00                    | Swing Bed - SNF                     | 0       | 0           | 0       |      | 0         | 5.00   |
| 6.00                    | Swing Bed - NF                      | 0       |             |         |      | 0         | 6.00   |
| 7.00                    | SKILLED NURSING FACILITY            | 0       | 0           | 0       |      | 0         | 7.00   |
| 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       | 1,181,627   | 192,144 | 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: 26-0020        |                | Period:<br>From 07/01/2020<br>To 06/30/2021 |                   | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>11/29/2021 1:59 pm |            |       |   |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--|------------------------------|----------------|---------------------------------------------|-------------------|----------------------------------------------------------------------|------------|-------|---|
| 1.00                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2.00           |  | 3.00                         |                | 4.00                                        |                   |                                                                      |            |       |   |
| Hospital and Hospital Health Care Complex Address:            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  |                              |                |                                             |                   |                                                                      |            |       |   |
| 1.00                                                          | Street: 615 S. NEW BALLAS ROAD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |  | PO Box:                      |                |                                             |                   | 1.00                                                                 |            |       |   |
| 2.00                                                          | City: ST. LOUIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  | State: MO                    |                | Zip Code: 63141-                            |                   | County: ST. LOUIS                                                    |            |       |   |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |  | MERCY HOSPITAL - ST. LOUIS   | 260020         | 41180                                       | 1                 | 07/01/1966                                                           | N          | P     | O |
| 4.00                                                          | Subprovider - IPF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |  | MERCY ST. LOUIS PSYCH CENTER | 26S020         | 41180                                       | 4                 | 07/01/1984                                                           | N          | P     | O |
| 5.00                                                          | Subprovider - IRF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |  |                              |                |                                             |                   |                                                                      |            |       |   |
| 6.00                                                          | Subprovider - (Other)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |  |                              |                |                                             |                   |                                                                      |            |       |   |
| 7.00                                                          | Swing Beds - SNF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |  | MERCY HOSPITAL - ST. LOUIS   | 26U020         | 41180                                       |                   | 12/09/2020                                                           | N          | N     | N |
| 8.00                                                          | Swing Beds - NF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  |                              |                |                                             |                   |                                                                      |            |       |   |
| 9.00                                                          | Hospital-Based SNF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |  |                              |                |                                             |                   |                                                                      |            |       |   |
| 10.00                                                         | Hospital-Based NF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |  |                              |                |                                             |                   |                                                                      |            |       |   |
| 11.00                                                         | Hospital-Based OLTC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |  |                              |                |                                             |                   |                                                                      |            |       |   |
| 12.00                                                         | Hospital-Based HHA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |  |                              |                |                                             |                   |                                                                      |            |       |   |
| 13.00                                                         | Separately Certified ASC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |  |                              |                |                                             |                   |                                                                      |            |       |   |
| 14.00                                                         | Hospital-Based Hospice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |  |                              |                |                                             |                   |                                                                      |            |       |   |
| 15.00                                                         | Hospital-Based Health Clinic - RHC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |  |                              |                |                                             |                   |                                                                      |            |       |   |
| 16.00                                                         | Hospital-Based Health Clinic - FQHC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |  |                              |                |                                             |                   |                                                                      |            |       |   |
| 17.00                                                         | Hospital-Based (CMHC) I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |  |                              |                |                                             |                   |                                                                      |            |       |   |
| 17.10                                                         | Hospital-Based (CORF) I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |  |                              |                |                                             |                   |                                                                      |            |       |   |
| 18.00                                                         | Renal Dialysis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |  |                              |                |                                             |                   |                                                                      |            |       |   |
| 19.00                                                         | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |  |                              |                |                                             |                   |                                                                      |            |       |   |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  |                              |                |                                             | From:             |                                                                      | To:        |       |   |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  |                              |                |                                             | 1.00              |                                                                      | 2.00       |       |   |
| 20.00                                                         | Cost Reporting Period (mm/dd/yyyy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |  |                              |                |                                             | 07/01/2020        |                                                                      | 06/30/2021 |       |   |
| 21.00                                                         | Type of Control (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |  |                              |                |                                             | 1                 |                                                                      |            |       |   |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  |                              |                |                                             | 1.00              |                                                                      | 2.00       |       |   |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  |                              |                |                                             | 2.00              |                                                                      | 3.00       |       |   |
| Inpatient PPS Information                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  |                              |                |                                             |                   |                                                                      |            |       |   |
| 22.00                                                         | Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                               |                |  |                              |                | Y                                           | N                 |                                                                      |            | 22.00 |   |
| 22.01                                                         | Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)                                                                                                                                                                                                                                   |                |  |                              |                | Y                                           | Y                 |                                                                      |            | 22.01 |   |
| 22.02                                                         | Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.                                                                                                                                                                                                                       |                |  |                              |                | N                                           | N                 |                                                                      |            | 22.02 |   |
| 22.03                                                         | Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no. |                |  |                              |                | N                                           | N                 |                                                                      |            | 22.03 |   |
| 22.04                                                         | Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMBdelineations for statistical areas adopted by CMS in FY 2021? 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.  |                |  |                              |                |                                             |                   |                                                                      |            | 22.04 |   |
| 23.00                                                         | Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                             |                |  |                              |                | 3                                           | N                 |                                                                      |            | 23.00 |   |

Worksheet S-2  
Part I  
Date/Time Prepared:  
11/29/2021 1:59 pm

MCRIF32 - 16.12.172.6

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA                           |                                                                                                                                                                                                                                                                                                                                              | Provider CCN: 26-0020 |                       | Period:<br>From 07/01/2020<br>To 06/30/2021     |                                       | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>11/29/2021 1:59 pm |       |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-------------------------------------------------|---------------------------------------|----------------------------------------------------------------------|-------|
|                                                                                         |                                                                                                                                                                                                                                                                                                                                              | NAHE 413.85<br>Y/N    | Worksheet A<br>Line # | Pass-Through<br>Qualification<br>Criterion Code |                                       |                                                                      |       |
|                                                                                         |                                                                                                                                                                                                                                                                                                                                              | 1.00                  | 2.00                  | 3.00                                            |                                       |                                                                      |       |
| 60.00                                                                                   | Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.  | Y                     | Y                     |                                                 |                                       | 60.00                                                                |       |
| 60.01                                                                                   | If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)                                                                                                                                                                                                                                                             |                       | 23.00                 | 1                                               |                                       | 60.01                                                                |       |
| 60.02                                                                                   | If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)                                                                                                                                                                                                                                                             |                       | 23.01                 | 1                                               |                                       | 60.02                                                                |       |
|                                                                                         |                                                                                                                                                                                                                                                                                                                                              | Y/N                   | IME                   | Direct GME                                      | IME                                   | Direct GME                                                           |       |
|                                                                                         |                                                                                                                                                                                                                                                                                                                                              | 1.00                  | 2.00                  | 3.00                                            | 4.00                                  | 5.00                                                                 |       |
| 61.00                                                                                   | Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)                                                                                                                                                                                                                  | N                     |                       |                                                 | 0.00                                  | 0.00                                                                 | 61.00 |
| 61.01                                                                                   | Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)                                                                                                                                                                       |                       |                       |                                                 |                                       |                                                                      | 61.01 |
| 61.02                                                                                   | Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)                                                                                                                                                           |                       |                       |                                                 |                                       |                                                                      | 61.02 |
| 61.03                                                                                   | Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)                                                                                                                                                                              |                       |                       |                                                 |                                       |                                                                      | 61.03 |
| 61.04                                                                                   | Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).                                                                                                                                                                                           |                       |                       |                                                 |                                       |                                                                      | 61.04 |
| 61.05                                                                                   | Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)                                                                                                                                        |                       |                       |                                                 |                                       |                                                                      | 61.05 |
| 61.06                                                                                   | Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)                                                                                                                                                                                           |                       |                       |                                                 |                                       |                                                                      | 61.06 |
|                                                                                         |                                                                                                                                                                                                                                                                                                                                              | Program Name          | Program Code          | Unweighted IME<br>FTE Count                     | Unweighted<br>Direct GME FTE<br>Count |                                                                      |       |
|                                                                                         |                                                                                                                                                                                                                                                                                                                                              | 1.00                  | 2.00                  | 3.00                                            | 4.00                                  |                                                                      |       |
| 61.10                                                                                   | Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.           |                       |                       | 0.00                                            | 0.00                                  | 61.10                                                                |       |
| 61.20                                                                                   | Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count. |                       |                       | 0.00                                            | 0.00                                  | 61.20                                                                |       |
|                                                                                         |                                                                                                                                                                                                                                                                                                                                              |                       |                       |                                                 |                                       | 1.00                                                                 |       |
| <b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b> |                                                                                                                                                                                                                                                                                                                                              |                       |                       |                                                 |                                       |                                                                      |       |
| 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 |
| <b>Teaching Hospitals that Claim Residents in Nonprovider Settings</b>                  |                                                                                                                                                                                                                                                                                                                                              |                       |                       |                                                 |                                       |                                                                      |       |
| 63.00                                                                                   | Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)                                                                                                                                         |                       |                       |                                                 |                                       | Y                                                                    | 63.00 |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   | Provider CCN: 26-0020                     |                                   | Period:<br>From 07/01/2020<br>To 06/30/2021 |          | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>11/29/2021 1:59 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)                                                                                                                                                                     |                   | 0.34                                      | 33.87                             | 0.009939                                    |          | 64.00                                                                |       |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   | Unweighted<br>FTEs<br>Nonprovider<br>Site | Unweighted<br>FTEs in<br>Hospital | Ratio (col. 3/<br>(col. 3 + col.<br>4))     |          |                                                                      |       |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   | 1.00                                      | 2.00                              | 3.00                                        |          |                                                                      |       |
| 65.00                                                                                                                                                                                | Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions) | FAMILY MEDICINE   | 1350                                      | 0.25                              | 16.52                                       | 0.014908 |                                                                      | 65.00 |
| 65.01                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | INTERNAL MEDICINE | 1400                                      | 0.25                              | 21.97                                       | 0.011251 |                                                                      | 65.01 |
| 65.02                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OB/GYN            | 1750                                      | 0.00                              | 20.51                                       | 0.000000 |                                                                      | 65.02 |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   | 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                                      | 37.29                             | 0.000000                                    |          | 66.00                                                                |       |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   | Unweighted<br>FTEs<br>Nonprovider<br>Site | Unweighted<br>FTEs in<br>Hospital | Ratio (col. 3/<br>(col. 3 + col.<br>4))     |          |                                                                      |       |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   | 1.00                                      | 2.00                              | 3.00                                        |          |                                                                      |       |
| 67.00                                                                                                                                                                                | Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)                                                                                             | FAMILY MEDICINE   | 1350                                      | 3.54                              | 13.23                                       | 0.211091 |                                                                      | 67.00 |
| 67.01                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | INTERNAL MEDICINE | 1400                                      | 0.21                              | 23.39                                       | 0.008898 |                                                                      | 67.01 |
| 67.02                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OB/GYN            | 1750                                      | 0.00                              | 23.92                                       | 0.000000 |                                                                      | 67.02 |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Provider CCN: 26-0020 | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>11/29/2021 1:59 pm |        |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|----------------------------------------------------------------------|--------|
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | 1.00                                        | 2.00                                                                 | 3.00   |
| <b>Inpatient Psychiatric Facility PPS</b>                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                             |                                                                      |        |
| 70.00                                                         | Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                                         | Y                     |                                             |                                                                      | 70.00  |
| 71.00                                                         | If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions) | Y                     | N                                           | 0                                                                    | 71.00  |
| <b>Inpatient Rehabilitation Facility PPS</b>                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                             |                                                                      |        |
| 75.00                                                         | Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.                                                                                                                                                                                                                                                                                                                                                                     | 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: 26-0020 |              | Period:<br>From 07/01/2020<br>To 06/30/2021 |             | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>11/29/2021 1:59 pm |  |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------|---------------------------------------------|-------------|----------------------------------------------------------------------|--|
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              | V                                           | XIX         |                                                                      |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              | 1.00                                        | 2.00        |                                                                      |  |
| 108.00                                                        | Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                 | N                     |              |                                             |             | 108.00                                                               |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Physical              | Occupational | Speech                                      | Respiratory |                                                                      |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.00                  | 2.00         | 3.00                                        | 4.00        |                                                                      |  |
| 109.00                                                        | If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.                                                                                                                                                                                                                                                                                                    | N                     | N            | N                                           | N           | 109.00                                                               |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              | 1.00                                        | 2.00        |                                                                      |  |
| 110.00                                                        | Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.                                                                                                                                                         | N                     |              |                                             |             | 110.00                                                               |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              | 1.00                                        | 2.00        |                                                                      |  |
| 111.00                                                        | If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services. | N                     |              |                                             |             | 111.00                                                               |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              | 1.00                                        | 2.00        |                                                                      |  |
| 112.00                                                        | Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.                                                                 | N                     |              |                                             |             | 112.00                                                               |  |
| Miscellaneous Cost Reporting Information                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              |                                             |             |                                                                      |  |
| 115.00                                                        | Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.                                       | N                     |              |                                             |             | 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.                                                                                                                                                                                                                                                                                                                                                              | Y                     |              |                                             |             | 117.00                                                               |  |
| 118.00                                                        | Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.                                                                                                                                                                                                                                                                                                                      | 2                     |              |                                             |             | 118.00                                                               |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Premiums              | Losses       | Insurance                                   |             |                                                                      |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.00                  | 2.00         | 3.00                                        |             |                                                                      |  |
| 118.01                                                        | List amounts of malpractice premiums and paid losses:                                                                                                                                                                                                                                                                                                                                                                                                           | 6,939,000             |              | 0                                           |             | 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: 26-0020                          | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>11/29/2021 1:59 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                                              | HB1812                                      | 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: MERCY HEALTH EAST COMMUNITIES                                                                                                                                                                                                                                                                          | Contractor's Name: WISCONSIN PHYSICIAN SERVICE |                                             | Contractor's Number: 05301                                           |                   |              |
| 142.00                                                                                                                                                                                                                      | Street: 645 MARYVILLE CENTRE DRIVE<br>STE. 100                                                                                                                                                                                                                                                               | PO Box: BOX 1602                               |                                             |                                                                      |                   |              |
| 143.00                                                                                                                                                                                                                      | City: ST. LOUIS MO 63141                                                                                                                                                                                                                                                                                     | State: WI                                      |                                             | Zip Code: 53713                                                      |                   |              |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                                                |                                             | 1.00                                                                 |                   |              |
| 144.00                                                                                                                                                                                                                      | Are provider based physicians' costs included in Worksheet A?                                                                                                                                                                                                                                                | Y                                              |                                             | 144.00                                                               |                   |              |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                                                |                                             | 1.00                                                                 | 2.00              |              |
| 145.00                                                                                                                                                                                                                      | If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2. | Y                                              |                                             | 145.00                                                               |                   |              |
| 146.00                                                                                                                                                                                                                      | Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.                                                                             | N                                              |                                             | 146.00                                                               |                   |              |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                                                |                                             | 1.00                                                                 |                   |              |
| 147.00                                                                                                                                                                                                                      | Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                | N                                              |                                             | 147.00                                                               |                   |              |
| 148.00                                                                                                                                                                                                                      | Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                              | N                                              |                                             | 148.00                                                               |                   |              |
| 149.00                                                                                                                                                                                                                      | Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                   | N                                              |                                             | 149.00                                                               |                   |              |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              | Part A<br>1.00                                 | Part B<br>2.00                              | Title V<br>3.00                                                      | Title XIX<br>4.00 |              |
| Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13) |                                                                                                                                                                                                                                                                                                              |                                                |                                             |                                                                      |                   |              |
| 155.00                                                                                                                                                                                                                      | Hospital                                                                                                                                                                                                                                                                                                     | N                                              | N                                           | N                                                                    | N                 |              |
| 156.00                                                                                                                                                                                                                      | Subprovider - IPF                                                                                                                                                                                                                                                                                            | N                                              | N                                           | N                                                                    | N                 |              |
| 157.00                                                                                                                                                                                                                      | Subprovider - IRF                                                                                                                                                                                                                                                                                            | N                                              | N                                           | N                                                                    | N                 |              |
| 158.00                                                                                                                                                                                                                      | SUBPROVIDER                                                                                                                                                                                                                                                                                                  |                                                |                                             |                                                                      |                   |              |
| 159.00                                                                                                                                                                                                                      | SNF                                                                                                                                                                                                                                                                                                          | N                                              | N                                           | N                                                                    | N                 |              |
| 160.00                                                                                                                                                                                                                      | HOME HEALTH AGENCY                                                                                                                                                                                                                                                                                           | N                                              | N                                           | N                                                                    | N                 |              |
| 161.00                                                                                                                                                                                                                      | CMHC                                                                                                                                                                                                                                                                                                         |                                                | N                                           | N                                                                    | N                 |              |
| 161.10                                                                                                                                                                                                                      | CORF                                                                                                                                                                                                                                                                                                         |                                                | N                                           | N                                                                    | N                 |              |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                                                |                                             | 1.00                                                                 |                   |              |
| Multicampus                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                              |                                                |                                             |                                                                      |                   |              |
| 165.00                                                                                                                                                                                                                      | Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.                                                                                                                                                                           | N                                              |                                             | 165.00                                                               |                   |              |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              | Name<br>0                                      | County<br>1.00                              | State<br>2.00                                                        | Zip Code<br>3.00  | CBSA<br>4.00 |
| 166.00                                                                                                                                                                                                                      | If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)                                                                                                                     |                                                |                                             |                                                                      |                   | 0.00         |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                                                |                                             | 1.00                                                                 |                   |              |
| Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act                                                                                                                                 |                                                                                                                                                                                                                                                                                                              |                                                |                                             |                                                                      |                   |              |
| 167.00                                                                                                                                                                                                                      | Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                          | Y                                              |                                             | 167.00                                                               |                   |              |
| 168.00                                                                                                                                                                                                                      | If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)                                                                                                                                             |                                                |                                             | 168.00                                                               |                   |              |
| 168.01                                                                                                                                                                                                                      | If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)                                                                                                                     |                                                |                                             | 168.01                                                               |                   |              |
| 169.00                                                                                                                                                                                                                      | If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)                                                                                                                                                                  | 9.99                                           |                                             | 169.00                                                               |                   |              |

|                                                               |                                                                                                                                                                                                                                                                                                                  |                       |                                             |                                                                      |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|----------------------------------------------------------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA |                                                                                                                                                                                                                                                                                                                  | Provider CCN: 26-0020 | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>11/29/2021 1:59 pm |
|                                                               |                                                                                                                                                                                                                                                                                                                  |                       | Beginning<br>1.00                           | Ending<br>2.00                                                       |
| 170.00                                                        | Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)                                                                                                                                                                                               |                       |                                             | 170.00                                                               |
|                                                               |                                                                                                                                                                                                                                                                                                                  |                       | 1.00                                        | 2.00                                                                 |
| 171.00                                                        | If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions) |                       | N                                           | 0171.00                                                              |

| HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE                                                               |                                                                                                                                                                                                                                                                                                                                                                                                    | Provider CCN: 26-0020 | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet S-2<br>Part II<br>Date/Time Prepared:<br>11/29/2021 1:59 pm |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-----------------------------------------------------------------------|
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       | Y/N<br>1.00                                 | Date<br>2.00                                                          |
| General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format. |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                             |                                                                       |
| COMPLETED BY ALL HOSPITALS                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                             |                                                                       |
| Provider Organization and Operation                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                             |                                                                       |
| 1.00                                                                                                                        | Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)                                                                                                                                                                                                                           | N                     |                                             | 1.00                                                                  |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    | Y/N<br>1.00           | Date<br>2.00                                | V/I<br>3.00                                                           |
| 2.00                                                                                                                        | Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.                                                                                                                                                                                                                    | N                     |                                             | 2.00                                                                  |
| 3.00                                                                                                                        | Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions) | N                     |                                             | 3.00                                                                  |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    | Y/N<br>1.00           | Type<br>2.00                                | Date<br>3.00                                                          |
| Financial Data and Reports                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                             |                                                                       |
| 4.00                                                                                                                        | Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.                                                                                                                           | Y                     | A                                           | 10/05/2021                                                            |
| 5.00                                                                                                                        | Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.                                                                                                                                                                                                                                                       | N                     |                                             | 5.00                                                                  |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       | Y/N<br>1.00                                 | Legal Oper.<br>2.00                                                   |
| Approved Educational Activities                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                             |                                                                       |
| 6.00                                                                                                                        | Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?                                                                                                                                                                                                                                                                            | N                     |                                             | 6.00                                                                  |
| 7.00                                                                                                                        | Are costs claimed for Allied Health Programs? If "Y" see instructions.                                                                                                                                                                                                                                                                                                                             | Y                     |                                             | 7.00                                                                  |
| 8.00                                                                                                                        | Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.                                                                                                                                                                                                                                                              | N                     |                                             | 8.00                                                                  |
| 9.00                                                                                                                        | Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.                                                                                                                                                                                                                                                | Y                     |                                             | 9.00                                                                  |
| 10.00                                                                                                                       | Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.                                                                                                                                                                                                                                                               | N                     |                                             | 10.00                                                                 |
| 11.00                                                                                                                       | Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.                                                                                                                                                                                                                                                          | N                     |                                             | 11.00                                                                 |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       | Y/N<br>1.00                                 |                                                                       |
| Bad Debts                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                             |                                                                       |
| 12.00                                                                                                                       | Is the provider seeking reimbursement for bad debts? If yes, see instructions.                                                                                                                                                                                                                                                                                                                     |                       | Y                                           | 12.00                                                                 |
| 13.00                                                                                                                       | If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.                                                                                                                                                                                                                                                                    |                       | N                                           | 13.00                                                                 |
| 14.00                                                                                                                       | If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.                                                                                                                                                                                                                                                                                                   |                       | N                                           | 14.00                                                                 |
| Bed Complement                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                             |                                                                       |
| 15.00                                                                                                                       | Did total beds available change from the prior cost reporting period? If yes, see instructions.                                                                                                                                                                                                                                                                                                    |                       | N                                           | 15.00                                                                 |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    | Part A                |                                             | Part B                                                                |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    | Y/N<br>1.00           | Date<br>2.00                                | Y/N<br>3.00<br>Date<br>4.00                                           |
| PS&R Data                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                             |                                                                       |
| 16.00                                                                                                                       | Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)                                                                                                                                                                                                                | N                     |                                             | 16.00                                                                 |
| 17.00                                                                                                                       | Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)                                                                                                                                                                                        | Y                     | 10/08/2021                                  | 17.00                                                                 |
| 18.00                                                                                                                       | If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.                                                                                                                                                                                    | N                     |                                             | 18.00                                                                 |
| 19.00                                                                                                                       | If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.                                                                                                                                                                                                                                                     | N                     |                                             | 19.00                                                                 |

## HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet S-2  
Part II  
Date/Time Prepared:  
11/29/2021 1:59 pm

|                                                                                    |                                                                                                                                                                            | Description  | Y/N  | Y/N                      |       |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------|--------------------------|-------|
|                                                                                    |                                                                                                                                                                            | 0            | 1.00 | 3.00                     |       |
| 20.00                                                                              | If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:                                                              |              | N    | N                        | 20.00 |
|                                                                                    |                                                                                                                                                                            | Y/N          | Date | Y/N                      | Date  |
|                                                                                    |                                                                                                                                                                            | 1.00         | 2.00 | 3.00                     | 4.00  |
| 21.00                                                                              | Was the cost report prepared only using the provider's records? If yes, see instructions.                                                                                  | N            |      | N                        | 21.00 |
|                                                                                    |                                                                                                                                                                            |              |      | 1.00                     |       |
| COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS) |                                                                                                                                                                            |              |      |                          |       |
| Capital Related Cost                                                               |                                                                                                                                                                            |              |      |                          |       |
| 22.00                                                                              | Have assets been relifed for Medicare purposes? If yes, see instructions                                                                                                   |              |      |                          | 22.00 |
| 23.00                                                                              | Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.                              |              |      |                          | 23.00 |
| 24.00                                                                              | Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions                                              |              |      |                          | 24.00 |
| 25.00                                                                              | Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.                                                            |              |      |                          | 25.00 |
| 26.00                                                                              | Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.                                                              |              |      |                          | 26.00 |
| 27.00                                                                              | Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.                                                                    |              |      |                          | 27.00 |
| Interest Expense                                                                   |                                                                                                                                                                            |              |      |                          |       |
| 28.00                                                                              | Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.                                          |              |      |                          | 28.00 |
| 29.00                                                                              | Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions       |              |      |                          | 29.00 |
| 30.00                                                                              | Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.                                                                   |              |      |                          | 30.00 |
| 31.00                                                                              | Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.                                                                   |              |      |                          | 31.00 |
| Purchased Services                                                                 |                                                                                                                                                                            |              |      |                          |       |
| 32.00                                                                              | Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.          |              |      |                          | 32.00 |
| 33.00                                                                              | If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.                                                |              |      |                          | 33.00 |
| Provider-Based Physicians                                                          |                                                                                                                                                                            |              |      |                          |       |
| 34.00                                                                              | Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.                                             |              |      |                          | 34.00 |
| 35.00                                                                              | If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions. |              |      |                          | 35.00 |
|                                                                                    |                                                                                                                                                                            | Y/N          | Date |                          |       |
|                                                                                    |                                                                                                                                                                            | 1.00         | 2.00 |                          |       |
| Home Office Costs                                                                  |                                                                                                                                                                            |              |      |                          |       |
| 36.00                                                                              | Were home office costs claimed on the cost report?                                                                                                                         |              | Y    |                          | 36.00 |
| 37.00                                                                              | If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.                                                            |              | Y    |                          | 37.00 |
| 38.00                                                                              | If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.       |              | N    |                          | 38.00 |
| 39.00                                                                              | If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.                                                                   |              | N    |                          | 39.00 |
| 40.00                                                                              | If line 36 is yes, did the provider render services to the home office? If yes, see instructions.                                                                          |              | N    |                          | 40.00 |
|                                                                                    |                                                                                                                                                                            | 1.00         | 2.00 |                          |       |
| Cost Report Preparer Contact Information                                           |                                                                                                                                                                            |              |      |                          |       |
| 41.00                                                                              | Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.                                              | DELICIA      |      | PIERCE                   | 41.00 |
| 42.00                                                                              | Enter the employer/company name of the cost report preparer.                                                                                                               | MERCY        |      |                          | 42.00 |
| 43.00                                                                              | Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.                                                                 | 314-364-7305 |      | DELICIA.PIERCE@MERCY.NET | 43.00 |

|                                                               |                                                                                                                               |                                   |                                             |                                                                       |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------|-----------------------------------------------------------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE |                                                                                                                               | Provider CCN: 26-0020             | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet S-2<br>Part II<br>Date/Time Prepared:<br>11/29/2021 1:59 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. | REGIONAL DIRECTOR - REIMBURSEMENT |                                             | 41.00                                                                 |
| 42.00                                                         | Enter the employer/company name of the cost report preparer.                                                                  |                                   |                                             | 42.00                                                                 |
| 43.00                                                         | Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.                    |                                   |                                             | 43.00                                                                 |

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet S-3  
Part I  
Date/Time Prepared:  
11/29/2021 1:59 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                      | 624         | 227,760               | 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)                                                                                                        |                            | 624         | 227,760               | 0.00      | 0                                | 7.00  |
| 8.00 INTENSIVE CARE UNIT                                                                                                                                                         | 31.00                      | 65          | 23,725                | 0.00      | 0                                | 8.00  |
| 9.00 CORONARY CARE UNIT                                                                                                                                                          | 32.00                      | 16          | 5,840                 | 0.00      | 0                                | 9.00  |
| 10.00 BURN INTENSIVE CARE UNIT                                                                                                                                                   | 33.00                      | 12          | 4,380                 | 0.00      | 0                                | 10.00 |
| 11.00 SURGICAL INTENSIVE CARE UNIT                                                                                                                                               | 34.00                      | 0           | 0                     | 0.00      | 0                                | 11.00 |
| 12.00 NEONATAL INTENSIVE CARE UNIT                                                                                                                                               | 35.00                      | 126         | 45,990                | 0.00      | 0                                | 12.00 |
| 13.00 NURSERY                                                                                                                                                                    | 43.00                      |             |                       |           | 0                                | 13.00 |
| 14.00 Total (see instructions)                                                                                                                                                   |                            | 843         | 307,695               | 0.00      |                                  | 14.00 |
| 15.00 CAH visits                                                                                                                                                                 |                            |             |                       |           | 0                                | 15.00 |
| 16.00 SUBPROVIDER - IPF                                                                                                                                                          | 40.00                      | 16          | 5,840                 |           | 0                                | 16.00 |
| 17.00 SUBPROVIDER - IRF                                                                                                                                                          | 41.00                      | 0           | 0                     |           | 0                                | 17.00 |
| 18.00 SUBPROVIDER                                                                                                                                                                | 42.00                      | 0           | 0                     |           | 0                                | 18.00 |
| 19.00 SKILLED NURSING FACILITY                                                                                                                                                   | 44.00                      | 0           | 0                     |           | 0                                | 19.00 |
| 20.00 NURSING FACILITY                                                                                                                                                           |                            |             |                       |           |                                  | 20.00 |
| 21.00 OTHER LONG TERM CARE                                                                                                                                                       |                            |             |                       |           |                                  | 21.00 |
| 22.00 HOME HEALTH AGENCY                                                                                                                                                         |                            |             |                       |           |                                  | 22.00 |
| 23.00 AMBULATORY SURGICAL CENTER (D.P.)                                                                                                                                          |                            |             |                       |           |                                  | 23.00 |
| 24.00 HOSPICE                                                                                                                                                                    |                            |             |                       |           |                                  | 24.00 |
| 24.10 HOSPICE (non-distinct part)                                                                                                                                                | 30.00                      |             |                       |           |                                  | 24.10 |
| 25.00 CMHC - CMHC                                                                                                                                                                |                            |             |                       |           |                                  | 25.00 |
| 25.10 CMHC - CORF                                                                                                                                                                | 99.10                      |             |                       |           | 0                                | 25.10 |
| 26.00 RURAL HEALTH CLINIC                                                                                                                                                        | 88.00                      |             |                       |           | 0                                | 26.00 |
| 26.25 FEDERALLY QUALIFIED HEALTH CENTER                                                                                                                                          | 89.00                      |             |                       |           | 0                                | 26.25 |
| 27.00 Total (sum of lines 14-26)                                                                                                                                                 |                            | 859         |                       |           |                                  | 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: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet S-3  
Part I  
Date/Time Prepared:  
11/29/2021 1:59 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) | 36,516                        | 10,564    | 155,789            |                           |                      | 1.00  |
| 2.00      | HMO and other (see instructions)                                                                                                                                            | 42,724                        | 36,572    |                    |                           |                      | 2.00  |
| 3.00      | HMO IPF Subprovider                                                                                                                                                         | 1,394                         | 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)                                                                                                        | 36,516                        | 10,564    | 155,789            |                           |                      | 7.00  |
| 8.00      | INTENSIVE CARE UNIT                                                                                                                                                         | 4,333                         | 1,999     | 21,648             |                           |                      | 8.00  |
| 9.00      | CORONARY CARE UNIT                                                                                                                                                          | 970                           | 205       | 4,228              |                           |                      | 9.00  |
| 10.00     | BURN INTENSIVE CARE UNIT                                                                                                                                                    | 671                           | 179       | 3,171              |                           |                      | 10.00 |
| 11.00     | SURGICAL INTENSIVE CARE UNIT                                                                                                                                                | 0                             | 0         | 0                  |                           |                      | 11.00 |
| 12.00     | NEONATAL INTENSIVE CARE UNIT                                                                                                                                                | 0                             | 1,914     | 29,648             |                           |                      | 12.00 |
| 13.00     | NURSERY                                                                                                                                                                     |                               | 5,625     | 16,606             |                           |                      | 13.00 |
| 14.00     | Total (see instructions)                                                                                                                                                    | 42,490                        | 20,486    | 231,090            | 100.38                    | 4,813.00             | 14.00 |
| 15.00     | CAH visits                                                                                                                                                                  | 0                             | 0         | 0                  |                           |                      | 15.00 |
| 16.00     | SUBPROVIDER - IPF                                                                                                                                                           | 1,717                         | 258       | 4,061              | 0.51                      | 32.00                | 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                                                                                                                                                    | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 19.00 |
| 20.00     | NURSING FACILITY                                                                                                                                                            |                               |           |                    |                           |                      | 20.00 |
| 21.00     | OTHER LONG TERM CARE                                                                                                                                                        |                               |           |                    |                           |                      | 21.00 |
| 22.00     | HOME HEALTH AGENCY                                                                                                                                                          |                               |           |                    |                           |                      | 22.00 |
| 23.00     | AMBULATORY SURGICAL CENTER (D.P.)                                                                                                                                           |                               |           |                    |                           |                      | 23.00 |
| 24.00     | HOSPICE                                                                                                                                                                     |                               |           |                    |                           |                      | 24.00 |
| 24.10     | HOSPICE (non-distinct part)                                                                                                                                                 |                               |           | 37                 |                           |                      | 24.10 |
| 25.00     | CMHC - CMHC                                                                                                                                                                 |                               |           |                    |                           |                      | 25.00 |
| 25.10     | CMHC - CORF                                                                                                                                                                 | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 25.10 |
| 26.00     | RURAL HEALTH CLINIC                                                                                                                                                         | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 26.00 |
| 26.25     | FEDERALLY QUALIFIED HEALTH CENTER                                                                                                                                           | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 26.25 |
| 27.00     | Total (sum of lines 14-26)                                                                                                                                                  |                               |           |                    | 100.89                    | 4,845.00             | 27.00 |
| 28.00     | Observation Bed Days                                                                                                                                                        |                               | 1,578     | 15,485             |                           |                      | 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                             | 151       | 3,433              |                           |                      | 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: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet S-3  
Part I  
Date/Time Prepared:  
11/29/2021 1:59 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          | 7,580       | 1,850     | 37,800                | 1.00  |
| 2.00 HMO and other (see instructions)                                                                                                                                            |                          |            | 7,094       | 3,925     |                       | 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 NEONATAL INTENSIVE CARE UNIT                                                                                                                                               |                          |            |             |           |                       | 12.00 |
| 13.00 NURSERY                                                                                                                                                                    |                          |            |             |           |                       | 13.00 |
| 14.00 Total (see instructions)                                                                                                                                                   | 0.00                     | 0          | 7,580       | 1,850     | 37,800                | 14.00 |
| 15.00 CAH visits                                                                                                                                                                 |                          |            |             |           |                       | 15.00 |
| 16.00 SUBPROVIDER - IPF                                                                                                                                                          | 0.00                     | 0          | 180         | 49        | 583                   | 16.00 |
| 17.00 SUBPROVIDER - IRF                                                                                                                                                          | 0.00                     | 0          | 0           | 0         | 0                     | 17.00 |
| 18.00 SUBPROVIDER                                                                                                                                                                | 0.00                     | 0          |             | 0         | 0                     | 18.00 |
| 19.00 SKILLED NURSING FACILITY                                                                                                                                                   | 0.00                     |            |             |           |                       | 19.00 |
| 20.00 NURSING FACILITY                                                                                                                                                           |                          |            |             |           |                       | 20.00 |
| 21.00 OTHER LONG TERM CARE                                                                                                                                                       |                          |            |             |           |                       | 21.00 |
| 22.00 HOME HEALTH AGENCY                                                                                                                                                         |                          |            |             |           |                       | 22.00 |
| 23.00 AMBULATORY SURGICAL CENTER (D.P.)                                                                                                                                          |                          |            |             |           |                       | 23.00 |
| 24.00 HOSPICE                                                                                                                                                                    |                          |            |             |           |                       | 24.00 |
| 24.10 HOSPICE (non-distinct part)                                                                                                                                                |                          |            |             |           |                       | 24.10 |
| 25.00 CMHC - CMHC                                                                                                                                                                |                          |            |             |           |                       | 25.00 |
| 25.10 CMHC - CORF                                                                                                                                                                | 0.00                     |            |             |           |                       | 25.10 |
| 26.00 RURAL HEALTH CLINIC                                                                                                                                                        | 0.00                     |            |             |           |                       | 26.00 |
| 26.25 FEDERALLY QUALIFIED HEALTH CENTER                                                                                                                                          | 0.00                     |            |             |           |                       | 26.25 |
| 27.00 Total (sum of lines 14-26)                                                                                                                                                 | 0.00                     |            |             |           |                       | 27.00 |
| 28.00 Observation Bed Days                                                                                                                                                       |                          |            |             |           |                       | 28.00 |
| 29.00 Ambulance Trips                                                                                                                                                            |                          |            |             |           |                       | 29.00 |
| 30.00 Employee discount days (see instruction)                                                                                                                                   |                          |            |             |           |                       | 30.00 |
| 31.00 Employee discount days - IRF                                                                                                                                               |                          |            |             |           |                       | 31.00 |
| 32.00 Labor & delivery days (see instructions)                                                                                                                                   |                          |            |             |           |                       | 32.00 |
| 32.01 Total ancillary labor & delivery room outpatient days (see instructions)                                                                                                   |                          |            |             |           |                       | 32.01 |
| 33.00 LTCH non-covered days                                                                                                                                                      |                          |            | 0           |           |                       | 33.00 |
| 33.01 LTCH site neutral days and discharges                                                                                                                                      |                          |            | 0           |           |                       | 33.01 |

## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet S-3  
Part II  
Date/Time Prepared:  
11/29/2021 1:59 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             | 354,460,409                                             | 547,293                                     | 355,007,702                                       | 10,160,095.00                               | 34.94 1.00   |
| 2.00                                   | Non-physician anesthetist Part A                                                      |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00 2.00    |
| 3.00                                   | Non-physician anesthetist Part B                                                      |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00 3.00    |
| 4.00                                   | Physician-Part A - Administrative                                                     |                    | 4,724,240                                               | 0                                           | 4,724,240                                         | 29,553.00                                   | 159.86 4.00  |
| 4.01                                   | Physicians - Part A - Teaching                                                        |                    | 2,343,041                                               | 0                                           | 2,343,041                                         | 16,261.00                                   | 144.09 4.01  |
| 5.00                                   | Physician and Non Physician-Part B                                                    |                    | 46,640,081                                              | 0                                           | 46,640,081                                        | 321,894.00                                  | 144.89 5.00  |
| 6.00                                   | Non-physician-Part B for hospital-based RHC and FQHC services                         |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00 6.00    |
| 7.00                                   | Interns & residents (in an approved program)                                          | 21.00              | 5,670,031                                               | 0                                           | 5,670,031                                         | 196,252.00                                  | 28.89 7.00   |
| 7.01                                   | Contracted interns and residents (in an approved programs)                            |                    | 648,757                                                 | 0                                           | 648,757                                           | 22,633.00                                   | 28.66 7.01   |
| 8.00                                   | Home office and/or related organization personnel                                     |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00 8.00    |
| 9.00                                   | SNF                                                                                   | 44.00              | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00 9.00    |
| 10.00                                  | Excluded area salaries (see instructions)                                             |                    | 8,867,863                                               | -1,896,817                                  | 6,971,046                                         | 217,277.00                                  | 32.08 10.00  |
| <b>OTHER WAGES &amp; RELATED COSTS</b> |                                                                                       |                    |                                                         |                                             |                                                   |                                             |              |
| 11.00                                  | Contract labor: Direct Patient Care                                                   |                    | 2,130,553                                               | 0                                           | 2,130,553                                         | 33,466.00                                   | 63.66 11.00  |
| 12.00                                  | Contract labor: Top level management and other management and administrative services |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00 12.00   |
| 13.00                                  | Contract labor: Physician-Part A - Administrative                                     |                    | 2,058,881                                               | 0                                           | 2,058,881                                         | 14,658.00                                   | 140.46 13.00 |
| 14.00                                  | Home office and/or related organization salaries and wage-related costs               |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00 14.00   |
| 14.01                                  | Home office salaries                                                                  |                    | 91,000,342                                              | 0                                           | 91,000,342                                        | 1,830,226.00                                | 49.72 14.01  |
| 14.02                                  | Related organization salaries                                                         |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00 14.02   |
| 15.00                                  | Home office: Physician Part A - Administrative                                        |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00 15.00   |
| 16.00                                  | Home office and Contract Physicians Part A - Teaching                                 |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00 16.00   |
| 16.01                                  | Home office Physicians Part A - Teaching                                              |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00 16.01   |
| 16.02                                  | Home office contract Physicians Part A - Teaching                                     |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00 16.02   |
| <b>WAGE-RELATED COSTS</b>              |                                                                                       |                    |                                                         |                                             |                                                   |                                             |              |
| 17.00                                  | Wage-related costs (core) (see instructions)                                          |                    | 67,418,152                                              | 0                                           | 67,418,152                                        |                                             |              |
| 18.00                                  | Wage-related costs (other) (see instructions)                                         |                    |                                                         |                                             |                                                   |                                             |              |
| 19.00                                  | Excluded areas                                                                        |                    | 2,088,831                                               | 0                                           | 2,088,831                                         |                                             |              |
| 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                                                     |                    | 1,112,798                                               | 0                                           | 1,112,798                                         |                                             |              |
| 22.01                                  | Physician Part A - Teaching                                                           |                    | 551,905                                                 | 0                                           | 551,905                                           |                                             |              |
| 23.00                                  | Physician Part B                                                                      |                    | 10,986,104                                              | 0                                           | 10,986,104                                        |                                             |              |
| 24.00                                  | Wage-related costs (RHC/FQHC)                                                         |                    | 0                                                       | 0                                           | 0                                                 |                                             |              |
| 25.00                                  | Interns & residents (in an approved program)                                          |                    | 1,335,580                                               | 0                                           | 1,335,580                                         |                                             |              |
| 25.50                                  | Home office wage-related (core)                                                       |                    | 17,062,926                                              | 0                                           | 17,062,926                                        |                                             |              |
| 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: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet S-3  
Part II  
Date/Time Prepared:  
11/29/2021 1:59 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                   | 0                  | 547,293                                                 | 547,293                                     | 0.00                                              | 0.00                                        | 26.00 |
| 27.00                            | Administrative & General                                              | 5.00                   | 24,106,780         | -976,519                                                | 23,130,261                                  | 555,281.00                                        | 41.66                                       | 27.00 |
| 28.00                            | Administrative & General under<br>contract (see inst.)                |                        | 208,542            | 0                                                       | 208,542                                     | 5,024.00                                          | 41.51                                       | 28.00 |
| 29.00                            | Maintenance & Repairs                                                 | 6.00                   | 2,776,817          | 0                                                       | 2,776,817                                   | 98,890.00                                         | 28.08                                       | 29.00 |
| 30.00                            | Operation of Plant                                                    | 7.00                   | 1,711,481          | 0                                                       | 1,711,481                                   | 85,008.00                                         | 20.13                                       | 30.00 |
| 31.00                            | Laundry & Linen Service                                               | 8.00                   | 655,204            | 0                                                       | 655,204                                     | 37,256.00                                         | 17.59                                       | 31.00 |
| 32.00                            | Housekeeping                                                          | 9.00                   | 6,658,757          | 0                                                       | 6,658,757                                   | 404,827.00                                        | 16.45                                       | 32.00 |
| 33.00                            | Housekeeping under contract<br>(see instructions)                     |                        | 41,066             | 0                                                       | 41,066                                      | 2,229.00                                          | 18.42                                       | 33.00 |
| 34.00                            | Dietary                                                               | 10.00                  | 7,710,603          | -164,864                                                | 7,545,739                                   | 388,016.00                                        | 19.45                                       | 34.00 |
| 35.00                            | Dietary under contract (see<br>instructions)                          |                        | 80,840             | 0                                                       | 80,840                                      | 3,899.00                                          | 20.73                                       | 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                  | 5,299,432          | -1,721,887                                              | 3,577,545                                   | 92,587.00                                         | 38.64                                       | 38.00 |
| 39.00                            | Central Services and Supply                                           | 14.00                  | 3,607,660          | 0                                                       | 3,607,660                                   | 192,871.00                                        | 18.71                                       | 39.00 |
| 40.00                            | Pharmacy                                                              | 15.00                  | 9,552,896          | 0                                                       | 9,552,896                                   | 221,316.00                                        | 43.16                                       | 40.00 |
| 41.00                            | Medical Records & Medical<br>Records Library                          | 16.00                  | 2,063              | 0                                                       | 2,063                                       | 183.00                                            | 11.27                                       | 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: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet S-3  
Part III  
Date/Time Prepared:  
11/29/2021 1:59 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)                  | 299,488,947        | 547,293                                                     | 300,036,240                                 | 9,614,207.00                                      | 31.21                                       | 1.00 |
| 2.00                                   | Excluded area salaries (see instructions)        | 8,867,863          | -1,896,817                                                  | 6,971,046                                   | 217,277.00                                        | 32.08                                       | 2.00 |
| 3.00                                   | Subtotal salaries (line 1 minus line 2)          | 290,621,084        | 2,444,110                                                   | 293,065,194                                 | 9,396,930.00                                      | 31.19                                       | 3.00 |
| 4.00                                   | Subtotal other wages & related costs (see inst.) | 95,189,776         | 0                                                           | 95,189,776                                  | 1,878,350.00                                      | 50.68                                       | 4.00 |
| 5.00                                   | Subtotal wage-related costs (see inst.)          | 85,593,876         | 0                                                           | 85,593,876                                  | 0.00                                              | 29.21                                       | 5.00 |
| 6.00                                   | Total (sum of lines 3 thru 5)                    | 471,404,736        | 2,444,110                                                   | 473,848,846                                 | 11,275,280.00                                     | 42.03                                       | 6.00 |
| 7.00                                   | Total overhead cost (see instructions)           | 62,412,141         | -2,315,977                                                  | 60,096,164                                  | 2,087,387.00                                      | 28.79                                       | 7.00 |

| HOSPITAL WAGE RELATED COSTS                               |                                                                                                                             | Provider CCN: 26-0020 | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet S-3<br>Part IV<br>Date/Time Prepared:<br>11/29/2021 1:59 pm |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-----------------------------------------------------------------------|
|                                                           |                                                                                                                             |                       |                                             | Amount<br>Reported                                                    |
|                                                           |                                                                                                                             |                       |                                             | 1.00                                                                  |
| PART IV - WAGE RELATED COSTS                              |                                                                                                                             |                       |                                             |                                                                       |
| Part A - Core List                                        |                                                                                                                             |                       |                                             |                                                                       |
| RETIREMENT COST                                           |                                                                                                                             |                       |                                             |                                                                       |
| 1.00                                                      | 401K Employer Contributions                                                                                                 |                       | 7,612,231                                   | 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)                                                                      |                       | 0                                           | 4.00                                                                  |
| PLAN ADMINISTRATIVE COSTS (Paid to External Organization) |                                                                                                                             |                       |                                             |                                                                       |
| 5.00                                                      | 401K/TSA Plan Administration fees                                                                                           |                       | 0                                           | 5.00                                                                  |
| 6.00                                                      | Legal/Accounting/Management Fees-Pension Plan                                                                               |                       | 0                                           | 6.00                                                                  |
| 7.00                                                      | Employee Managed Care Program Administration Fees                                                                           |                       | 0                                           | 7.00                                                                  |
| HEALTH AND INSURANCE COST                                 |                                                                                                                             |                       |                                             |                                                                       |
| 8.00                                                      | Health Insurance (Purchased or Self Funded)                                                                                 |                       | 0                                           | 8.00                                                                  |
| 8.01                                                      | Health Insurance (Self Funded without a Third Party Administrator)                                                          |                       | 0                                           | 8.01                                                                  |
| 8.02                                                      | Health Insurance (Self Funded with a Third Party Administrator)                                                             |                       | 0                                           | 8.02                                                                  |
| 8.03                                                      | Health Insurance (Purchased)                                                                                                |                       | 36,403,297                                  | 8.03                                                                  |
| 9.00                                                      | Prescription Drug Plan                                                                                                      |                       | 0                                           | 9.00                                                                  |
| 10.00                                                     | Dental, Hearing and Vision Plan                                                                                             |                       | 1,697,898                                   | 10.00                                                                 |
| 11.00                                                     | Life Insurance (If employee is owner or beneficiary)                                                                        |                       | 315,363                                     | 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)                                                                  |                       | 601,817                                     | 13.00                                                                 |
| 14.00                                                     | Long-Term Care Insurance (If employee is owner or beneficiary)                                                              |                       | 0                                           | 14.00                                                                 |
| 15.00                                                     | 'Workers' Compensation Insurance                                                                                            |                       | 8,172,496                                   | 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                                                                                                 |                       | 19,856,220                                  | 17.00                                                                 |
| 18.00                                                     | Medicare Taxes - Employers Portion Only                                                                                     |                       | 5,063,660                                   | 18.00                                                                 |
| 19.00                                                     | Unemployment Insurance                                                                                                      |                       | -42,365                                     | 19.00                                                                 |
| 20.00                                                     | State or Federal Unemployment Taxes                                                                                         |                       | 0                                           | 20.00                                                                 |
| OTHER                                                     |                                                                                                                             |                       |                                             |                                                                       |
| 21.00                                                     | Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))        |                       | 0                                           | 21.00                                                                 |
| 22.00                                                     | Day Care Cost and Allowances                                                                                                |                       | 0                                           | 22.00                                                                 |
| 23.00                                                     | Tuition Reimbursement                                                                                                       |                       | 3,812,752                                   | 23.00                                                                 |
| 24.00                                                     | Total Wage Related cost (Sum of lines 1 -23)                                                                                |                       | 83,493,369                                  | 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: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet S-3  
Part V  
Date/Time Prepared:  
11/29/2021 1:59 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 | 2,130,553      | 83,493,369   | 1.00  |
| 2.00                                                         | Hospital                                         | 2,130,553      | 83,493,369   | 2.00  |
| 3.00                                                         | Subprovider - IPF                                | 0              | 0            | 3.00  |
| 4.00                                                         | Subprovider - IRF                                | 0              | 0            | 4.00  |
| 5.00                                                         | Subprovider - (Other)                            | 0              | 0            | 5.00  |
| 6.00                                                         | Swing Beds - SNF                                 | 0              | 0            | 6.00  |
| 7.00                                                         | Swing Beds - NF                                  | 0              | 0            | 7.00  |
| 8.00                                                         | Hospital-Based SNF                               | 0              | 0            | 8.00  |
| 9.00                                                         | Hospital-Based NF                                |                |              | 9.00  |
| 10.00                                                        | Hospital-Based OLTC                              |                |              | 10.00 |
| 11.00                                                        | Hospital-Based HHA                               |                |              | 11.00 |
| 12.00                                                        | Separately Certified ASC                         |                |              | 12.00 |
| 13.00                                                        | Hospital-Based Hospice                           |                |              | 13.00 |
| 14.00                                                        | Hospital-Based Health Clinic RHC                 | 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 |
| 17.00                                                        | Renal Dialysis                                   | 0              | 0            | 17.00 |
| 18.00                                                        | Other                                            | 0              | 0            | 18.00 |

| HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA                                                                                                   |                                                                                                                                                                             | Provider CCN: 26-0020 | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet S-10<br>Date/Time Prepared:<br>11/29/2021 1:59 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)                                                                                   |                       |                                             | 0.213595 1.00                                               |
| <b>Medicaid (see instructions for each line)</b>                                                                                                |                                                                                                                                                                             |                       |                                             |                                                             |
| 2.00                                                                                                                                            | Net revenue from Medicaid                                                                                                                                                   | 70,993,821            |                                             | 2.00                                                        |
| 3.00                                                                                                                                            | Did you receive DSH or supplemental payments from Medicaid?                                                                                                                 | Y                     |                                             | 3.00                                                        |
| 4.00                                                                                                                                            | If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?                                                                                   | N                     |                                             | 4.00                                                        |
| 5.00                                                                                                                                            | If line 4 is no, then enter DSH and/or supplemental payments from Medicaid                                                                                                  | -1,556,064            |                                             | 5.00                                                        |
| 6.00                                                                                                                                            | Medicaid charges                                                                                                                                                            | 364,019,914           |                                             | 6.00                                                        |
| 7.00                                                                                                                                            | Medicaid cost (line 1 times line 6)                                                                                                                                         | 77,752,834            |                                             | 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)                                                | 8,315,077             |                                             | 8.00                                                        |
| <b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>                                                              |                                                                                                                                                                             |                       |                                             |                                                             |
| 9.00                                                                                                                                            | Net revenue from stand-alone CHIP                                                                                                                                           | 672,338               |                                             | 9.00                                                        |
| 10.00                                                                                                                                           | Stand-alone CHIP charges                                                                                                                                                    | 3,003,585             |                                             | 10.00                                                       |
| 11.00                                                                                                                                           | Stand-alone CHIP cost (line 1 times line 10)                                                                                                                                | 641,551               |                                             | 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)                                                                                     | 24,501                |                                             | 13.00                                                       |
| 14.00                                                                                                                                           | Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)                                                                     | 153,981               |                                             | 14.00                                                       |
| 15.00                                                                                                                                           | State or local indigent care program cost (line 1 times line 14)                                                                                                            | 32,890                |                                             | 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)                                        | 8,389                 |                                             | 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)                                                           | 8,323,466             |                                             | 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)                                                                                     | 108,407,533           | 8,774,022                                   | 117,181,555 20.00                                           |
| 21.00                                                                                                                                           | Cost of patients approved for charity care and uninsured discounts (see instructions)                                                                                       | 23,155,307            | 8,774,022                                   | 31,929,329 21.00                                            |
| 22.00                                                                                                                                           | Payments received from patients for amounts previously written off as charity care                                                                                          | 602                   | 0                                           | 602 22.00                                                   |
| 23.00                                                                                                                                           | Cost of charity care (line 21 minus line 22)                                                                                                                                | 23,154,705            | 8,774,022                                   | 31,928,727 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)                                                                                                   | 41,143,959            |                                             | 26.00                                                       |
| 27.00                                                                                                                                           | Medicare reimbursable bad debts for the entire hospital complex (see instructions)                                                                                          | 1,212,610             |                                             | 27.00                                                       |
| 27.01                                                                                                                                           | Medicare allowable bad debts for the entire hospital complex (see instructions)                                                                                             | 1,865,553             |                                             | 27.01                                                       |
| 28.00                                                                                                                                           | Non-Medicare bad debt expense (see instructions)                                                                                                                            | 39,278,406            |                                             | 28.00                                                       |
| 29.00                                                                                                                                           | Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)                                                                                      | 9,042,614             |                                             | 29.00                                                       |
| 30.00                                                                                                                                           | Cost of uncompensated care (line 23 column 3 plus line 29)                                                                                                                  | 40,971,341            |                                             | 30.00                                                       |
| 31.00                                                                                                                                           | Total unreimbursed and uncompensated care cost (line 19 plus line 30)                                                                                                       | 49,294,807            |                                             | 31.00                                                       |

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet A

Date/Time Prepared:  
11/29/2021 1:59 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 | CAP REL COSTS-BLDG & FIXT           |            | 0           | 0                          | 18,799,961                        | 18,799,961                                            | 1.00  |
| 1.01                                          | 00101 | OTHER BUILDING-MOB                  |            | 0           | 0                          | 5,539,986                         | 5,539,986                                             | 1.01  |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP           |            | 0           | 0                          | 13,436,268                        | 13,436,268                                            | 2.00  |
| 2.01                                          | 00201 | NEW CAP REL COSTS-MVBLE EQUIP-MOB   |            | 0           | 0                          | 3,518,102                         | 3,518,102                                             | 2.01  |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT        | 0          | 69,812,718  | 69,812,718                 | -250,088                          | 69,562,630                                            | 4.00  |
| 5.02                                          | 00590 | PURCHASING RECEIVING AND STORES     | 0          | 0           | 0                          | 0                                 | 0                                                     | 5.02  |
| 5.03                                          | 00550 | ADMITTING                           | 3,546,367  | 205,724     | 3,752,091                  | -186,758                          | 3,565,333                                             | 5.03  |
| 5.04                                          | 00560 | OTHER ADMINISTRATIVE AND GENERAL    | 20,560,413 | 219,497,187 | 240,057,600                | 3,533,499                         | 243,591,099                                           | 5.04  |
| 6.00                                          | 00600 | MAINTENANCE & REPAIRS               | 2,776,817  | 6,650,628   | 9,427,445                  | -6,178,744                        | 3,248,701                                             | 6.00  |
| 7.00                                          | 00700 | OPERATION OF PLANT                  | 1,711,481  | 21,219,456  | 22,930,937                 | -1,205,781                        | 21,725,156                                            | 7.00  |
| 7.01                                          | 00701 | OTHER BUILDING-MOB                  | 0          | -1,546,833  | -1,546,833                 | -1,247,898                        | -2,794,731                                            | 7.01  |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE             | 655,204    | 3,270,285   | 3,925,489                  | 304,510                           | 4,229,999                                             | 8.00  |
| 9.00                                          | 00900 | HOUSEKEEPING                        | 6,658,757  | -2,664      | 6,656,093                  | 2,587,904                         | 9,243,997                                             | 9.00  |
| 9.01                                          | 00901 | HOUSEKEEPING-MED CENTER             | 0          | 0           | 0                          | 0                                 | 0                                                     | 9.01  |
| 9.02                                          | 00902 | HOUSEKEEPING-MOB                    | 0          | 0           | 0                          | 0                                 | 0                                                     | 9.02  |
| 10.00                                         | 01000 | DIETARY                             | 7,710,603  | 5,899,970   | 13,610,573                 | -675,333                          | 12,935,240                                            | 10.00 |
| 11.00                                         | 01100 | CAFETERIA                           | 0          | 0           | 0                          | 0                                 | 0                                                     | 11.00 |
| 13.00                                         | 01300 | NURSING ADMINISTRATION              | 5,299,432  | 3,277,326   | 8,576,758                  | -4,808,201                        | 3,768,557                                             | 13.00 |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY           | 3,607,660  | 644,582     | 4,252,242                  | -603,830                          | 3,648,412                                             | 14.00 |
| 15.00                                         | 01500 | PHARMACY                            | 9,552,896  | 90,329,343  | 99,882,239                 | -88,025,802                       | 11,856,437                                            | 15.00 |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY           | 2,063      | 3,065       | 5,128                      | -3,003                            | 2,125                                                 | 16.00 |
| 17.00                                         | 01700 | SOCIAL SERVICE                      | 0          | 90          | 90                         | 0                                 | 90                                                    | 17.00 |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRV | 5,670,031  | 1,249,413   | 6,919,444                  | -133,037                          | 6,786,407                                             | 21.00 |
| 22.00                                         | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV | 10,818,028 | 2,783,761   | 13,601,789                 | -6,492,410                        | 7,109,379                                             | 22.00 |
| 23.00                                         | 02300 | PARAMED ED PRGM                     | 223,713    | 15,098      | 238,811                    | -1,778                            | 237,033                                               | 23.00 |
| 23.01                                         | 02301 | RADIOLOGY SCHOOL                    | 209,876    | 8,188       | 218,064                    | -579                              | 217,485                                               | 23.01 |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                     |            |             |                            |                                   |                                                       |       |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                 | 88,102,181 | 17,386,656  | 105,488,837                | -1,220,619                        | 104,268,218                                           | 30.00 |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                 | 15,847,669 | 4,903,027   | 20,750,696                 | -772,329                          | 19,978,367                                            | 31.00 |
| 32.00                                         | 03200 | CORONARY CARE UNIT                  | 3,040,632  | 831,229     | 3,871,861                  | 253,773                           | 4,125,634                                             | 32.00 |
| 33.00                                         | 03300 | BURN INTENSIVE CARE UNIT            | 2,159,064  | 547,114     | 2,706,178                  | -14,222                           | 2,691,956                                             | 33.00 |
| 34.00                                         | 03400 | SURGICAL INTENSIVE CARE UNIT        | 0          | 0           | 0                          | 0                                 | 0                                                     | 34.00 |
| 35.00                                         | 02040 | NEONATAL INTENSIVE CARE UNIT        | 15,830,771 | 2,744,381   | 18,575,152                 | -1,295,866                        | 17,279,286                                            | 35.00 |
| 40.00                                         | 04000 | SUBPROVIDER - IPF                   | 4,651,239  | 2,429,917   | 7,081,156                  | -2,289,912                        | 4,791,244                                             | 40.00 |
| 41.00                                         | 04100 | SUBPROVIDER - IRF                   | 0          | 0           | 0                          | 0                                 | 0                                                     | 41.00 |
| 42.00                                         | 04200 | SUBPROVIDER                         | 0          | 0           | 0                          | 0                                 | 0                                                     | 42.00 |
| 43.00                                         | 04300 | NURSERY                             | 104,541    | 112,678     | 217,219                    | 4,065,222                         | 4,282,441                                             | 43.00 |
| 44.00                                         | 04400 | SKILLED NURSING FACILITY            | 0          | 0           | 0                          | 0                                 | 0                                                     | 44.00 |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                     |            |             |                            |                                   |                                                       |       |
| 50.00                                         | 05000 | OPERATING ROOM                      | 17,630,962 | 72,396,890  | 90,027,852                 | -67,272,987                       | 22,754,865                                            | 50.00 |
| 51.00                                         | 05100 | RECOVERY ROOM                       | 2,136,187  | 85,929      | 2,222,116                  | -50,777                           | 2,171,339                                             | 51.00 |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM          | 12,298,366 | 3,884,982   | 16,183,348                 | -2,511,447                        | 13,671,901                                            | 52.00 |
| 53.00                                         | 05300 | ANESTHESIOLOGY                      | 568,155    | 7,112,176   | 7,680,331                  | -3,105,043                        | 4,575,288                                             | 53.00 |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                | 8,940,189  | 9,896,969   | 18,837,158                 | -8,847,111                        | 9,990,047                                             | 54.00 |
| 54.01                                         | 05401 | ULTRASOUND                          | 2,138,602  | 714,302     | 2,852,904                  | -539,703                          | 2,313,201                                             | 54.01 |
| 55.00                                         | 05500 | RADIOLOGY-THERAPEUTIC               | 2,314,861  | 5,670,839   | 7,985,700                  | -1,778,387                        | 6,207,313                                             | 55.00 |
| 56.00                                         | 05600 | RADIOISOTOPE                        | 946,308    | 2,295,426   | 3,241,734                  | -2,093,299                        | 1,148,435                                             | 56.00 |
| 57.00                                         | 05700 | CT SCAN                             | 1,036,279  | 991,087     | 2,027,366                  | -718,498                          | 1,308,868                                             | 57.00 |
| 58.00                                         | 05800 | MRI                                 | 814,618    | 1,601,206   | 2,415,824                  | -784,653                          | 1,631,171                                             | 58.00 |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION             | 2,630,334  | 7,533,073   | 10,163,407                 | -9,247,676                        | 915,731                                               | 59.00 |
| 60.00                                         | 06000 | LABORATORY                          | 13,437,169 | 47,522,821  | 60,959,990                 | -1,612,303                        | 59,347,687                                            | 60.00 |
| 62.00                                         | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL | 1,506,091  | 2,216,518   | 3,722,609                  | -111,995                          | 3,610,614                                             | 62.00 |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                 | 8,480,206  | 3,705,180   | 12,185,386                 | -3,991,680                        | 8,193,706                                             | 65.00 |
| 66.00                                         | 06600 | PHYSICAL THERAPY                    | 14,977,085 | 4,361,273   | 19,338,358                 | -2,320,980                        | 17,017,378                                            | 66.00 |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                   | 6,195,093  | 15,016,868  | 21,211,961                 | -13,796,217                       | 7,415,744                                             | 69.00 |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 0          | 0           | 0                          | 48,251,458                        | 48,251,458                                            | 71.00 |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENTS      | 0          | 0           | 0                          | 60,216,178                        | 60,216,178                                            | 72.00 |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS           | 0          | 0           | 0                          | 145,666,763                       | 145,666,763                                           | 73.00 |
| 74.00                                         | 07400 | RENAL DIALYSIS                      | 1,103,777  | 391,884     | 1,495,661                  | -306,266                          | 1,189,395                                             | 74.00 |
| 75.00                                         | 07500 | ASC (NON-DISTINCT PART)             | 4,585,390  | 6,594,885   | 11,180,275                 | -5,699,227                        | 5,481,048                                             | 75.00 |
| 76.00                                         | 03020 | CARDIAC REHAB                       | 827,007    | 54,533      | 881,540                    | -27,661                           | 853,879                                               | 76.00 |
| 76.01                                         | 03030 | GI LAB                              | 4,041,724  | 5,104,042   | 9,145,766                  | -4,178,925                        | 4,966,841                                             | 76.01 |
| 76.02                                         | 03040 | ECT                                 | 109,711    | 22,001      | 131,712                    | -32,034                           | 99,678                                                | 76.02 |
| 76.03                                         | 03050 | OP PSYCH                            | 570,638    | 55,624      | 626,262                    | -38,331                           | 587,931                                               | 76.03 |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                     |            |             |                            |                                   |                                                       |       |
| 88.00                                         | 08800 | RURAL HEALTH CLINIC                 | 0          | 0           | 0                          | 0                                 | 0                                                     | 88.00 |
| 89.00                                         | 08900 | FEDERALLY QUALIFIED HEALTH CENTER   | 0          | 0           | 0                          | 0                                 | 0                                                     | 89.00 |
| 90.00                                         | 09000 | CLINIC                              | 7,771,893  | 57,602,490  | 65,374,383                 | -55,464,559                       | 9,909,824                                             | 90.00 |
| 90.01                                         | 09001 | HYPERBARIC/OP WOUND                 | 1,340,385  | 362,170     | 1,702,555                  | -262,049                          | 1,440,506                                             | 90.01 |
| 91.00                                         | 09100 | EMERGENCY                           | 23,975,111 | 6,474,153   | 30,449,264                 | -4,652,995                        | 25,796,269                                            | 91.00 |
| 91.02                                         | 09101 | NATURAL FAMILY PLANNING             | 0          | 0           | 0                          | 0                                 | 0                                                     | 91.02 |

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet A

Date/Time Prepared:  
11/29/2021 1:59 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                                                  |        |
| 91.03                           | 09102 | PAIN THERAPY CENTER                    | 0           | 0           | 0                          | 0                               | 0                                                     | 91.03  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |             |             |                            |                                 |                                                       | 92.00  |
| 92.01                           | 09201 | AMBULATORY CARE UNIT                   | 1,561,795   | 321,141     | 1,882,936                  | -890,164                        | 992,772                                               | 92.01  |
| OTHER REIMBURSABLE COST CENTERS |       |                                        |             |             |                            |                                 |                                                       |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                     | 0           | 150,780     | 150,780                    | -150,780                        | 0                                                     | 95.00  |
| 99.10                           | 09910 | CORF                                   | 0           | 0           | 0                          | 0                               | 0                                                     | 99.10  |
| 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 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117) | 350,677,374 | 714,411,581 | 1,065,088,955              | 281,687                         | 1,065,370,642                                         | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                        |             |             |                            |                                 |                                                       |        |
| 190.00                          | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN      | 233,082     | 805,284     | 1,038,366                  | -95,465                         | 942,901                                               | 190.00 |
| 190.01                          | 19001 | VENDING MACHINES                       | 0           | 0           | 0                          | 0                               | 0                                                     | 190.01 |
| 190.02                          | 19002 | VISITOR MEALS                          | 0           | 0           | 0                          | 0                               | 0                                                     | 190.02 |
| 191.00                          | 19100 | RESEARCH                               | 515,993     | 148,530     | 664,523                    | -80,204                         | 584,319                                               | 191.00 |
| 192.00                          | 19200 | PHYSICIANS PRIVATE OFFICES             | 982,251     | 66,410      | 1,048,661                  | 65,892                          | 1,114,553                                             | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                        | 181,182     | 117,858     | 299,040                    | -48,710                         | 250,330                                               | 193.00 |
| 193.01                          | 19301 | MEALS ON WHEELS                        | 0           | 0           | 0                          | 0                               | 0                                                     | 193.01 |
| 193.03                          | 19303 | CONVENT                                | 0           | 0           | 0                          | 0                               | 0                                                     | 193.03 |
| 193.06                          | 19306 | VACANT SPACE                           | 0           | 0           | 0                          | 0                               | 0                                                     | 193.06 |
| 193.07                          | 19307 | SALES & SERVICE-PHYSICIAN PRACTICE     | 0           | 0           | 0                          | 0                               | 0                                                     | 193.07 |
| 194.00                          | 07950 | NEIGHBORHOOD MINISTRIES                | 139,163     | 111,317     | 250,480                    | -237                            | 250,243                                               | 194.00 |
| 194.01                          | 07951 | HOSPICE                                | 0           | 0           | 0                          | 0                               | 0                                                     | 194.01 |
| 194.02                          | 07952 | SHARED SERVICES                        | 0           | 0           | 0                          | 0                               | 0                                                     | 194.02 |
| 194.03                          | 07953 | MERCY                                  | 1,731,314   | 295,368     | 2,026,682                  | -122,963                        | 1,903,719                                             | 194.03 |
| 194.04                          | 07954 | SJMH SHARED SERVICES                   | 0           | 0           | 0                          | 0                               | 0                                                     | 194.04 |
| 194.06                          | 07956 | OTHER NONREIMBURSABLE                  | 0           | 0           | 0                          | 0                               | 0                                                     | 194.06 |
| 194.08                          | 07958 | REHAB HOSPITAL                         | 50          | -3          | 47                         | 0                               | 47                                                    | 194.08 |
| 194.09                          | 07960 | MERCY SAFEWATCH                        | 0           | 0           | 0                          | 0                               | 0                                                     | 194.09 |
| 200.00                          |       | TOTAL (SUM OF LINES 118 through 199)   | 354,460,409 | 715,956,345 | 1,070,416,754              | 0                               | 1,070,416,754                                         | 200.00 |

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet A

Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description                |       |                                      | Adjustments<br>(See A-8) | Net Expenses<br>For Allocation |       |
|----------------------------------------|-------|--------------------------------------|--------------------------|--------------------------------|-------|
|                                        |       |                                      | 6.00                     | 7.00                           |       |
| GENERAL SERVICE COST CENTERS           |       |                                      |                          |                                |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT            | 8,636,708                | 27,436,669                     | 1.00  |
| 1.01                                   | 00101 | OTHER BUILDING-MOB                   | 0                        | 5,539,986                      | 1.01  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            | 5,535,613                | 18,971,881                     | 2.00  |
| 2.01                                   | 00201 | NEW CAP REL COSTS-MVBLE EQUIP-MOB    | 0                        | 3,518,102                      | 2.01  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         | 3,568,402                | 73,131,032                     | 4.00  |
| 5.02                                   | 00590 | PURCHASING RECEIVING AND STORES      | 0                        | 0                              | 5.02  |
| 5.03                                   | 00550 | ADMITTING                            | 20                       | 3,565,353                      | 5.03  |
| 5.04                                   | 00560 | OTHER ADMINISTRATIVE AND GENERAL     | -33,734,235              | 209,856,864                    | 5.04  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                | 5,197,046                | 8,445,747                      | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                   | 2,183,771                | 23,908,927                     | 7.00  |
| 7.01                                   | 00701 | OTHER BUILDING-MOB                   | 5,324,549                | 2,529,818                      | 7.01  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              | 0                        | 4,229,999                      | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         | 0                        | 9,243,997                      | 9.00  |
| 9.01                                   | 00901 | HOUSEKEEPING-MED CENTER              | 0                        | 0                              | 9.01  |
| 9.02                                   | 00902 | HOUSEKEEPING-MOB                     | 0                        | 0                              | 9.02  |
| 10.00                                  | 01000 | DIETARY                              | -4,639,528               | 8,295,712                      | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            | 0                        | 0                              | 11.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               | 0                        | 3,768,557                      | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            | 0                        | 3,648,412                      | 14.00 |
| 15.00                                  | 01500 | PHARMACY                             | -326,602                 | 11,529,835                     | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 1,417,437                | 1,419,562                      | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                       | 0                        | 90                             | 17.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV  | -2,709                   | 6,783,698                      | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV  | -1,267,120               | 5,842,259                      | 22.00 |
| 23.00                                  | 02300 | PARAMED ED PRGM                      | -52,200                  | 184,833                        | 23.00 |
| 23.01                                  | 02301 | RADIOLOGY SCHOOL                     | -66,079                  | 151,406                        | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                          |                                |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | -20,817,337              | 83,450,881                     | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 1,378,637                | 21,357,004                     | 31.00 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   | 0                        | 4,125,634                      | 32.00 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             | 0                        | 2,691,956                      | 33.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT         | 0                        | 0                              | 34.00 |
| 35.00                                  | 02040 | NEONATAL INTENSIVE CARE UNIT         | -62,698                  | 17,216,588                     | 35.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                    | -2,696,740               | 2,094,504                      | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                        | 0                              | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                        | 0                              | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | -1,068                   | 4,281,373                      | 43.00 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             | 0                        | 0                              | 44.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                          |                                |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | -20,671                  | 22,734,194                     | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 0                        | 2,171,339                      | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | -640,642                 | 13,031,259                     | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 0                        | 4,575,288                      | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | -30,259                  | 9,959,788                      | 54.00 |
| 54.01                                  | 05401 | ULTRASOUND                           | 0                        | 2,313,201                      | 54.01 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | -738,545                 | 5,468,768                      | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0                        | 1,148,435                      | 56.00 |
| 57.00                                  | 05700 | CT SCAN                              | -16,795                  | 1,292,073                      | 57.00 |
| 58.00                                  | 05800 | MRI                                  | -1,600                   | 1,629,571                      | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0                        | 915,731                        | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | -4,619,616               | 54,728,071                     | 60.00 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL  | -130,995                 | 3,479,619                      | 62.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | -11,562                  | 8,182,144                      | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | -2,100,968               | 14,916,410                     | 66.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | -1,354,594               | 6,061,150                      | 69.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT  | 0                        | 48,251,458                     | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 0                        | 60,216,178                     | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0                        | 145,666,763                    | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0                        | 1,189,395                      | 74.00 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | -810,456                 | 4,670,592                      | 75.00 |
| 76.00                                  | 03020 | CARDIAC REHAB                        | 0                        | 853,879                        | 76.00 |
| 76.01                                  | 03030 | GI LAB                               | -229                     | 4,966,612                      | 76.01 |
| 76.02                                  | 03040 | ECT                                  | 0                        | 99,678                         | 76.02 |
| 76.03                                  | 03050 | OP PSYCH                             | -406,868                 | 181,063                        | 76.03 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                          |                                |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                        | 0                              | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                        | 0                              | 89.00 |
| 90.00                                  | 09000 | CLINIC                               | -491,321                 | 9,418,503                      | 90.00 |
| 90.01                                  | 09001 | HYPERBARIC/OP WOUND                  | -472,512                 | 967,994                        | 90.01 |
| 91.00                                  | 09100 | EMERGENCY                            | -12,556,829              | 13,239,440                     | 91.00 |
| 91.02                                  | 09101 | NATURAL FAMILY PLANNING              | 0                        | 0                              | 91.02 |
| 91.03                                  | 09102 | PAIN THERAPY CENTER                  | 0                        | 0                              | 91.03 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                        | 0                              | 92.00 |

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet A

Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description |       |                                        | Adjustments<br>(See A-8) | Net Expenses<br>For Allocation |        |
|-------------------------|-------|----------------------------------------|--------------------------|--------------------------------|--------|
|                         |       |                                        | 6.00                     | 7.00                           |        |
| 92.01                   | 09201 | AMBULATORY CARE UNIT                   | 0                        | 992,772                        | 92.01  |
|                         |       | OTHER REIMBURSABLE COST CENTERS        |                          |                                |        |
| 95.00                   | 09500 | AMBULANCE SERVICES                     | 0                        | 0                              | 95.00  |
| 99.10                   | 09910 | CORF                                   | 0                        | 0                              | 99.10  |
|                         |       | 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 |
| 118.00                  |       | SUBTOTALS (SUM OF LINES 1 through 117) | -54,828,595              | 1,010,542,047                  | 118.00 |
|                         |       | NONREIMBURSABLE COST CENTERS           |                          |                                |        |
| 190.00                  | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN      | 0                        | 942,901                        | 190.00 |
| 190.01                  | 19001 | VENDING MACHINES                       | 0                        | 0                              | 190.01 |
| 190.02                  | 19002 | VISITOR MEALS                          | 0                        | 0                              | 190.02 |
| 191.00                  | 19100 | RESEARCH                               | 0                        | 584,319                        | 191.00 |
| 192.00                  | 19200 | PHYSICIANS PRIVATE OFFICES             | -9,961                   | 1,104,592                      | 192.00 |
| 193.00                  | 19300 | NONPAID WORKERS                        | 0                        | 250,330                        | 193.00 |
| 193.01                  | 19301 | MEALS ON WHEELS                        | 0                        | 0                              | 193.01 |
| 193.03                  | 19303 | CONVENT                                | 0                        | 0                              | 193.03 |
| 193.06                  | 19306 | VACANT SPACE                           | 0                        | 0                              | 193.06 |
| 193.07                  | 19307 | SALES & SERVICE-PHYSICIAN PRACTICE     | 0                        | 0                              | 193.07 |
| 194.00                  | 07950 | NEIGHBORHOOD MINISTRIES                | 0                        | 250,243                        | 194.00 |
| 194.01                  | 07951 | HOSPICE                                | 0                        | 0                              | 194.01 |
| 194.02                  | 07952 | SHARED SERVICES                        | 0                        | 0                              | 194.02 |
| 194.03                  | 07953 | MERCY                                  | 0                        | 1,903,719                      | 194.03 |
| 194.04                  | 07954 | SJMH SHARED SERVICES                   | 0                        | 0                              | 194.04 |
| 194.06                  | 07956 | OTHER NONREIMBURSABLE                  | 0                        | 0                              | 194.06 |
| 194.08                  | 07958 | REHAB HOSPITAL                         | 0                        | 47                             | 194.08 |
| 194.09                  | 07960 | MERCY SAFEWATCH                        | 0                        | 0                              | 194.09 |
| 200.00                  |       | TOTAL (SUM OF LINES 118 through 199)   | -54,838,556              | 1,015,578,198                  | 200.00 |

## RECLASSIFICATIONS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet A-6

Date/Time Prepared:  
11/29/2021 1:59 pm

|       | Increases                  |        |           |            |  |       |
|-------|----------------------------|--------|-----------|------------|--|-------|
|       | Cost Center                | Line # | Salary    | Other      |  |       |
|       | 2.00                       | 3.00   | 4.00      | 5.00       |  |       |
|       | A - NURSERY COSTS          |        |           |            |  |       |
| 1.00  | NURSERY                    | 43.00  | 3,311,059 | 754,853    |  | 1.00  |
|       | 0                          |        | 3,311,059 | 754,853    |  |       |
|       | B - INTERNS AND RESIDENTS  |        |           |            |  |       |
| 1.00  | I&R SERVICES-OTHER PRGM    | 22.00  | 1,062,078 | 0          |  | 1.00  |
|       | COSTS APPRV                |        |           |            |  |       |
|       | 0                          |        | 1,062,078 | 0          |  |       |
|       | C - CONFIDENTIAL PAYROLL   |        |           |            |  |       |
| 1.00  | ADULTS & PEDIATRICS        | 30.00  | 2,293,598 | 499,015    |  | 1.00  |
| 2.00  | INTENSIVE CARE UNIT        | 31.00  | 4,021,574 | 0          |  | 2.00  |
| 3.00  | PHYSICIANS PRIVATE OFFICES | 192.00 | 100,661   | 0          |  | 3.00  |
| 4.00  | OTHER ADMINISTRATIVE AND   | 5.04   | 85,559    | 0          |  | 4.00  |
|       | GENERAL                    |        |           |            |  |       |
|       | 0                          |        | 6,501,392 | 499,015    |  |       |
|       | D - BUILDING DEPRECIATION  |        |           |            |  |       |
| 1.00  | CAP REL COSTS-BLDG & FIXT  | 1.00   | 0         | 18,338,721 |  | 1.00  |
| 2.00  | OTHER BUILDING-MOB         | 1.01   | 0         | 4,809,332  |  | 2.00  |
| 3.00  |                            | 0.00   | 0         | 0          |  | 3.00  |
| 4.00  |                            | 0.00   | 0         | 0          |  | 4.00  |
| 5.00  |                            | 0.00   | 0         | 0          |  | 5.00  |
| 6.00  |                            | 0.00   | 0         | 0          |  | 6.00  |
| 7.00  |                            | 0.00   | 0         | 0          |  | 7.00  |
| 8.00  |                            | 0.00   | 0         | 0          |  | 8.00  |
| 9.00  |                            | 0.00   | 0         | 0          |  | 9.00  |
| 10.00 |                            | 0.00   | 0         | 0          |  | 10.00 |
| 11.00 |                            | 0.00   | 0         | 0          |  | 11.00 |
| 12.00 |                            | 0.00   | 0         | 0          |  | 12.00 |
| 13.00 |                            | 0.00   | 0         | 0          |  | 13.00 |
| 14.00 |                            | 0.00   | 0         | 0          |  | 14.00 |
| 15.00 |                            | 0.00   | 0         | 0          |  | 15.00 |
| 16.00 |                            | 0.00   | 0         | 0          |  | 16.00 |
| 17.00 |                            | 0.00   | 0         | 0          |  | 17.00 |
| 18.00 |                            | 0.00   | 0         | 0          |  | 18.00 |
| 19.00 |                            | 0.00   | 0         | 0          |  | 19.00 |
| 20.00 |                            | 0.00   | 0         | 0          |  | 20.00 |
| 21.00 |                            | 0.00   | 0         | 0          |  | 21.00 |
| 22.00 |                            | 0.00   | 0         | 0          |  | 22.00 |
| 23.00 |                            | 0.00   | 0         | 0          |  | 23.00 |
| 24.00 |                            | 0.00   | 0         | 0          |  | 24.00 |
| 25.00 |                            | 0.00   | 0         | 0          |  | 25.00 |
| 26.00 |                            | 0.00   | 0         | 0          |  | 26.00 |
| 27.00 |                            | 0.00   | 0         | 0          |  | 27.00 |
| 28.00 |                            | 0.00   | 0         | 0          |  | 28.00 |
| 29.00 |                            | 0.00   | 0         | 0          |  | 29.00 |
| 30.00 |                            | 0.00   | 0         | 0          |  | 30.00 |
| 31.00 |                            | 0.00   | 0         | 0          |  | 31.00 |
| 32.00 |                            | 0.00   | 0         | 0          |  | 32.00 |
| 33.00 |                            | 0.00   | 0         | 0          |  | 33.00 |
| 34.00 |                            | 0.00   | 0         | 0          |  | 34.00 |
| 35.00 |                            | 0.00   | 0         | 0          |  | 35.00 |
| 36.00 |                            | 0.00   | 0         | 0          |  | 36.00 |
| 37.00 |                            | 0.00   | 0         | 0          |  | 37.00 |
| 38.00 |                            | 0.00   | 0         | 0          |  | 38.00 |
| 39.00 |                            | 0.00   | 0         | 0          |  | 39.00 |
| 40.00 |                            | 0.00   | 0         | 0          |  | 40.00 |
| 41.00 |                            | 0.00   | 0         | 0          |  | 41.00 |
| 42.00 |                            | 0.00   | 0         | 0          |  | 42.00 |
| 43.00 |                            | 0.00   | 0         | 0          |  | 43.00 |
| 44.00 |                            | 0.00   | 0         | 0          |  | 44.00 |
| 45.00 |                            | 0.00   | 0         | 0          |  | 45.00 |
|       | 0                          |        | 0         | 23,148,053 |  |       |
|       | E - HOUSEKEEPING SERVICES  |        |           |            |  |       |
| 1.00  | HOUSEKEEPING               | 9.00   | 0         | 3,361,049  |  | 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 |

## RECLASSIFICATIONS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet A-6

Date/Time Prepared:  
11/29/2021 1:59 pm

|       | Increases                         |        |        |             |  |       |
|-------|-----------------------------------|--------|--------|-------------|--|-------|
|       | Cost Center                       | Line # | Salary | Other       |  |       |
|       | 2.00                              | 3.00   | 4.00   | 5.00        |  |       |
| 13.00 |                                   | 0.00   | 0      | 0           |  | 13.00 |
| 14.00 |                                   | 0.00   | 0      | 0           |  | 14.00 |
| 15.00 |                                   | 0.00   | 0      | 0           |  | 15.00 |
| 16.00 |                                   | 0.00   | 0      | 0           |  | 16.00 |
| 17.00 |                                   | 0.00   | 0      | 0           |  | 17.00 |
| 18.00 |                                   | 0.00   | 0      | 0           |  | 18.00 |
| 19.00 |                                   | 0.00   | 0      | 0           |  | 19.00 |
| 20.00 |                                   | 0.00   | 0      | 0           |  | 20.00 |
| 21.00 |                                   | 0.00   | 0      | 0           |  | 21.00 |
| 22.00 |                                   | 0.00   | 0      | 0           |  | 22.00 |
| 23.00 |                                   | 0.00   | 0      | 0           |  | 23.00 |
| 24.00 |                                   | 0.00   | 0      | 0           |  | 24.00 |
| 25.00 |                                   | 0.00   | 0      | 0           |  | 25.00 |
| 26.00 |                                   | 0.00   | 0      | 0           |  | 26.00 |
| 27.00 |                                   | 0.00   | 0      | 0           |  | 27.00 |
| 28.00 |                                   | 0.00   | 0      | 0           |  | 28.00 |
| 29.00 |                                   | 0.00   | 0      | 0           |  | 29.00 |
| 30.00 |                                   | 0.00   | 0      | 0           |  | 30.00 |
| 31.00 |                                   | 0.00   | 0      | 0           |  | 31.00 |
| 32.00 |                                   | 0.00   | 0      | 0           |  | 32.00 |
| 33.00 |                                   | 0.00   | 0      | 0           |  | 33.00 |
| 34.00 |                                   | 0.00   | 0      | 0           |  | 34.00 |
| 35.00 |                                   | 0.00   | 0      | 0           |  | 35.00 |
| 36.00 |                                   | 0.00   | 0      | 0           |  | 36.00 |
| 37.00 |                                   | 0.00   | 0      | 0           |  | 37.00 |
| 38.00 |                                   | 0.00   | 0      | 0           |  | 38.00 |
| 39.00 |                                   | 0.00   | 0      | 0           |  | 39.00 |
| 40.00 |                                   | 0.00   | 0      | 0           |  | 40.00 |
| 41.00 |                                   | 0.00   | 0      | 0           |  | 41.00 |
| 42.00 |                                   | 0.00   | 0      | 0           |  | 42.00 |
| 43.00 |                                   | 0.00   | 0      | 0           |  | 43.00 |
| 44.00 |                                   | 0.00   | 0      | 0           |  | 44.00 |
| 45.00 |                                   | 0.00   | 0      | 0           |  | 45.00 |
| 46.00 |                                   | 0.00   | 0      | 0           |  | 46.00 |
| 47.00 |                                   | 0.00   | 0      | 0           |  | 47.00 |
| 48.00 |                                   | 0.00   | 0      | 0           |  | 48.00 |
| 49.00 |                                   | 0.00   | 0      | 0           |  | 49.00 |
|       | 0                                 |        | 0      | 3,361,049   |  |       |
|       | F - COST OF DRUGS                 |        |        |             |  |       |
| 1.00  | DRUGS CHARGED TO PATIENTS         | 73.00  | 0      | 145,666,763 |  | 1.00  |
| 2.00  | CENTRAL SERVICES & SUPPLY         | 14.00  | 0      | 15,140      |  | 2.00  |
| 3.00  | GIFT FLOWER COFFEE SHOP & CANTEEN | 190.00 | 0      | 570         |  | 3.00  |
| 4.00  |                                   | 0.00   | 0      | 0           |  | 4.00  |
| 5.00  |                                   | 0.00   | 0      | 0           |  | 5.00  |
| 6.00  |                                   | 0.00   | 0      | 0           |  | 6.00  |
| 7.00  |                                   | 0.00   | 0      | 0           |  | 7.00  |
| 8.00  |                                   | 0.00   | 0      | 0           |  | 8.00  |
| 9.00  |                                   | 0.00   | 0      | 0           |  | 9.00  |
| 10.00 |                                   | 0.00   | 0      | 0           |  | 10.00 |
| 11.00 |                                   | 0.00   | 0      | 0           |  | 11.00 |
| 12.00 |                                   | 0.00   | 0      | 0           |  | 12.00 |
| 13.00 |                                   | 0.00   | 0      | 0           |  | 13.00 |
| 14.00 |                                   | 0.00   | 0      | 0           |  | 14.00 |
| 15.00 |                                   | 0.00   | 0      | 0           |  | 15.00 |
| 16.00 |                                   | 0.00   | 0      | 0           |  | 16.00 |
| 17.00 |                                   | 0.00   | 0      | 0           |  | 17.00 |
| 18.00 |                                   | 0.00   | 0      | 0           |  | 18.00 |
| 19.00 |                                   | 0.00   | 0      | 0           |  | 19.00 |
| 20.00 |                                   | 0.00   | 0      | 0           |  | 20.00 |
| 21.00 |                                   | 0.00   | 0      | 0           |  | 21.00 |
| 22.00 |                                   | 0.00   | 0      | 0           |  | 22.00 |
| 23.00 |                                   | 0.00   | 0      | 0           |  | 23.00 |
| 24.00 |                                   | 0.00   | 0      | 0           |  | 24.00 |
| 25.00 |                                   | 0.00   | 0      | 0           |  | 25.00 |
| 26.00 |                                   | 0.00   | 0      | 0           |  | 26.00 |
| 27.00 |                                   | 0.00   | 0      | 0           |  | 27.00 |
| 28.00 |                                   | 0.00   | 0      | 0           |  | 28.00 |
| 29.00 |                                   | 0.00   | 0      | 0           |  | 29.00 |
| 30.00 |                                   | 0.00   | 0      | 0           |  | 30.00 |
| 31.00 |                                   | 0.00   | 0      | 0           |  | 31.00 |
| 32.00 |                                   | 0.00   | 0      | 0           |  | 32.00 |
| 33.00 |                                   | 0.00   | 0      | 0           |  | 33.00 |
| 34.00 |                                   | 0.00   | 0      | 0           |  | 34.00 |

## RECLASSIFICATIONS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet A-6  
Date/Time Prepared:  
11/29/2021 1:59 pm

|       | Increases                        |        |        |             |  |       |
|-------|----------------------------------|--------|--------|-------------|--|-------|
|       | Cost Center                      | Line # | Salary | Other       |  |       |
|       | 2.00                             | 3.00   | 4.00   | 5.00        |  |       |
| 35.00 |                                  | 0.00   | 0      | 0           |  | 35.00 |
| 36.00 |                                  | 0.00   | 0      | 0           |  | 36.00 |
| 37.00 |                                  | 0.00   | 0      | 0           |  | 37.00 |
| 38.00 |                                  | 0.00   | 0      | 0           |  | 38.00 |
| 39.00 |                                  | 0.00   | 0      | 0           |  | 39.00 |
| 40.00 |                                  | 0.00   | 0      | 0           |  | 40.00 |
|       |                                  |        | 0      | 145,682,473 |  |       |
|       | G - PLANT MAINTENANCE            |        |        |             |  |       |
| 1.00  | MAINTENANCE & REPAIRS            | 6.00   | 0      | 7,361       |  | 1.00  |
|       |                                  |        | 0      | 7,361       |  |       |
|       | H - PERSONAL PROPERTY TAXES      |        |        |             |  |       |
| 1.00  | CAP REL COSTS-MVBLE EQUIP        | 2.00   | 0      | 21,208      |  | 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  |
|       | TOTALS                           |        | 0      | 21,208      |  |       |
|       | I - PROPERTY TAX                 |        |        |             |  |       |
| 1.00  | CAP REL COSTS-BLDG & FIXT        | 1.00   | 0      | 217,194     |  | 1.00  |
| 2.00  | OTHER BUILDING-MOB               | 1.01   | 0      | 730,654     |  | 2.00  |
|       | TOTALS                           |        | 0      | 947,848     |  |       |
|       | J - PENSION RECLASS              |        |        |             |  |       |
| 1.00  | EMPLOYEE BENEFITS DEPARTMENT     | 4.00   | 0      | 6,950,075   |  | 1.00  |
| 2.00  | OTHER ADMINISTRATIVE AND GENERAL | 5.04   | 0      | 7,823,424   |  | 2.00  |
| 3.00  |                                  | 0.00   | 0      | 0           |  | 3.00  |
| 4.00  |                                  | 0.00   | 0      | 0           |  | 4.00  |
| 5.00  |                                  | 0.00   | 0      | 0           |  | 5.00  |
| 6.00  |                                  | 0.00   | 0      | 0           |  | 6.00  |
| 7.00  |                                  | 0.00   | 0      | 0           |  | 7.00  |
| 8.00  |                                  | 0.00   | 0      | 0           |  | 8.00  |
| 9.00  |                                  | 0.00   | 0      | 0           |  | 9.00  |
| 10.00 |                                  | 0.00   | 0      | 0           |  | 10.00 |
| 11.00 |                                  | 0.00   | 0      | 0           |  | 11.00 |
| 12.00 |                                  | 0.00   | 0      | 0           |  | 12.00 |
| 13.00 |                                  | 0.00   | 0      | 0           |  | 13.00 |
| 14.00 |                                  | 0.00   | 0      | 0           |  | 14.00 |
| 15.00 |                                  | 0.00   | 0      | 0           |  | 15.00 |
| 16.00 |                                  | 0.00   | 0      | 0           |  | 16.00 |
| 17.00 |                                  | 0.00   | 0      | 0           |  | 17.00 |
| 18.00 |                                  | 0.00   | 0      | 0           |  | 18.00 |
| 19.00 |                                  | 0.00   | 0      | 0           |  | 19.00 |
| 20.00 |                                  | 0.00   | 0      | 0           |  | 20.00 |
| 21.00 |                                  | 0.00   | 0      | 0           |  | 21.00 |
| 22.00 |                                  | 0.00   | 0      | 0           |  | 22.00 |
| 23.00 |                                  | 0.00   | 0      | 0           |  | 23.00 |
| 24.00 |                                  | 0.00   | 0      | 0           |  | 24.00 |
| 25.00 |                                  | 0.00   | 0      | 0           |  | 25.00 |
| 26.00 |                                  | 0.00   | 0      | 0           |  | 26.00 |
| 27.00 |                                  | 0.00   | 0      | 0           |  | 27.00 |
| 28.00 |                                  | 0.00   | 0      | 0           |  | 28.00 |
| 29.00 |                                  | 0.00   | 0      | 0           |  | 29.00 |
| 30.00 |                                  | 0.00   | 0      | 0           |  | 30.00 |
| 31.00 |                                  | 0.00   | 0      | 0           |  | 31.00 |
| 32.00 |                                  | 0.00   | 0      | 0           |  | 32.00 |
| 33.00 |                                  | 0.00   | 0      | 0           |  | 33.00 |
| 34.00 |                                  | 0.00   | 0      | 0           |  | 34.00 |
| 35.00 |                                  | 0.00   | 0      | 0           |  | 35.00 |
| 36.00 |                                  | 0.00   | 0      | 0           |  | 36.00 |
| 37.00 |                                  | 0.00   | 0      | 0           |  | 37.00 |
| 38.00 |                                  | 0.00   | 0      | 0           |  | 38.00 |
| 39.00 |                                  | 0.00   | 0      | 0           |  | 39.00 |
| 40.00 |                                  | 0.00   | 0      | 0           |  | 40.00 |
| 41.00 |                                  | 0.00   | 0      | 0           |  | 41.00 |
| 42.00 |                                  | 0.00   | 0      | 0           |  | 42.00 |
| 43.00 |                                  | 0.00   | 0      | 0           |  | 43.00 |
| 44.00 |                                  | 0.00   | 0      | 0           |  | 44.00 |
| 45.00 |                                  | 0.00   | 0      | 0           |  | 45.00 |
|       |                                  |        | 0      | 14,773,499  |  |       |

## RECLASSIFICATIONS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet A-6  
Date/Time Prepared:  
11/29/2021 1:59 pm

|                                      |                                   | Increases |           |            |  |       |
|--------------------------------------|-----------------------------------|-----------|-----------|------------|--|-------|
| Cost Center                          |                                   | Line #    | Salary    | Other      |  |       |
| 2.00                                 |                                   | 3.00      | 4.00      | 5.00       |  |       |
| K - INTEREST EXPENSE                 |                                   |           |           |            |  |       |
| 1.00                                 | CAP REL COSTS-BLDG & FIXT         | 1.00      | 0         | 244,046    |  | 1.00  |
| 2.00                                 |                                   | 0.00      | 0         | 0          |  | 2.00  |
|                                      | 0                                 |           | 0         | 244,046    |  |       |
| L - DIETARY TECH SALARY              |                                   |           |           |            |  |       |
| 1.00                                 | SUBPROVIDER - IPF                 | 40.00     | 56,276    | 0          |  | 1.00  |
| 2.00                                 | CLINIC                            | 90.00     | 108,588   | 0          |  | 2.00  |
|                                      | 0                                 |           | 164,864   | 0          |  |       |
| M - EQUIPMENT DEPRECIATION           |                                   |           |           |            |  |       |
| 1.00                                 | CAP REL COSTS-MVBLE EQUIP         | 2.00      | 0         | 13,415,060 |  | 1.00  |
| 2.00                                 | NEW CAP REL COSTS-MVBLE EQUIP-MOB | 2.01      | 0         | 3,518,102  |  | 2.00  |
| 3.00                                 |                                   | 0.00      | 0         | 0          |  | 3.00  |
| 4.00                                 |                                   | 0.00      | 0         | 0          |  | 4.00  |
| 5.00                                 |                                   | 0.00      | 0         | 0          |  | 5.00  |
| 6.00                                 |                                   | 0.00      | 0         | 0          |  | 6.00  |
| 7.00                                 |                                   | 0.00      | 0         | 0          |  | 7.00  |
| 8.00                                 |                                   | 0.00      | 0         | 0          |  | 8.00  |
| 9.00                                 |                                   | 0.00      | 0         | 0          |  | 9.00  |
| 10.00                                |                                   | 0.00      | 0         | 0          |  | 10.00 |
| 11.00                                |                                   | 0.00      | 0         | 0          |  | 11.00 |
| 12.00                                |                                   | 0.00      | 0         | 0          |  | 12.00 |
| 13.00                                |                                   | 0.00      | 0         | 0          |  | 13.00 |
| 14.00                                |                                   | 0.00      | 0         | 0          |  | 14.00 |
| 15.00                                |                                   | 0.00      | 0         | 0          |  | 15.00 |
| 16.00                                |                                   | 0.00      | 0         | 0          |  | 16.00 |
| 17.00                                |                                   | 0.00      | 0         | 0          |  | 17.00 |
| 18.00                                |                                   | 0.00      | 0         | 0          |  | 18.00 |
| 19.00                                |                                   | 0.00      | 0         | 0          |  | 19.00 |
| 20.00                                |                                   | 0.00      | 0         | 0          |  | 20.00 |
| 21.00                                |                                   | 0.00      | 0         | 0          |  | 21.00 |
| 22.00                                |                                   | 0.00      | 0         | 0          |  | 22.00 |
| 23.00                                |                                   | 0.00      | 0         | 0          |  | 23.00 |
| 24.00                                |                                   | 0.00      | 0         | 0          |  | 24.00 |
| 25.00                                |                                   | 0.00      | 0         | 0          |  | 25.00 |
| 26.00                                |                                   | 0.00      | 0         | 0          |  | 26.00 |
| 27.00                                |                                   | 0.00      | 0         | 0          |  | 27.00 |
| 28.00                                |                                   | 0.00      | 0         | 0          |  | 28.00 |
| 29.00                                |                                   | 0.00      | 0         | 0          |  | 29.00 |
| 30.00                                |                                   | 0.00      | 0         | 0          |  | 30.00 |
| 31.00                                |                                   | 0.00      | 0         | 0          |  | 31.00 |
| 32.00                                |                                   | 0.00      | 0         | 0          |  | 32.00 |
| 33.00                                |                                   | 0.00      | 0         | 0          |  | 33.00 |
| 34.00                                |                                   | 0.00      | 0         | 0          |  | 34.00 |
| 35.00                                |                                   | 0.00      | 0         | 0          |  | 35.00 |
| 36.00                                |                                   | 0.00      | 0         | 0          |  | 36.00 |
| 37.00                                |                                   | 0.00      | 0         | 0          |  | 37.00 |
| 38.00                                |                                   | 0.00      | 0         | 0          |  | 38.00 |
| 39.00                                |                                   | 0.00      | 0         | 0          |  | 39.00 |
| 40.00                                |                                   | 0.00      | 0         | 0          |  | 40.00 |
| 41.00                                |                                   | 0.00      | 0         | 0          |  | 41.00 |
| 42.00                                |                                   | 0.00      | 0         | 0          |  | 42.00 |
| 43.00                                |                                   | 0.00      | 0         | 0          |  | 43.00 |
| 44.00                                |                                   | 0.00      | 0         | 0          |  | 44.00 |
| 45.00                                |                                   | 0.00      | 0         | 0          |  | 45.00 |
| 46.00                                |                                   | 0.00      | 0         | 0          |  | 46.00 |
| 47.00                                |                                   | 0.00      | 0         | 0          |  | 47.00 |
| 48.00                                |                                   | 0.00      | 0         | 0          |  | 48.00 |
| 49.00                                |                                   | 0.00      | 0         | 0          |  | 49.00 |
| 50.00                                |                                   | 0.00      | 0         | 0          |  | 50.00 |
| 51.00                                |                                   | 0.00      | 0         | 0          |  | 51.00 |
| 52.00                                |                                   | 0.00      | 0         | 0          |  | 52.00 |
| 53.00                                |                                   | 0.00      | 0         | 0          |  | 53.00 |
| 54.00                                |                                   | 0.00      | 0         | 0          |  | 54.00 |
|                                      | 0                                 |           | 0         | 16,933,162 |  |       |
| N - CRITICAL CARE FELLOWSHIP PROGRAM |                                   |           |           |            |  |       |
| 1.00                                 | INTENSIVE CARE UNIT               | 31.00     | 992,800   | 1,414      |  | 1.00  |
| 2.00                                 | CORONARY CARE UNIT                | 32.00     | 232,687   | 331        |  | 2.00  |
| 3.00                                 | BURN INTENSIVE CARE UNIT          | 33.00     | 248,200   | 353        |  | 3.00  |
| 4.00                                 | NEONATAL INTENSIVE CARE UNIT      | 35.00     | 248,200   | 353        |  | 4.00  |
|                                      | 0                                 |           | 1,721,887 | 2,451      |  |       |

## RECLASSIFICATIONS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet A-6  
Date/Time Prepared:  
11/29/2021 1:59 pm

|       | Increases                                |        |           |            |  |       |
|-------|------------------------------------------|--------|-----------|------------|--|-------|
|       | Cost Center                              | Line # | Salary    | Other      |  |       |
|       | 2.00                                     | 3.00   | 4.00      | 5.00       |  |       |
|       | 0 - UTILITIES                            |        |           |            |  |       |
| 1.00  | OPERATION OF PLANT                       | 7.00   | 0         | 732,596    |  | 1.00  |
| 2.00  | OTHER BUILDING-MOB                       | 7.01   | 0         | 192,123    |  | 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 |
|       | 0                                        |        | 0         | 924,719    |  |       |
|       | P - LAUNDRY RECLASS                      |        |           |            |  |       |
| 1.00  | LAUNDRY & LINEN SERVICE                  | 8.00   | 0         | 322,767    |  | 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 |
| 22.00 |                                          | 0.00   | 0         | 0          |  | 22.00 |
| 23.00 |                                          | 0.00   | 0         | 0          |  | 23.00 |
| 24.00 |                                          | 0.00   | 0         | 0          |  | 24.00 |
| 25.00 |                                          | 0.00   | 0         | 0          |  | 25.00 |
| 26.00 |                                          | 0.00   | 0         | 0          |  | 26.00 |
| 27.00 |                                          | 0.00   | 0         | 0          |  | 27.00 |
| 28.00 |                                          | 0.00   | 0         | 0          |  | 28.00 |
| 29.00 |                                          | 0.00   | 0         | 0          |  | 29.00 |
| 30.00 |                                          | 0.00   | 0         | 0          |  | 30.00 |
| 31.00 |                                          | 0.00   | 0         | 0          |  | 31.00 |
| 32.00 |                                          | 0.00   | 0         | 0          |  | 32.00 |
| 33.00 |                                          | 0.00   | 0         | 0          |  | 33.00 |
| 34.00 |                                          | 0.00   | 0         | 0          |  | 34.00 |
| 35.00 |                                          | 0.00   | 0         | 0          |  | 35.00 |
| 36.00 |                                          | 0.00   | 0         | 0          |  | 36.00 |
| 37.00 |                                          | 0.00   | 0         | 0          |  | 37.00 |
|       | TOTALS                                   |        | 0         | 322,767    |  |       |
|       | Q - INTERVENTIONAL CARE HH               |        |           |            |  |       |
| 1.00  | CORONARY CARE UNIT                       | 32.00  | 288,938   | 37,658     |  | 1.00  |
|       | TOTALS                                   |        | 288,938   | 37,658     |  |       |
|       | R - PACU RECLASS                         |        |           |            |  |       |
| 1.00  | ADULTS & PEDIATRICS                      | 30.00  | 15,288    | 364        |  | 1.00  |
|       | TOTALS                                   |        | 15,288    | 364        |  |       |
|       | S - EMERGENCY DEPARTMENT ROUTINE REVENUE |        |           |            |  |       |
| 1.00  | ADULTS & PEDIATRICS                      | 30.00  | 1,539,673 | 364,605    |  | 1.00  |
|       | TOTALS                                   |        | 1,539,673 | 364,605    |  |       |
|       | T - AMBULATORY CARE UNIT                 |        |           |            |  |       |
| 1.00  | ADULTS & PEDIATRICS                      | 30.00  | 642,417   | 38,949     |  | 1.00  |
|       | TOTALS                                   |        | 642,417   | 38,949     |  |       |
|       | U - MEDICAL SUPPLIES                     |        |           |            |  |       |
| 1.00  | MEDICAL SUPPLIES CHARGED TO              | 71.00  | 0         | 48,251,458 |  | 1.00  |
| 2.00  | PATIENT                                  | 0.00   | 0         | 0          |  | 2.00  |

## RECLASSIFICATIONS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet A-6

Date/Time Prepared:  
11/29/2021 1:59 pm

|                               |                                     | Increases |           |            |       |       |
|-------------------------------|-------------------------------------|-----------|-----------|------------|-------|-------|
|                               | Cost Center                         | Line #    | Salary    | Other      |       |       |
|                               | 2.00                                | 3.00      | 4.00      | 5.00       |       |       |
| 3.00                          |                                     | 0.00      | 0         | 0          |       | 3.00  |
| 4.00                          |                                     | 0.00      | 0         | 0          |       | 4.00  |
| 5.00                          |                                     | 0.00      | 0         | 0          |       | 5.00  |
| 6.00                          |                                     | 0.00      | 0         | 0          |       | 6.00  |
| 7.00                          |                                     | 0.00      | 0         | 0          |       | 7.00  |
| 8.00                          |                                     | 0.00      | 0         | 0          |       | 8.00  |
| 9.00                          |                                     | 0.00      | 0         | 0          |       | 9.00  |
| 10.00                         |                                     | 0.00      | 0         | 0          |       | 10.00 |
| 11.00                         |                                     | 0.00      | 0         | 0          |       | 11.00 |
| 12.00                         |                                     | 0.00      | 0         | 0          |       | 12.00 |
| 13.00                         |                                     | 0.00      | 0         | 0          |       | 13.00 |
| 14.00                         |                                     | 0.00      | 0         | 0          |       | 14.00 |
| 15.00                         |                                     | 0.00      | 0         | 0          |       | 15.00 |
| 16.00                         |                                     | 0.00      | 0         | 0          |       | 16.00 |
| 17.00                         |                                     | 0.00      | 0         | 0          |       | 17.00 |
| 18.00                         |                                     | 0.00      | 0         | 0          |       | 18.00 |
| 19.00                         |                                     | 0.00      | 0         | 0          |       | 19.00 |
| 20.00                         |                                     | 0.00      | 0         | 0          |       | 20.00 |
| 21.00                         |                                     | 0.00      | 0         | 0          |       | 21.00 |
| 22.00                         |                                     | 0.00      | 0         | 0          |       | 22.00 |
| 23.00                         |                                     | 0.00      | 0         | 0          |       | 23.00 |
| 24.00                         |                                     | 0.00      | 0         | 0          |       | 24.00 |
| 25.00                         |                                     | 0.00      | 0         | 0          |       | 25.00 |
| 26.00                         |                                     | 0.00      | 0         | 0          |       | 26.00 |
| 27.00                         |                                     | 0.00      | 0         | 0          |       | 27.00 |
| 28.00                         |                                     | 0.00      | 0         | 0          |       | 28.00 |
| 29.00                         |                                     | 0.00      | 0         | 0          |       | 29.00 |
| 30.00                         |                                     | 0.00      | 0         | 0          |       | 30.00 |
| 31.00                         |                                     | 0.00      | 0         | 0          |       | 31.00 |
| 32.00                         |                                     | 0.00      | 0         | 0          |       | 32.00 |
| 33.00                         |                                     | 0.00      | 0         | 0          |       | 33.00 |
| TOTALS                        |                                     |           | 0         | 48,251,458 |       |       |
| V - IMPLANT SUPPLIES          |                                     |           |           |            |       |       |
| 1.00                          | IMPL. DEV. CHARGED TO PATIENTS      | 72.00     | 0         | 60,216,178 | 1.00  |       |
| 2.00                          | WHOLE BLOOD & PACKED RED BLOOD CELL | 62.00     | 0         | 35         | 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 |       |
| TOTALS                        |                                     |           | 0         | 60,216,213 |       |       |
| W - BENEFITS/SALARY RECLASS   |                                     |           |           |            |       |       |
| 1.00                          | EMPLOYEE BENEFITS DEPARTMENT        | 4.00      | 156,918   | 0          | 1.00  |       |
| TOTALS                        |                                     |           | 156,918   | 0          |       |       |
| X - AMBULANCE                 |                                     |           |           |            |       |       |
| 1.00                          | EMERGENCY                           | 91.00     | 0         | 150,780    | 1.00  |       |
| TOTALS                        |                                     |           | 0         | 150,780    |       |       |
| Y - ED CLINICAL DECISION UNIT |                                     |           |           |            |       |       |
| 1.00                          | ADULTS & PEDIATRICS                 | 30.00     | 177,381   | 4,869      | 1.00  |       |
| TOTALS                        |                                     |           | 177,381   | 4,869      |       |       |
| Z - PSYCH ADMIN RECLASS       |                                     |           |           |            |       |       |
| 1.00                          | ADULTS & PEDIATRICS                 | 30.00     | 2,053,754 | 150,951    | 1.00  |       |
| TOTALS                        |                                     |           | 2,053,754 | 150,951    |       |       |
| AA - PEDS/PICU                |                                     |           |           |            |       |       |
| 1.00                          | ADULTS & PEDIATRICS                 | 30.00     | 3,101,050 | 229,321    | 1.00  |       |
| 2.00                          | NEONATAL INTENSIVE CARE UNIT        | 35.00     | 92,632    | 6,850      | 2.00  |       |
| TOTALS                        |                                     |           | 3,193,682 | 236,171    |       |       |

## RECLASSIFICATIONS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet A-6

Date/Time Prepared:  
11/29/2021 1:59 pm

|        | Increases                    |        |            |             |        |      |
|--------|------------------------------|--------|------------|-------------|--------|------|
|        | Cost Center                  | Line # | Salary     | Other       |        |      |
|        | 2.00                         | 3.00   | 4.00       | 5.00        |        |      |
| 1.00   | BB - SIGN-ON BONUS           |        |            |             |        | 1.00 |
|        | EMPLOYEE BENEFITS DEPARTMENT | 4.00   | 390,375    | 0           |        |      |
|        | TOTALS                       |        | 390,375    | 0           |        |      |
|        | CC - INTERCOMPANY RENT       |        |            |             |        |      |
| 1.00   | OPERATION OF PLANT           | 7.00   | 0          | 4,672,799   | 1.00   |      |
| 2.00   | OTHER BUILDING-MOB           | 7.01   | 0          | 1,225,442   | 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  |      |
|        | TOTALS                       |        | 0          | 5,898,241   |        |      |
| 500.00 | Grand Total: Increases       |        | 21,219,706 | 322,972,763 | 500.00 |      |

## RECLASSIFICATIONS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet A-6

Date/Time Prepared:  
11/29/2021 1:59 pm

|       | Decreases                           |        |           |            |                |  |  | 11/29/2021 1:59 pm |
|-------|-------------------------------------|--------|-----------|------------|----------------|--|--|--------------------|
|       | Cost Center                         | Line # | Salary    | Other      | Wkst. A-7 Ref. |  |  |                    |
|       | 6.00                                | 7.00   | 8.00      | 9.00       | 10.00          |  |  |                    |
|       | A - NURSERY COSTS                   |        |           |            |                |  |  |                    |
| 1.00  | ADULTS & PEDIATRICS                 | 30.00  | 3,311,059 | 754,853    | 0              |  |  | 1.00               |
|       | 0                                   |        | 3,311,059 | 754,853    |                |  |  |                    |
|       | B - INTERNS AND RESIDENTS           |        |           |            |                |  |  |                    |
| 1.00  | OTHER ADMINISTRATIVE AND GENERAL    | 5.04   | 1,062,078 | 0          | 0              |  |  | 1.00               |
|       | 0                                   |        | 1,062,078 | 0          |                |  |  |                    |
|       | C - CONFIDENTIAL PAYROLL            |        |           |            |                |  |  |                    |
| 1.00  | OPERATING ROOM                      | 50.00  | 95,834    | 0          | 0              |  |  | 1.00               |
| 2.00  | I&R SERVICES-OTHER PRGM COSTS APPRV | 22.00  | 6,405,558 | 499,015    | 0              |  |  | 2.00               |
| 3.00  |                                     | 0.00   | 0         | 0          | 0              |  |  | 3.00               |
| 4.00  |                                     | 0.00   | 0         | 0          | 0              |  |  | 4.00               |
|       | 0                                   |        | 6,501,392 | 499,015    |                |  |  |                    |
|       | D - BUILDING DEPRECIATION           |        |           |            |                |  |  |                    |
| 1.00  | EMPLOYEE BENEFITS DEPARTMENT        | 4.00   | 0         | 675        | 9              |  |  | 1.00               |
| 2.00  | ADMITTING                           | 5.03   | 0         | 32,936     | 9              |  |  | 2.00               |
| 3.00  | OTHER ADMINISTRATIVE AND GENERAL    | 5.04   | 0         | 1,395,324  | 0              |  |  | 3.00               |
| 4.00  | MAINTENANCE & REPAIRS               | 6.00   | 0         | 5,647,325  | 0              |  |  | 4.00               |
| 5.00  | OPERATION OF PLANT                  | 7.00   | 0         | 5,191,380  | 0              |  |  | 5.00               |
| 6.00  | OTHER BUILDING-MOB                  | 7.01   | 0         | 357,690    | 0              |  |  | 6.00               |
| 7.00  | HOUSEKEEPING                        | 9.00   | 0         | 6,056      | 0              |  |  | 7.00               |
| 8.00  | DIETARY                             | 10.00  | 0         | 119,849    | 0              |  |  | 8.00               |
| 9.00  | NURSING ADMINISTRATION              | 13.00  | 0         | 186,519    | 0              |  |  | 9.00               |
| 10.00 | CENTRAL SERVICES & SUPPLY           | 14.00  | 0         | 303,790    | 0              |  |  | 10.00              |
| 11.00 | PHARMACY                            | 15.00  | 0         | 266,167    | 0              |  |  | 11.00              |
| 12.00 | I&R SERVICES-OTHER PRGM COSTS APPRV | 22.00  | 0         | 45,231     | 0              |  |  | 12.00              |
| 13.00 | ADULTS & PEDIATRICS                 | 30.00  | 0         | 2,909,382  | 0              |  |  | 13.00              |
| 14.00 | INTENSIVE CARE UNIT                 | 31.00  | 0         | 823,332    | 0              |  |  | 14.00              |
| 15.00 | CORONARY CARE UNIT                  | 32.00  | 0         | 27,637     | 0              |  |  | 15.00              |
| 16.00 | BURN INTENSIVE CARE UNIT            | 33.00  | 0         | 23,121     | 0              |  |  | 16.00              |
| 17.00 | NEONATAL INTENSIVE CARE UNIT        | 35.00  | 0         | 585,128    | 0              |  |  | 17.00              |
| 18.00 | SUBPROVIDER - IPF                   | 40.00  | 0         | 24,190     | 0              |  |  | 18.00              |
| 19.00 | OPERATING ROOM                      | 50.00  | 0         | 511,665    | 0              |  |  | 19.00              |
| 20.00 | RECOVERY ROOM                       | 51.00  | 0         | 681        | 0              |  |  | 20.00              |
| 21.00 | DELIVERY ROOM & LABOR ROOM          | 52.00  | 0         | 956,939    | 0              |  |  | 21.00              |
| 22.00 | RADIOLOGY-DIAGNOSTIC                | 54.00  | 0         | 495,312    | 0              |  |  | 22.00              |
| 23.00 | ULTRASOUND                          | 54.01  | 0         | 176,027    | 0              |  |  | 23.00              |
| 24.00 | RADIOLOGY-THERAPEUTIC               | 55.00  | 0         | 653,854    | 0              |  |  | 24.00              |
| 25.00 | RADIOISOTOPE                        | 56.00  | 0         | 1,278      | 0              |  |  | 25.00              |
| 26.00 | CT SCAN                             | 57.00  | 0         | 58,359     | 0              |  |  | 26.00              |
| 27.00 | MRI                                 | 58.00  | 0         | 114,012    | 0              |  |  | 27.00              |
| 28.00 | CARDIAC CATHETERIZATION             | 59.00  | 0         | 86,639     | 0              |  |  | 28.00              |
| 29.00 | LABORATORY                          | 60.00  | 0         | 152,468    | 0              |  |  | 29.00              |
| 30.00 | WHOLE BLOOD & PACKED RED BLOOD CELL | 62.00  | 0         | 28,478     | 0              |  |  | 30.00              |
| 31.00 | RESPIRATORY THERAPY                 | 65.00  | 0         | 109,262    | 0              |  |  | 31.00              |
| 32.00 | PHYSICAL THERAPY                    | 66.00  | 0         | 163,729    | 0              |  |  | 32.00              |
| 33.00 | ELECTROCARDIOLOGY                   | 69.00  | 0         | 42,740     | 0              |  |  | 33.00              |
| 34.00 | RENAL DIALYSIS                      | 74.00  | 0         | 881        | 0              |  |  | 34.00              |
| 35.00 | ASC (NON-DISTINCT PART)             | 75.00  | 0         | 491,775    | 0              |  |  | 35.00              |
| 36.00 | GI LAB                              | 76.01  | 0         | 108,165    | 0              |  |  | 36.00              |
| 37.00 | OP PSYCH                            | 76.03  | 0         | 28,738     | 0              |  |  | 37.00              |
| 38.00 | CLINIC                              | 90.00  | 0         | 266,084    | 0              |  |  | 38.00              |
| 39.00 | HYPERBARIC/OP WOUND                 | 90.01  | 0         | 5,118      | 0              |  |  | 39.00              |
| 40.00 | EMERGENCY                           | 91.00  | 0         | 559,921    | 0              |  |  | 40.00              |
| 41.00 | AMBULATORY CARE UNIT                | 92.01  | 0         | 5,588      | 0              |  |  | 41.00              |
| 42.00 | GIFT FLOWER COFFEE SHOP & CANTEEN   | 190.00 | 0         | 57,473     | 0              |  |  | 42.00              |
| 43.00 | RESEARCH                            | 191.00 | 0         | 78,845     | 0              |  |  | 43.00              |
| 44.00 | NONPAID WORKERS                     | 193.00 | 0         | 41,657     | 0              |  |  | 44.00              |
| 45.00 | MERCY                               | 194.03 | 0         | 6,633      | 0              |  |  | 45.00              |
|       | 0                                   |        | 0         | 23,148,053 |                |  |  |                    |
|       | E - HOUSEKEEPING SERVICES           |        |           |            |                |  |  |                    |
| 1.00  | ADMITTING                           | 5.03   | 0         | 1,634      | 0              |  |  | 1.00               |
| 2.00  | OTHER ADMINISTRATIVE AND GENERAL    | 5.04   | 0         | 1,189      | 0              |  |  | 2.00               |
| 3.00  | MAINTENANCE & REPAIRS               | 6.00   | 0         | 93         | 0              |  |  | 3.00               |
| 4.00  | OPERATION OF PLANT                  | 7.00   | 0         | 1,148,221  | 0              |  |  | 4.00               |
| 5.00  | OTHER BUILDING-MOB                  | 7.01   | 0         | 1,561,349  | 0              |  |  | 5.00               |
| 6.00  | LAUNDRY & LINEN SERVICE             | 8.00   | 0         | 552        | 0              |  |  | 6.00               |
| 7.00  | DIETARY                             | 10.00  | 0         | 27,666     | 0              |  |  | 7.00               |

## RECLASSIFICATIONS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet A-6

Date/Time Prepared:  
11/29/2021 1:59 pm

|       | Decreases                           |        |        |            |                |  |       |
|-------|-------------------------------------|--------|--------|------------|----------------|--|-------|
|       | Cost Center                         | Line # | Salary | Other      | Wkst. A-7 Ref. |  |       |
|       | 6.00                                | 7.00   | 8.00   | 9.00       | 10.00          |  |       |
| 8.00  | NURSING ADMINISTRATION              | 13.00  | 0      | 274        | 0              |  | 8.00  |
| 9.00  | CENTRAL SERVICES & SUPPLY           | 14.00  | 0      | 26,312     | 0              |  | 9.00  |
| 10.00 | PHARMACY                            | 15.00  | 0      | 52,999     | 0              |  | 10.00 |
| 11.00 | I&R SERVICES-SALARY & FRINGES APPRV | 21.00  | 0      | 168        | 0              |  | 11.00 |
| 12.00 | I&R SERVICES-OTHER PRGM COSTS APPRV | 22.00  | 0      | 145        | 0              |  | 12.00 |
| 13.00 | RADIOLOGY SCHOOL                    | 23.01  | 0      | 61         | 0              |  | 13.00 |
| 14.00 | ADULTS & PEDIATRICS                 | 30.00  | 0      | 83,462     | 0              |  | 14.00 |
| 15.00 | INTENSIVE CARE UNIT                 | 31.00  | 0      | 17,969     | 0              |  | 15.00 |
| 16.00 | CORONARY CARE UNIT                  | 32.00  | 0      | 3,032      | 0              |  | 16.00 |
| 17.00 | BURN INTENSIVE CARE UNIT            | 33.00  | 0      | 2,011      | 0              |  | 17.00 |
| 18.00 | NEONATAL INTENSIVE CARE UNIT        | 35.00  | 0      | 21,605     | 0              |  | 18.00 |
| 19.00 | SUBPROVIDER - IPF                   | 40.00  | 0      | 3,924      | 0              |  | 19.00 |
| 20.00 | OPERATING ROOM                      | 50.00  | 0      | 68,722     | 0              |  | 20.00 |
| 21.00 | RECOVERY ROOM                       | 51.00  | 0      | 2,570      | 0              |  | 21.00 |
| 22.00 | DELIVERY ROOM & LABOR ROOM          | 52.00  | 0      | 11,817     | 0              |  | 22.00 |
| 23.00 | ANESTHESIOLOGY                      | 53.00  | 0      | 3,104      | 0              |  | 23.00 |
| 24.00 | RADIOLOGY-DIAGNOSTIC                | 54.00  | 0      | 16,699     | 0              |  | 24.00 |
| 25.00 | ULTRASOUND                          | 54.01  | 0      | 9,755      | 0              |  | 25.00 |
| 26.00 | RADIOLOGY-THERAPEUTIC               | 55.00  | 0      | 728        | 0              |  | 26.00 |
| 27.00 | RADIOISOTOPE                        | 56.00  | 0      | 5,018      | 0              |  | 27.00 |
| 28.00 | CT SCAN                             | 57.00  | 0      | 2,626      | 0              |  | 28.00 |
| 29.00 | MRI                                 | 58.00  | 0      | 2,643      | 0              |  | 29.00 |
| 30.00 | CARDIAC CATHETERIZATION             | 59.00  | 0      | 3,211      | 0              |  | 30.00 |
| 31.00 | LABORATORY                          | 60.00  | 0      | 24,452     | 0              |  | 31.00 |
| 32.00 | WHOLE BLOOD & PACKED RED BLOOD CELL | 62.00  | 0      | 775        | 0              |  | 32.00 |
| 33.00 | RESPIRATORY THERAPY                 | 65.00  | 0      | 3,484      | 0              |  | 33.00 |
| 34.00 | PHYSICAL THERAPY                    | 66.00  | 0      | 44,961     | 0              |  | 34.00 |
| 35.00 | ELECTROCARDIOLOGY                   | 69.00  | 0      | 7,146      | 0              |  | 35.00 |
| 36.00 | RENAL DIALYSIS                      | 74.00  | 0      | 744        | 0              |  | 36.00 |
| 37.00 | ASC (NON-DISTINCT PART)             | 75.00  | 0      | 18,501     | 0              |  | 37.00 |
| 38.00 | CARDIAC REHAB                       | 76.00  | 0      | 1,542      | 0              |  | 38.00 |
| 39.00 | GI LAB                              | 76.01  | 0      | 77,012     | 0              |  | 39.00 |
| 40.00 | ECT                                 | 76.02  | 0      | 394        | 0              |  | 40.00 |
| 41.00 | OP PSYCH                            | 76.03  | 0      | 185        | 0              |  | 41.00 |
| 42.00 | CLINIC                              | 90.00  | 0      | 27,124     | 0              |  | 42.00 |
| 43.00 | HYPERBARIC/OP WOUND                 | 90.01  | 0      | 1,613      | 0              |  | 43.00 |
| 44.00 | EMERGENCY                           | 91.00  | 0      | 67,842     | 0              |  | 44.00 |
| 45.00 | AMBULATORY CARE UNIT                | 92.01  | 0      | 3,388      | 0              |  | 45.00 |
| 46.00 | GIFT FLOWER COFFEE SHOP & CANTEEN   | 190.00 | 0      | 38         | 0              |  | 46.00 |
| 47.00 | PHYSICIANS PRIVATE OFFICES          | 192.00 | 0      | 523        | 0              |  | 47.00 |
| 48.00 | NONPAID WORKERS                     | 193.00 | 0      | 1,137      | 0              |  | 48.00 |
| 49.00 | MERCY                               | 194.03 | 0      | 629        | 0              |  | 49.00 |
|       | 0                                   |        | 0      | 3,361,049  |                |  |       |
|       | F - COST OF DRUGS                   |        |        |            |                |  |       |
| 1.00  | ADMITTING                           | 5.03   | 0      | 6          | 0              |  | 1.00  |
| 2.00  | OTHER ADMINISTRATIVE AND GENERAL    | 5.04   | 0      | 747,712    | 0              |  | 2.00  |
| 3.00  | MAINTENANCE & REPAIRS               | 6.00   | 0      | 2          | 0              |  | 3.00  |
| 4.00  | OPERATION OF PLANT                  | 7.00   | 0      | 91         | 0              |  | 4.00  |
| 5.00  | NURSING ADMINISTRATION              | 13.00  | 0      | 130        | 0              |  | 5.00  |
| 6.00  | PHARMACY                            | 15.00  | 0      | 86,870,242 | 0              |  | 6.00  |
| 7.00  | ADULTS & PEDIATRICS                 | 30.00  | 0      | 185,908    | 0              |  | 7.00  |
| 8.00  | INTENSIVE CARE UNIT                 | 31.00  | 0      | 63,754     | 0              |  | 8.00  |
| 9.00  | CORONARY CARE UNIT                  | 32.00  | 0      | 10,918     | 0              |  | 9.00  |
| 10.00 | BURN INTENSIVE CARE UNIT            | 33.00  | 0      | 25,012     | 0              |  | 10.00 |
| 11.00 | NEONATAL INTENSIVE CARE UNIT        | 35.00  | 0      | 24,483     | 0              |  | 11.00 |
| 12.00 | SUBPROVIDER - IPF                   | 40.00  | 0      | 256        | 0              |  | 12.00 |
| 13.00 | OPERATING ROOM                      | 50.00  | 0      | 220,182    | 0              |  | 13.00 |
| 14.00 | RECOVERY ROOM                       | 51.00  | 0      | 3,738      | 0              |  | 14.00 |
| 15.00 | DELIVERY ROOM & LABOR ROOM          | 52.00  | 0      | 43,197     | 0              |  | 15.00 |
| 16.00 | ANESTHESIOLOGY                      | 53.00  | 0      | 589,197    | 0              |  | 16.00 |
| 17.00 | RADIOLOGY-DIAGNOSTIC                | 54.00  | 0      | 217,212    | 0              |  | 17.00 |
| 18.00 | ULTRASOUND                          | 54.01  | 0      | 468        | 0              |  | 18.00 |
| 19.00 | RADIOLOGY-THERAPEUTIC               | 55.00  | 0      | 15,657     | 0              |  | 19.00 |
| 20.00 | RADIOISOTOPE                        | 56.00  | 0      | 1,807,175  | 0              |  | 20.00 |
| 21.00 | CT SCAN                             | 57.00  | 0      | 116,388    | 0              |  | 21.00 |
| 22.00 | MRI                                 | 58.00  | 0      | 77,846     | 0              |  | 22.00 |
| 23.00 | CARDIAC CATHETERIZATION             | 59.00  | 0      | 56,808     | 0              |  | 23.00 |
| 24.00 | LABORATORY                          | 60.00  | 0      | 14,161     | 0              |  | 24.00 |

## RECLASSIFICATIONS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet A-6

Date/Time Prepared:  
11/29/2021 1:59 pm

| Decreases |                                     |        |        |             |                |       |
|-----------|-------------------------------------|--------|--------|-------------|----------------|-------|
|           | Cost Center                         | Line # | Salary | Other       | Wkst. A-7 Ref. |       |
|           | 6.00                                | 7.00   | 8.00   | 9.00        | 10.00          |       |
| 25.00     | WHOLE BLOOD & PACKED RED BLOOD CELL | 62.00  | 0      | 657         | 0              | 25.00 |
| 26.00     | RESPIRATORY THERAPY                 | 65.00  | 0      | 386,803     | 0              | 26.00 |
| 27.00     | PHYSICAL THERAPY                    | 66.00  | 0      | 2,368       | 0              | 27.00 |
| 28.00     | ELECTROCARDIOLOGY                   | 69.00  | 0      | 895,127     | 0              | 28.00 |
| 29.00     | RENAL DIALYSIS                      | 74.00  | 0      | 4,338       | 0              | 29.00 |
| 30.00     | ASC (NON-DISTINCT PART)             | 75.00  | 0      | 30,994      | 0              | 30.00 |
| 31.00     | CARDIAC REHAB                       | 76.00  | 0      | 17          | 0              | 31.00 |
| 32.00     | GI LAB                              | 76.01  | 0      | 80,005      | 0              | 32.00 |
| 33.00     | ECT                                 | 76.02  | 0      | 1,146       | 0              | 33.00 |
| 34.00     | CLINIC                              | 90.00  | 0      | 53,059,532  | 0              | 34.00 |
| 35.00     | HYPERBARIC/OP WOUND                 | 90.01  | 0      | 46,863      | 0              | 35.00 |
| 36.00     | EMERGENCY                           | 91.00  | 0      | 51,533      | 0              | 36.00 |
| 37.00     | AMBULATORY CARE UNIT                | 92.01  | 0      | 11,405      | 0              | 37.00 |
| 38.00     | PHYSICIANS PRIVATE OFFICES          | 192.00 | 0      | 20,903      | 0              | 38.00 |
| 39.00     | NEIGHBORHOOD MINISTRIES             | 194.00 | 0      | 237         | 0              | 39.00 |
| 40.00     | MERCY                               | 194.03 | 0      | 2           | 0              | 40.00 |
|           | 0                                   |        | 0      | 145,682,473 |                |       |
|           | G - PLANT MAINTENANCE               |        |        |             |                |       |
| 1.00      | LABORATORY                          | 60.00  | 0      | 7,361       | 0              | 1.00  |
|           | 0                                   |        | 0      | 7,361       |                |       |
|           | H - PERSONAL PROPERTY TAXES         |        |        |             |                |       |
| 1.00      | OTHER ADMINISTRATIVE AND GENERAL    | 5.04   | 0      | 1,710       | 13             | 1.00  |
| 2.00      | DIETARY                             | 10.00  | 0      | 672         | 0              | 2.00  |
| 3.00      | ADULTS & PEDIATRICS                 | 30.00  | 0      | 4,722       | 0              | 3.00  |
| 4.00      | LABORATORY                          | 60.00  | 0      | 4,715       | 0              | 4.00  |
| 5.00      | PHYSICAL THERAPY                    | 66.00  | 0      | 652         | 0              | 5.00  |
| 6.00      | GI LAB                              | 76.01  | 0      | 5,198       | 0              | 6.00  |
| 7.00      | OP PSYCH                            | 76.03  | 0      | 1,456       | 0              | 7.00  |
| 8.00      | EMERGENCY                           | 91.00  | 0      | 1,987       | 0              | 8.00  |
| 9.00      | PHYSICIANS PRIVATE OFFICES          | 192.00 | 0      | 96          | 0              | 9.00  |
|           | TOTALS                              |        | 0      | 21,208      |                |       |
|           | I - PROPERTY TAX                    |        |        |             |                |       |
| 1.00      | OPERATION OF PLANT                  | 7.00   | 0      | 217,194     | 13             | 1.00  |
| 2.00      | OTHER BUILDING-MOB                  | 7.01   | 0      | 730,654     | 13             | 2.00  |
|           | TOTALS                              |        | 0      | 947,848     |                |       |
|           | J - PENSION RECLASS                 |        |        |             |                |       |
| 1.00      | EMPLOYEE BENEFITS DEPARTMENT        | 4.00   | 0      | 7,196,983   | 0              | 1.00  |
| 2.00      | ADMITTING                           | 5.03   | 0      | 704         | 0              | 2.00  |
| 3.00      | OTHER ADMINISTRATIVE AND GENERAL    | 5.04   | 0      | 367,776     | 0              | 3.00  |
| 4.00      | MAINTENANCE & REPAIRS               | 6.00   | 0      | 8,665       | 0              | 4.00  |
| 5.00      | OPERATION OF PLANT                  | 7.00   | 0      | 7           | 0              | 5.00  |
| 6.00      | HOUSEKEEPING                        | 9.00   | 0      | 5,000       | 0              | 6.00  |
| 7.00      | DIETARY                             | 10.00  | 0      | 15,605      | 0              | 7.00  |
| 8.00      | NURSING ADMINISTRATION              | 13.00  | 0      | 2,063,227   | 0              | 8.00  |
| 9.00      | CENTRAL SERVICES & SUPPLY           | 14.00  | 0      | 783         | 0              | 9.00  |
| 10.00     | PHARMACY                            | 15.00  | 0      | 11,453      | 0              | 10.00 |
| 11.00     | MEDICAL RECORDS & LIBRARY           | 16.00  | 0      | 3,003       | 0              | 11.00 |
| 12.00     | I&R SERVICES-SALARY & FRINGES APPRV | 21.00  | 0      | 86,114      | 0              | 12.00 |
| 13.00     | I&R SERVICES-OTHER PRGM COSTS APPRV | 22.00  | 0      | 548,239     | 0              | 13.00 |
| 14.00     | ADULTS & PEDIATRICS                 | 30.00  | 0      | 2,453,329   | 0              | 14.00 |
| 15.00     | INTENSIVE CARE UNIT                 | 31.00  | 0      | 248,502     | 0              | 15.00 |
| 16.00     | CORONARY CARE UNIT                  | 32.00  | 0      | 10,252      | 0              | 16.00 |
| 17.00     | BURN INTENSIVE CARE UNIT            | 33.00  | 0      | 12,760      | 0              | 17.00 |
| 18.00     | NEONATAL INTENSIVE CARE UNIT        | 35.00  | 0      | 90,521      | 0              | 18.00 |
| 19.00     | SUBPROVIDER - IPF                   | 40.00  | 0      | 85,674      | 0              | 19.00 |
| 20.00     | NURSERY                             | 43.00  | 0      | 213         | 0              | 20.00 |
| 21.00     | OPERATING ROOM                      | 50.00  | 0      | 34,194      | 0              | 21.00 |
| 22.00     | RECOVERY ROOM                       | 51.00  | 0      | 2,220       | 0              | 22.00 |
| 23.00     | DELIVERY ROOM & LABOR ROOM          | 52.00  | 0      | 78,373      | 0              | 23.00 |
| 24.00     | RADIOLOGY-DIAGNOSTIC                | 54.00  | 0      | 35,625      | 0              | 24.00 |
| 25.00     | ULTRASOUND                          | 54.01  | 0      | 19,598      | 0              | 25.00 |
| 26.00     | RADIOLOGY-THERAPEUTIC               | 55.00  | 0      | 1,719       | 0              | 26.00 |
| 27.00     | RADIOISOTOPE                        | 56.00  | 0      | 2,500       | 0              | 27.00 |
| 28.00     | CT SCAN                             | 57.00  | 0      | 5,000       | 0              | 28.00 |
| 29.00     | MRI                                 | 58.00  | 0      | 8,500       | 0              | 29.00 |
| 30.00     | CARDIAC CATHETERIZATION             | 59.00  | 0      | 3,330       | 0              | 30.00 |
| 31.00     | LABORATORY                          | 60.00  | 0      | 89,668      | 0              | 31.00 |
| 32.00     | WHOLE BLOOD & PACKED RED BLOOD CELL | 62.00  | 0      | 6,250       | 0              | 32.00 |

## RECLASSIFICATIONS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet A-6

Date/Time Prepared:  
11/29/2021 1:59 pm

| Decreases                  |                                     |        |         |            |                |       |
|----------------------------|-------------------------------------|--------|---------|------------|----------------|-------|
|                            | Cost Center                         | Line # | Salary  | Other      | Wkst. A-7 Ref. |       |
|                            | 6.00                                | 7.00   | 8.00    | 9.00       | 10.00          |       |
| 33.00                      | RESPIRATORY THERAPY                 | 65.00  | 0       | 47,346     | 0              | 33.00 |
| 34.00                      | PHYSICAL THERAPY                    | 66.00  | 0       | 74,388     | 0              | 34.00 |
| 35.00                      | ELECTROCARDIOLOGY                   | 69.00  | 0       | 31,249     | 0              | 35.00 |
| 36.00                      | RENAL DIALYSIS                      | 74.00  | 0       | 2,500      | 0              | 36.00 |
| 37.00                      | ASC (NON-DISTINCT PART)             | 75.00  | 0       | 5,002      | 0              | 37.00 |
| 38.00                      | GI LAB                              | 76.01  | 0       | 16,551     | 0              | 38.00 |
| 39.00                      | OP PSYCH                            | 76.03  | 0       | 2,250      | 0              | 39.00 |
| 40.00                      | CLINIC                              | 90.00  | 0       | 44,810     | 0              | 40.00 |
| 41.00                      | HYPERBARIC/OP WOUND                 | 90.01  | 0       | 35,657     | 0              | 41.00 |
| 42.00                      | EMERGENCY                           | 91.00  | 0       | 950,105    | 0              | 42.00 |
| 43.00                      | GIFT FLOWER COFFEE SHOP & CANTEEN   | 190.00 | 0       | 4,475      | 0              | 43.00 |
| 44.00                      | PHYSICIANS PRIVATE OFFICES          | 192.00 | 0       | 9,924      | 0              | 44.00 |
| 45.00                      | MERCY                               | 194.03 | 0       | 53,455     | 0              | 45.00 |
|                            | 0                                   |        | 0       | 14,773,499 |                |       |
| K - INTEREST EXPENSE       |                                     |        |         |            |                |       |
| 1.00                       | OTHER ADMINISTRATIVE AND GENERAL    | 5.04   | 0       | 153,518    | 11             | 1.00  |
| 2.00                       | RADIOLOGY-THERAPEUTIC               | 55.00  | 0       | 90,528     | 0              | 2.00  |
|                            | 0                                   |        | 0       | 244,046    |                |       |
| L - DIETARY TECH SALARY    |                                     |        |         |            |                |       |
| 1.00                       | DIETARY                             | 10.00  | 164,864 | 0          | 0              | 1.00  |
| 2.00                       |                                     | 0.00   | 0       | 0          | 0              | 2.00  |
|                            | 0                                   |        | 164,864 | 0          |                |       |
| M - EQUIPMENT DEPRECIATION |                                     |        |         |            |                |       |
| 1.00                       | EMPLOYEE BENEFITS DEPARTMENT        | 4.00   | 0       | 2,489      | 9              | 1.00  |
| 2.00                       | ADMITTING                           | 5.03   | 0       | 4,464      | 9              | 2.00  |
| 3.00                       | OTHER ADMINISTRATIVE AND GENERAL    | 5.04   | 0       | 633,928    | 0              | 3.00  |
| 4.00                       | MAINTENANCE & REPAIRS               | 6.00   | 0       | 377,164    | 0              | 4.00  |
| 5.00                       | OPERATION OF PLANT                  | 7.00   | 0       | 54,283     | 0              | 5.00  |
| 6.00                       | OTHER BUILDING-MOB                  | 7.01   | 0       | 15,770     | 0              | 6.00  |
| 7.00                       | LAUNDRY & LINEN SERVICE             | 8.00   | 0       | 17,705     | 0              | 7.00  |
| 8.00                       | HOUSEKEEPING                        | 9.00   | 0       | 79,136     | 0              | 8.00  |
| 9.00                       | DIETARY                             | 10.00  | 0       | 149,388    | 0              | 9.00  |
| 10.00                      | NURSING ADMINISTRATION              | 13.00  | 0       | 833,713    | 0              | 10.00 |
| 11.00                      | CENTRAL SERVICES & SUPPLY           | 14.00  | 0       | 288,074    | 0              | 11.00 |
| 12.00                      | PHARMACY                            | 15.00  | 0       | 752,317    | 0              | 12.00 |
| 13.00                      | I&R SERVICES-SALARY & FRINGES APPRV | 21.00  | 0       | 46,664     | 0              | 13.00 |
| 14.00                      | I&R SERVICES-OTHER PRGM COSTS APPRV | 22.00  | 0       | 55,962     | 0              | 14.00 |
| 15.00                      | PARAMED ED PRGM                     | 23.00  | 0       | 1,778      | 0              | 15.00 |
| 16.00                      | RADIOLOGY SCHOOL                    | 23.01  | 0       | 518        | 0              | 16.00 |
| 17.00                      | ADULTS & PEDIATRICS                 | 30.00  | 0       | 1,049,390  | 0              | 17.00 |
| 18.00                      | INTENSIVE CARE UNIT                 | 31.00  | 0       | 262,284    | 0              | 18.00 |
| 19.00                      | CORONARY CARE UNIT                  | 32.00  | 0       | 40,899     | 0              | 19.00 |
| 20.00                      | BURN INTENSIVE CARE UNIT            | 33.00  | 0       | 37,601     | 0              | 20.00 |
| 21.00                      | NEONATAL INTENSIVE CARE UNIT        | 35.00  | 0       | 518,849    | 0              | 21.00 |
| 22.00                      | SUBPROVIDER - IPF                   | 40.00  | 0       | 24,830     | 0              | 22.00 |
| 23.00                      | NURSERY                             | 43.00  | 0       | 477        | 0              | 23.00 |
| 24.00                      | OPERATING ROOM                      | 50.00  | 0       | 2,550,902  | 0              | 24.00 |
| 25.00                      | RECOVERY ROOM                       | 51.00  | 0       | 869        | 0              | 25.00 |
| 26.00                      | DELIVERY ROOM & LABOR ROOM          | 52.00  | 0       | 601,769    | 0              | 26.00 |
| 27.00                      | ANESTHESIOLOGY                      | 53.00  | 0       | 399,467    | 0              | 27.00 |
| 28.00                      | RADIOLOGY-DIAGNOSTIC                | 54.00  | 0       | 2,014,302  | 0              | 28.00 |
| 29.00                      | ULTRASOUND                          | 54.01  | 0       | 250,242    | 0              | 29.00 |
| 30.00                      | RADIOLOGY-THERAPEUTIC               | 55.00  | 0       | 936,886    | 0              | 30.00 |
| 31.00                      | RADIOISOTOPE                        | 56.00  | 0       | 69,046     | 0              | 31.00 |
| 32.00                      | CT SCAN                             | 57.00  | 0       | 152,304    | 0              | 32.00 |
| 33.00                      | MRI                                 | 58.00  | 0       | 500,782    | 0              | 33.00 |
| 34.00                      | CARDIAC CATHETERIZATION             | 59.00  | 0       | 422,933    | 0              | 34.00 |
| 35.00                      | LABORATORY                          | 60.00  | 0       | 861,485    | 0              | 35.00 |
| 36.00                      | WHOLE BLOOD & PACKED RED BLOOD CELL | 62.00  | 0       | 70,512     | 0              | 36.00 |
| 37.00                      | RESPIRATORY THERAPY                 | 65.00  | 0       | 264,740    | 0              | 37.00 |
| 38.00                      | PHYSICAL THERAPY                    | 66.00  | 0       | 190,283    | 0              | 38.00 |
| 39.00                      | ELECTROCARDIOLOGY                   | 69.00  | 0       | 352,147    | 0              | 39.00 |
| 40.00                      | RENAL DIALYSIS                      | 74.00  | 0       | 60,352     | 0              | 40.00 |
| 41.00                      | ASC (NON-DISTINCT PART)             | 75.00  | 0       | 222,969    | 0              | 41.00 |
| 42.00                      | CARDIAC REHAB                       | 76.00  | 0       | 25,978     | 0              | 42.00 |
| 43.00                      | GI LAB                              | 76.01  | 0       | 559,567    | 0              | 43.00 |
| 44.00                      | ECT                                 | 76.02  | 0       | 3,042      | 0              | 44.00 |
| 45.00                      | OP PSYCH                            | 76.03  | 0       | 5,702      | 0              | 45.00 |

## RECLASSIFICATIONS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet A-6  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Decreases                            |                                     |        |           |            |                |       |
|--------------------------------------|-------------------------------------|--------|-----------|------------|----------------|-------|
|                                      | Cost Center                         | Line # | Salary    | Other      | Wkst. A-7 Ref. |       |
|                                      | 6.00                                | 7.00   | 8.00      | 9.00       | 10.00          |       |
| 46.00                                | CLINIC                              | 90.00  | 0         | 658,400    | 0              | 46.00 |
| 47.00                                | HYPERBARIC/OP WOUND                 | 90.01  | 0         | 13,359     | 0              | 47.00 |
| 48.00                                | EMERGENCY                           | 91.00  | 0         | 445,121    | 0              | 48.00 |
| 49.00                                | AMBULATORY CARE UNIT                | 92.01  | 0         | 39,392     | 0              | 49.00 |
| 50.00                                | GIFT FLOWER COFFEE SHOP & CANTEEN   | 190.00 | 0         | 273        | 0              | 50.00 |
| 51.00                                | RESEARCH                            | 191.00 | 0         | 1,359      | 0              | 51.00 |
| 52.00                                | PHYSICIANS PRIVATE OFFICES          | 192.00 | 0         | 3,193      | 0              | 52.00 |
| 53.00                                | NONPAID WORKERS                     | 193.00 | 0         | 5,916      | 0              | 53.00 |
| 54.00                                | MERCY                               | 194.03 | 0         | 2,187      | 0              | 54.00 |
|                                      | 0                                   |        | 0         | 16,933,162 |                |       |
| N - CRITICAL CARE FELLOWSHIP PROGRAM |                                     |        |           |            |                |       |
| 1.00                                 | NURSING ADMINISTRATION              | 13.00  | 1,721,887 | 2,451      | 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  |
|                                      | 0                                   |        | 1,721,887 | 2,451      |                |       |
| O - UTILITIES                        |                                     |        |           |            |                |       |
| 1.00                                 | MAINTENANCE & REPAIRS               | 6.00   | 0         | 152,856    | 0              | 1.00  |
| 2.00                                 | HOUSEKEEPING                        | 9.00   | 0         | 682,951    | 0              | 2.00  |
| 3.00                                 | PHARMACY                            | 15.00  | 0         | 19,837     | 0              | 3.00  |
| 4.00                                 | SUBPROVIDER - IPF                   | 40.00  | 0         | 2,609      | 0              | 4.00  |
| 5.00                                 | RADIOLOGY-DIAGNOSTIC                | 54.00  | 0         | 3,908      | 0              | 5.00  |
| 6.00                                 | ULTRASOUND                          | 54.01  | 0         | 8,038      | 0              | 6.00  |
| 7.00                                 | RADIOLOGY-THERAPEUTIC               | 55.00  | 0         | 3,721      | 0              | 7.00  |
| 8.00                                 | RADIOISOTOPE                        | 56.00  | 0         | 1,490      | 0              | 8.00  |
| 9.00                                 | CARDIAC CATHETERIZATION             | 59.00  | 0         | 645        | 0              | 9.00  |
| 10.00                                | LABORATORY                          | 60.00  | 0         | 4,723      | 0              | 10.00 |
| 11.00                                | PHYSICAL THERAPY                    | 66.00  | 0         | 1,222      | 0              | 11.00 |
| 12.00                                | ELECTROCARDIOLOGY                   | 69.00  | 0         | 3,655      | 0              | 12.00 |
| 13.00                                | ASC (NON-DISTINCT PART)             | 75.00  | 0         | 2,684      | 0              | 13.00 |
| 14.00                                | GI LAB                              | 76.01  | 0         | 11,194     | 0              | 14.00 |
| 15.00                                | CLINIC                              | 90.00  | 0         | 18,871     | 0              | 15.00 |
| 16.00                                | HYPERBARIC/OP WOUND                 | 90.01  | 0         | 4,757      | 0              | 16.00 |
| 17.00                                | EMERGENCY                           | 91.00  | 0         | 1,558      | 0              | 17.00 |
|                                      | 0                                   |        | 0         | 924,719    |                |       |
| P - LAUNDRY RECLASS                  |                                     |        |           |            |                |       |
| 1.00                                 | EMPLOYEE BENEFITS DEPARTMENT        | 4.00   | 0         | 16         | 0              | 1.00  |
| 2.00                                 | OTHER ADMINISTRATIVE AND GENERAL    | 5.04   | 0         | 87         | 0              | 2.00  |
| 3.00                                 | HOUSEKEEPING                        | 9.00   | 0         | 2          | 0              | 3.00  |
| 4.00                                 | CENTRAL SERVICES & SUPPLY           | 14.00  | 0         | 11         | 0              | 4.00  |
| 5.00                                 | PHARMACY                            | 15.00  | 0         | 4,794      | 0              | 5.00  |
| 6.00                                 | I&R SERVICES-SALARY & FRINGES APPRV | 21.00  | 0         | 91         | 0              | 6.00  |
| 7.00                                 | I&R SERVICES-OTHER PRGM COSTS APPRV | 22.00  | 0         | 338        | 0              | 7.00  |
| 8.00                                 | ADULTS & PEDIATRICS                 | 30.00  | 0         | 155,032    | 0              | 8.00  |
| 9.00                                 | INTENSIVE CARE UNIT                 | 31.00  | 0         | 20,208     | 0              | 9.00  |
| 10.00                                | CORONARY CARE UNIT                  | 32.00  | 0         | 8,192      | 0              | 10.00 |
| 11.00                                | BURN INTENSIVE CARE UNIT            | 33.00  | 0         | 4,453      | 0              | 11.00 |
| 12.00                                | NEONATAL INTENSIVE CARE UNIT        | 35.00  | 0         | 17,822     | 0              | 12.00 |
| 13.00                                | OPERATING ROOM                      | 50.00  | 0         | 11,061     | 0              | 13.00 |
| 14.00                                | RECOVERY ROOM                       | 51.00  | 0         | 1,230      | 0              | 14.00 |
| 15.00                                | DELIVERY ROOM & LABOR ROOM          | 52.00  | 0         | 15,014     | 0              | 15.00 |
| 16.00                                | RADIOLOGY-DIAGNOSTIC                | 54.00  | 0         | 2,160      | 0              | 16.00 |
| 17.00                                | ULTRASOUND                          | 54.01  | 0         | 2,114      | 0              | 17.00 |
| 18.00                                | RADIOLOGY-THERAPEUTIC               | 55.00  | 0         | 14         | 0              | 18.00 |
| 19.00                                | RADIOISOTOPE                        | 56.00  | 0         | 793        | 0              | 19.00 |
| 20.00                                | CT SCAN                             | 57.00  | 0         | 1,850      | 0              | 20.00 |
| 21.00                                | MRI                                 | 58.00  | 0         | 1,402      | 0              | 21.00 |
| 22.00                                | CARDIAC CATHETERIZATION             | 59.00  | 0         | 3,347      | 0              | 22.00 |
| 23.00                                | LABORATORY                          | 60.00  | 0         | 39         | 0              | 23.00 |
| 24.00                                | WHOLE BLOOD & PACKED RED BLOOD CELL | 62.00  | 0         | 242        | 0              | 24.00 |
| 25.00                                | RESPIRATORY THERAPY                 | 65.00  | 0         | 686        | 0              | 25.00 |
| 26.00                                | PHYSICAL THERAPY                    | 66.00  | 0         | 1,576      | 0              | 26.00 |
| 27.00                                | ELECTROCARDIOLOGY                   | 69.00  | 0         | 1,660      | 0              | 27.00 |
| 28.00                                | RENAL DIALYSIS                      | 74.00  | 0         | 1,516      | 0              | 28.00 |
| 29.00                                | ASC (NON-DISTINCT PART)             | 75.00  | 0         | 7,112      | 0              | 29.00 |
| 30.00                                | CARDIAC REHAB                       | 76.00  | 0         | 52         | 0              | 30.00 |
| 31.00                                | GI LAB                              | 76.01  | 0         | 17,543     | 0              | 31.00 |
| 32.00                                | ECT                                 | 76.02  | 0         | 180        | 0              | 32.00 |
| 33.00                                | CLINIC                              | 90.00  | 0         | 6,278      | 0              | 33.00 |

## RECLASSIFICATIONS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet A-6

Date/Time Prepared:  
11/29/2021 1:59 pm

| Decreases                                |                                     |        |           |            |                |       |
|------------------------------------------|-------------------------------------|--------|-----------|------------|----------------|-------|
|                                          | Cost Center                         | Line # | Salary    | Other      | Wkst. A-7 Ref. |       |
|                                          | 6.00                                | 7.00   | 8.00      | 9.00       | 10.00          |       |
| 34.00                                    | HYPERBARIC/OP WOUND                 | 90.01  | 0         | 13,488     | 0              | 34.00 |
| 35.00                                    | EMERGENCY                           | 91.00  | 0         | 18,980     | 0              | 35.00 |
| 36.00                                    | AMBULATORY CARE UNIT                | 92.01  | 0         | 3,254      | 0              | 36.00 |
| 37.00                                    | PHYSICIANS PRIVATE OFFICES          | 192.00 | 0         | 130        | 0              | 37.00 |
|                                          | TOTALS                              |        | 0         | 322,767    |                |       |
| Q - INTERVENTIONAL CARE HH               |                                     |        |           |            |                |       |
| 1.00                                     | CARDIAC CATHETERIZATION             | 59.00  | 288,938   | 37,658     | 0              | 1.00  |
|                                          | TOTALS                              |        | 288,938   | 37,658     |                |       |
| R - PACU RECLASS                         |                                     |        |           |            |                |       |
| 1.00                                     | RECOVERY ROOM                       | 51.00  | 15,288    | 364        | 0              | 1.00  |
|                                          | TOTALS                              |        | 15,288    | 364        |                |       |
| S - EMERGENCY DEPARTMENT ROUTINE REVENUE |                                     |        |           |            |                |       |
| 1.00                                     | EMERGENCY                           | 91.00  | 1,539,673 | 364,605    | 0              | 1.00  |
|                                          | TOTALS                              |        | 1,539,673 | 364,605    |                |       |
| T - AMBULATORY CARE UNIT                 |                                     |        |           |            |                |       |
| 1.00                                     | AMBULATORY CARE UNIT                | 92.01  | 642,417   | 38,949     | 0              | 1.00  |
|                                          | TOTALS                              |        | 642,417   | 38,949     |                |       |
| U - MEDICAL SUPPLIES                     |                                     |        |           |            |                |       |
| 1.00                                     | OTHER ADMINISTRATIVE AND GENERAL    | 5.04   | 0         | 12,162     | 0              | 1.00  |
| 2.00                                     | DIETARY                             | 10.00  | 0         | 120,542    | 0              | 2.00  |
| 3.00                                     | PHARMACY                            | 15.00  | 0         | 12,808     | 0              | 3.00  |
| 4.00                                     | ADULTS & PEDIATRICS                 | 30.00  | 0         | 1,422,012  | 0              | 4.00  |
| 5.00                                     | INTENSIVE CARE UNIT                 | 31.00  | 0         | 918,803    | 0              | 5.00  |
| 6.00                                     | CORONARY CARE UNIT                  | 32.00  | 0         | 203,787    | 0              | 6.00  |
| 7.00                                     | BURN INTENSIVE CARE UNIT            | 33.00  | 0         | 157,654    | 0              | 7.00  |
| 8.00                                     | NEONATAL INTENSIVE CARE UNIT        | 35.00  | 0         | 384,982    | 0              | 8.00  |
| 9.00                                     | OPERATING ROOM                      | 50.00  | 0         | 22,261,453 | 0              | 9.00  |
| 10.00                                    | RECOVERY ROOM                       | 51.00  | 0         | 23,817     | 0              | 10.00 |
| 11.00                                    | DELIVERY ROOM & LABOR ROOM          | 52.00  | 0         | 578,139    | 0              | 11.00 |
| 12.00                                    | ANESTHESIOLOGY                      | 53.00  | 0         | 2,113,275  | 0              | 12.00 |
| 13.00                                    | RADIOLOGY-DIAGNOSTIC                | 54.00  | 0         | 2,819,515  | 0              | 13.00 |
| 14.00                                    | ULTRASOUND                          | 54.01  | 0         | 6,999      | 0              | 14.00 |
| 15.00                                    | RADIOLOGY-THERAPEUTIC               | 55.00  | 0         | 75,280     | 0              | 15.00 |
| 16.00                                    | RADIOISOTOPE                        | 56.00  | 0         | 19,160     | 0              | 16.00 |
| 17.00                                    | CT SCAN                             | 57.00  | 0         | 380,194    | 0              | 17.00 |
| 18.00                                    | MRI                                 | 58.00  | 0         | 79,468     | 0              | 18.00 |
| 19.00                                    | CARDIAC CATHETERIZATION             | 59.00  | 0         | 2,345,843  | 0              | 19.00 |
| 20.00                                    | LABORATORY                          | 60.00  | 0         | 5,129      | 0              | 20.00 |
| 21.00                                    | WHOLE BLOOD & PACKED RED BLOOD CELL | 62.00  | 0         | 5,116      | 0              | 21.00 |
| 22.00                                    | RESPIRATORY THERAPY                 | 65.00  | 0         | 3,118,434  | 0              | 22.00 |
| 23.00                                    | PHYSICAL THERAPY                    | 66.00  | 0         | 253,922    | 0              | 23.00 |
| 24.00                                    | ELECTROCARDIOLOGY                   | 69.00  | 0         | 5,514,897  | 0              | 24.00 |
| 25.00                                    | RENAL DIALYSIS                      | 74.00  | 0         | 235,515    | 0              | 25.00 |
| 26.00                                    | ASC (NON-DISTINCT PART)             | 75.00  | 0         | 1,327,063  | 0              | 26.00 |
| 27.00                                    | CARDIAC REHAB                       | 76.00  | 0         | 72         | 0              | 27.00 |
| 28.00                                    | GI LAB                              | 76.01  | 0         | 2,138,630  | 0              | 28.00 |
| 29.00                                    | ECT                                 | 76.02  | 0         | 27,272     | 0              | 29.00 |
| 30.00                                    | CLINIC                              | 90.00  | 0         | 961,059    | 0              | 30.00 |
| 31.00                                    | HYPERBARIC/OP WOUND                 | 90.01  | 0         | 115,825    | 0              | 31.00 |
| 32.00                                    | EMERGENCY                           | 91.00  | 0         | 466,916    | 0              | 32.00 |
| 33.00                                    | AMBULATORY CARE UNIT                | 92.01  | 0         | 145,715    | 0              | 33.00 |
|                                          | TOTALS                              |        | 0         | 48,251,458 |                |       |
| V - IMPLANT SUPPLIES                     |                                     |        |           |            |                |       |
| 1.00                                     | ADULTS & PEDIATRICS                 | 30.00  | 0         | 2,705      | 0              | 1.00  |
| 2.00                                     | INTENSIVE CARE UNIT                 | 31.00  | 0         | 3,412      | 0              | 2.00  |
| 3.00                                     | CORONARY CARE UNIT                  | 32.00  | 0         | 1,124      | 0              | 3.00  |
| 4.00                                     | BURN INTENSIVE CARE UNIT            | 33.00  | 0         | 163        | 0              | 4.00  |
| 5.00                                     | NEONATAL INTENSIVE CARE UNIT        | 35.00  | 0         | 511        | 0              | 5.00  |
| 6.00                                     | OPERATING ROOM                      | 50.00  | 0         | 41,518,974 | 0              | 6.00  |
| 7.00                                     | DELIVERY ROOM & LABOR ROOM          | 52.00  | 0         | 226,199    | 0              | 7.00  |
| 8.00                                     | RADIOLOGY-DIAGNOSTIC                | 54.00  | 0         | 2,027,727  | 0              | 8.00  |
| 9.00                                     | CT SCAN                             | 57.00  | 0         | 1,777      | 0              | 9.00  |
| 10.00                                    | CARDIAC CATHETERIZATION             | 59.00  | 0         | 5,998,324  | 0              | 10.00 |
| 11.00                                    | LABORATORY                          | 60.00  | 0         | 2,299      | 0              | 11.00 |
| 12.00                                    | RESPIRATORY THERAPY                 | 65.00  | 0         | 24,001     | 0              | 12.00 |
| 13.00                                    | ELECTROCARDIOLOGY                   | 69.00  | 0         | 6,741,678  | 0              | 13.00 |
| 14.00                                    | RENAL DIALYSIS                      | 74.00  | 0         | 420        | 0              | 14.00 |
| 15.00                                    | ASC (NON-DISTINCT PART)             | 75.00  | 0         | 2,460,576  | 0              | 15.00 |
| 16.00                                    | GI LAB                              | 76.01  | 0         | 1,165,060  | 0              | 16.00 |
| 17.00                                    | HYPERBARIC/OP WOUND                 | 90.01  | 0         | 25,369     | 0              | 17.00 |
| 18.00                                    | EMERGENCY                           | 91.00  | 0         | 15,838     | 0              | 18.00 |
| 19.00                                    | AMBULATORY CARE UNIT                | 92.01  | 0         | 56         | 0              | 19.00 |

## RECLASSIFICATIONS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet A-6

Date/Time Prepared:  
11/29/2021 1:59 pm

|        | Decreases                         |        |            |             |                |  |        |
|--------|-----------------------------------|--------|------------|-------------|----------------|--|--------|
|        | Cost Center                       | Line # | Salary     | Other       | Wkst. A-7 Ref. |  |        |
|        | 6.00                              | 7.00   | 8.00       | 9.00        | 10.00          |  |        |
|        | TOTALS                            |        | 0          | 60,216,213  |                |  |        |
|        | W - BENEFITS/SALARY RECLASS       |        |            |             |                |  |        |
| 1.00   | EMPLOYEE BENEFITS DEPARTMENT      | 4.00   | 0          | 156,918     | 0              |  | 1.00   |
|        | TOTALS                            |        | 0          | 156,918     |                |  |        |
|        | X - AMBULANCE                     |        |            |             |                |  |        |
| 1.00   | AMBULANCE SERVICES                | 95.00  | 0          | 150,780     | 0              |  | 1.00   |
|        | TOTALS                            |        | 0          | 150,780     |                |  |        |
|        | Y - ED CLINICAL DECISION UNIT     |        |            |             |                |  |        |
| 1.00   | EMERGENCY                         | 91.00  | 177,381    | 4,869       | 0              |  | 1.00   |
|        | TOTALS                            |        | 177,381    | 4,869       |                |  |        |
|        | Z - PSYCH ADMIN RECLASS           |        |            |             |                |  |        |
| 1.00   | SUBPROVIDER - IPF                 | 40.00  | 2,053,754  | 150,951     | 0              |  | 1.00   |
|        | TOTALS                            |        | 2,053,754  | 150,951     |                |  |        |
|        | AA - PEDS/PICU                    |        |            |             |                |  |        |
| 1.00   | INTENSIVE CARE UNIT               | 31.00  | 3,193,682  | 236,171     | 0              |  | 1.00   |
| 2.00   |                                   | 0.00   | 0          | 0           | 0              |  | 2.00   |
|        | TOTALS                            |        | 3,193,682  | 236,171     |                |  |        |
|        | BB - SIGN-ON BONUS                |        |            |             |                |  |        |
| 1.00   | EMPLOYEE BENEFITS DEPARTMENT      | 4.00   | 0          | 390,375     | 0              |  | 1.00   |
|        | TOTALS                            |        | 0          | 390,375     |                |  |        |
|        | CC - INTERCOMPANY RENT            |        |            |             |                |  |        |
| 1.00   | ADMITTING                         | 5.03   | 0          | 147,014     | 0              |  | 1.00   |
| 2.00   | DIETARY                           | 10.00  | 0          | 76,747      | 0              |  | 2.00   |
| 3.00   | PHARMACY                          | 15.00  | 0          | 35,185      | 0              |  | 3.00   |
| 4.00   | RADIOLOGY-DIAGNOSTIC              | 54.00  | 0          | 1,214,651   | 0              |  | 4.00   |
| 5.00   | ULTRASOUND                        | 54.01  | 0          | 66,462      | 0              |  | 5.00   |
| 6.00   | RADIOISOTOPE                      | 56.00  | 0          | 186,839     | 0              |  | 6.00   |
| 7.00   | LABORATORY                        | 60.00  | 0          | 445,803     | 0              |  | 7.00   |
| 8.00   | RESPIRATORY THERAPY               | 65.00  | 0          | 36,924      | 0              |  | 8.00   |
| 9.00   | PHYSICAL THERAPY                  | 66.00  | 0          | 1,587,879   | 0              |  | 9.00   |
| 10.00  | ELECTROCARDIOLOGY                 | 69.00  | 0          | 205,918     | 0              |  | 10.00  |
| 11.00  | ASC (NON-DISTINCT PART)           | 75.00  | 0          | 1,132,551   | 0              |  | 11.00  |
| 12.00  | CLINIC                            | 90.00  | 0          | 530,989     | 0              |  | 12.00  |
| 13.00  | EMERGENCY                         | 91.00  | 0          | 137,446     | 0              |  | 13.00  |
| 14.00  | GIFT FLOWER COFFEE SHOP & CANTEEN | 190.00 | 0          | 33,776      | 0              |  | 14.00  |
| 15.00  | MERCY                             | 194.03 | 0          | 60,057      | 0              |  | 15.00  |
|        | TOTALS                            |        | 0          | 5,898,241   |                |  |        |
| 500.00 | Grand Total: Decreases            |        | 20,672,413 | 323,520,056 |                |  | 500.00 |

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet A-7  
Part I  
Date/Time Prepared:  
11/29/2021 1:59 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                        | 8,054,462             | 0                              | 0        | 0          | 0                            | 1.00  |       |
| 2.00                                                   | Land Improvements           | 11,930,664            | 272,454                        | 0        | 272,454    | 0                            | 2.00  |       |
| 3.00                                                   | Buildings and Fixtures      | 845,974,867           | 4,326,896                      | 0        | 4,326,896  | 0                            | 3.00  |       |
| 4.00                                                   | Building Improvements       | 0                     | 0                              | 0        | 0          | 0                            | 4.00  |       |
| 5.00                                                   | Fixed Equipment             | 10,314,632            | 714,261                        | 0        | 714,261    | 0                            | 5.00  |       |
| 6.00                                                   | Movable Equipment           | 312,909,297           | 12,061,814                     | 0        | 12,061,814 | 6,370,314                    | 6.00  |       |
| 7.00                                                   | HIT designated Assets       | 0                     | 0                              | 0        | 0          | 0                            | 7.00  |       |
| 8.00                                                   | Subtotal (sum of lines 1-7) | 1,189,183,922         | 17,375,425                     | 0        | 17,375,425 | 6,370,314                    | 8.00  |       |
| 9.00                                                   | Reconciling Items           | 0                     | 0                              | 0        | 0          | 0                            | 9.00  |       |
| 10.00                                                  | Total (line 8 minus line 9) | 1,189,183,922         | 17,375,425                     | 0        | 17,375,425 | 6,370,314                    | 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                        | 8,054,462             | 0                              |          |            |                              |       | 1.00  |
| 2.00                                                   | Land Improvements           | 12,203,118            | 6,416,923                      |          |            |                              |       | 2.00  |
| 3.00                                                   | Buildings and Fixtures      | 850,301,763           | 291,182,420                    |          |            |                              |       | 3.00  |
| 4.00                                                   | Building Improvements       | 0                     | 0                              |          |            |                              |       | 4.00  |
| 5.00                                                   | Fixed Equipment             | 11,028,893            | 5,450,239                      |          |            |                              |       | 5.00  |
| 6.00                                                   | Movable Equipment           | 318,600,797           | 204,926,869                    |          |            |                              |       | 6.00  |
| 7.00                                                   | HIT designated Assets       | 0                     | 0                              |          |            |                              |       | 7.00  |
| 8.00                                                   | Subtotal (sum of lines 1-7) | 1,200,189,033         | 507,976,451                    |          |            |                              |       | 8.00  |
| 9.00                                                   | Reconciling Items           | 0                     | 0                              |          |            |                              |       | 9.00  |
| 10.00                                                  | Total (line 8 minus line 9) | 1,200,189,033         | 507,976,451                    |          |            |                              |       | 10.00 |

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet A-7  
Part II  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description |                                                                               | SUMMARY OF CAPITAL                             |                                       |          |                              |                          |      |
|-------------------------|-------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------|----------|------------------------------|--------------------------|------|
|                         |                                                                               | Depreciation                                   | Lease                                 | Interest | Insurance (see instructions) | Taxes (see instructions) |      |
|                         |                                                                               | 9.00                                           | 10.00                                 | 11.00    | 12.00                        | 13.00                    |      |
|                         | PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2 |                                                |                                       |          |                              |                          |      |
| 1.00                    | CAP REL COSTS-BLDG & FIXT                                                     | 0                                              | 0                                     | 0        | 0                            | 0                        | 1.00 |
| 1.01                    | OTHER BUILDING-MOB                                                            | 0                                              | 0                                     | 0        | 0                            | 0                        | 1.01 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                                                     | 0                                              | 0                                     | 0        | 0                            | 0                        | 2.00 |
| 2.01                    | NEW CAP REL COSTS-MVBLE EQUIP-MOB                                             | 0                                              | 0                                     | 0        | 0                            | 0                        | 2.01 |
| 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                    | CAP REL COSTS-BLDG & FIXT                                                     | 0                                              | 0                                     |          |                              |                          | 1.00 |
| 1.01                    | OTHER BUILDING-MOB                                                            | 0                                              | 0                                     |          |                              |                          | 1.01 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                                                     | 0                                              | 0                                     |          |                              |                          | 2.00 |
| 2.01                    | NEW CAP REL COSTS-MVBLE EQUIP-MOB                                             | 0                                              | 0                                     |          |                              |                          | 2.01 |
| 3.00                    | Total (sum of lines 1-2)                                                      | 0                                              | 0                                     |          |                              |                          | 3.00 |

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet A-7  
Part III  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description |                                                    | COMPUTATION OF RATIOS       |                              |                                             | ALLOCATION OF OTHER CAPITAL                    |                                       |      |
|-------------------------|----------------------------------------------------|-----------------------------|------------------------------|---------------------------------------------|------------------------------------------------|---------------------------------------|------|
|                         |                                                    | Gross Assets                | Capitalized Leases           | Gross Assets for Ratio<br>(col. 1 - col. 2) | Ratio (see instructions)                       | Insurance                             |      |
|                         |                                                    |                             |                              |                                             |                                                |                                       |      |
|                         | PART III - RECONCILIATION OF CAPITAL COSTS CENTERS |                             |                              |                                             |                                                |                                       |      |
| 1.00                    | CAP REL COSTS-BLDG & FIXT                          | 0                           | 0                            | 0                                           | 1.000000                                       | 0                                     | 1.00 |
| 1.01                    | OTHER BUILDING-MOB                                 | 0                           | 0                            | 0                                           | 0.000000                                       | 0                                     | 1.01 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                          | 0                           | 0                            | 0                                           | 0.000000                                       | 0                                     | 2.00 |
| 2.01                    | NEW CAP REL COSTS-MVBLE EQUIP-MOB                  | 0                           | 0                            | 0                                           | 0.000000                                       | 0                                     | 2.01 |
| 3.00                    | Total (sum of lines 1-2)                           | 0                           | 0                            | 0                                           | 1.000000                                       | 0                                     | 3.00 |
| Cost Center Description |                                                    | ALLOCATION OF OTHER CAPITAL |                              |                                             | SUMMARY OF CAPITAL                             |                                       |      |
|                         |                                                    | Taxes                       | Other Capital-Related Costs  | Total (sum of cols. 5 through 7)            | Depreciation                                   | Lease                                 |      |
|                         |                                                    |                             |                              |                                             |                                                |                                       |      |
|                         | PART III - RECONCILIATION OF CAPITAL COSTS CENTERS |                             |                              |                                             |                                                |                                       |      |
| 1.00                    | CAP REL COSTS-BLDG & FIXT                          | 0                           | 0                            | 0                                           | 27,219,475                                     | 0                                     | 1.00 |
| 1.01                    | OTHER BUILDING-MOB                                 | 0                           | 0                            | 0                                           | 4,809,332                                      | 0                                     | 1.01 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                          | 0                           | 0                            | 0                                           | 18,950,673                                     | 0                                     | 2.00 |
| 2.01                    | NEW CAP REL COSTS-MVBLE EQUIP-MOB                  | 0                           | 0                            | 0                                           | 3,518,102                                      | 0                                     | 2.01 |
| 3.00                    | Total (sum of lines 1-2)                           | 0                           | 0                            | 0                                           | 54,497,582                                     | 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) |      |
|                         |                                                    |                             |                              |                                             |                                                |                                       |      |
|                         | PART III - RECONCILIATION OF CAPITAL COSTS CENTERS |                             |                              |                                             |                                                |                                       |      |
| 1.00                    | CAP REL COSTS-BLDG & FIXT                          | 0                           | 0                            | 217,194                                     | 0                                              | 27,436,669                            | 1.00 |
| 1.01                    | OTHER BUILDING-MOB                                 | 0                           | 0                            | 730,654                                     | 0                                              | 5,539,986                             | 1.01 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                          | 0                           | 0                            | 21,208                                      | 0                                              | 18,971,881                            | 2.00 |
| 2.01                    | NEW CAP REL COSTS-MVBLE EQUIP-MOB                  | 0                           | 0                            | 0                                           | 0                                              | 3,518,102                             | 2.01 |
| 3.00                    | Total (sum of lines 1-2)                           | 0                           | 0                            | 969,056                                     | 0                                              | 55,466,638                            | 3.00 |

## ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet A-8

Date/Time Prepared:  
11/29/2021 1:59 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                    |                                                                                         | A              | 2.00        | 3.00                                                                                | 4.00   | 5.00           |       |
| 1.00                    | Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)                               | A              | -244,046    | CAP REL COSTS-BLDG & FIXT                                                           | 1.00   | 11             | 1.00  |
| 1.01                    | Investment income - OTHER BUILDING-MOB (chapter 2)                                      |                |             | 0 OTHER BUILDING-MOB                                                                | 1.01   | 0              | 1.01  |
| 2.00                    | Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)                               |                |             | 0 CAP REL COSTS-MVBLE EQUIP                                                         | 2.00   | 0              | 2.00  |
| 2.01                    | Investment income - NEW CAP REL COSTS-MVBLE EQUIP-MOB (chapter 2)                       |                |             | 0 NEW CAP REL COSTS-MVBLE EQUIP-MOB                                                 | 2.01   | 0              | 2.01  |
| 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          | -52,084,887 |                                                                                     |        | 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          | -60,539,750 |                                                                                     |        | 0              | 12.00 |
| 13.00                   | Laundry and linen service                                                               |                | 0           |                                                                                     | 0.00   | 0              | 13.00 |
| 14.00                   | Cafeteria-employees and guests                                                          | B              | -4,349,555  | DIETARY                                                                             | 10.00  | 0              | 14.00 |
| 15.00                   | Rental of quarters to employee and others                                               |                | 0           |                                                                                     | 0.00   | 0              | 15.00 |
| 16.00                   | Sale of medical and surgical supplies to other than patients                            |                | 0           |                                                                                     | 0.00   | 0              | 16.00 |
| 17.00                   | Sale of drugs to other than patients                                                    |                | 0           |                                                                                     | 0.00   | 0              | 17.00 |
| 18.00                   | Sale of medical records and abstracts                                                   |                | 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 - CAP REL COSTS-BLDG & FIXT                                                |                |             | 0 CAP REL COSTS-BLDG & FIXT                                                         | 1.00   | 0              | 26.00 |
| 26.01                   | Depreciation - OTHER BUILDING-MOB                                                       |                |             | 0 OTHER BUILDING-MOB                                                                | 1.01   | 0              | 26.01 |
| 27.00                   | Depreciation - CAP REL COSTS-MVBLE EQUIP                                                |                |             | 0 CAP REL COSTS-MVBLE EQUIP                                                         | 2.00   | 0              | 27.00 |
| 27.01                   | Depreciation - NEW CAP REL COSTS-MVBLE EQUIP-MOB                                        |                |             | 0 NEW CAP REL COSTS-MVBLE EQUIP-MOB                                                 | 2.01   | 0              | 27.01 |
| 28.00                   | Non-physician Anesthetist                                                               |                |             | 0 *** Cost Center Deleted ***                                                       | 19.00  |                | 28.00 |
| 29.00                   | Physicians' assistant                                                                   |                |             | 0                                                                                   | 0.00   | 0              | 29.00 |

## ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet A-8

Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description |                                                                                | Basis/Code (2) | Amount     | Expense Classification on Worksheet A<br>To/From Which the Amount is to be Adjusted |  | Line # | Wkst. A-7 Ref. |       |
|-------------------------|--------------------------------------------------------------------------------|----------------|------------|-------------------------------------------------------------------------------------|--|--------|----------------|-------|
|                         |                                                                                |                |            | Cost Center                                                                         |  |        |                |       |
|                         |                                                                                | 1.00           | 2.00       | 3.00                                                                                |  | 4.00   | 5.00           |       |
| 30.00                   | Adjustment for occupational therapy costs in excess of limitation (chapter 14) | A-8-3          | 0          | *** Cost Center Deleted ***                                                         |  | 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          | *** Cost Center Deleted ***                                                         |  | 68.00  |                | 31.00 |
| 32.00                   | CAH HIT Adjustment for Depreciation and Interest                               |                | 0          |                                                                                     |  | 0.00   | 0              | 32.00 |
| 33.00                   | A&G NON-ALLOWABLE COSTS                                                        | A              | -15,926    | OTHER ADMINISTRATIVE AND GENERAL                                                    |  | 5.04   | 0              | 33.00 |
| 33.02                   | TELEVISION ELIMINATION                                                         | A              | -146,393   | OPERATION OF PLANT                                                                  |  | 7.00   | 0              | 33.02 |
| 33.03                   | TELEVISION ELIMINATION                                                         | A              | -719       | EMPLOYEE BENEFITS DEPARTMENT                                                        |  | 4.00   | 0              | 33.03 |
| 33.04                   | TELEVISION ELIMINATION                                                         | A              | -59,382    | MAINTENANCE & REPAIRS                                                               |  | 6.00   | 9              | 33.04 |
| 34.00                   | TELEPHONE ADJUSTMENT                                                           | A              | -75,405    | OTHER ADMINISTRATIVE AND GENERAL                                                    |  | 5.04   | 0              | 34.00 |
| 35.00                   | OTHER ADJUSTMENTS (SPECIFY) (3)                                                |                | 0          |                                                                                     |  | 0.00   | 0              | 35.00 |
| 36.00                   | OTHER ADJUSTMENTS (SPECIFY) (3)                                                |                | 0          |                                                                                     |  | 0.00   | 0              | 36.00 |
| 37.00                   | FRA ADJUSTMENT                                                                 | A              | 59,765,098 | OTHER ADMINISTRATIVE AND GENERAL                                                    |  | 5.04   | 0              | 37.00 |
| 38.00                   | AHA/MHA/CHA DUES                                                               | A              | -96,118    | OTHER ADMINISTRATIVE AND GENERAL                                                    |  | 5.04   | 0              | 38.00 |
| 39.00                   | OTHER ADJUSTMENTS (SPECIFY) (3)                                                |                | 0          |                                                                                     |  | 0.00   | 0              | 39.00 |
| 40.00                   | OTHER ADJUSTMENTS (SPECIFY) (3)                                                |                | 0          |                                                                                     |  | 0.00   | 0              | 40.00 |
| 41.00                   | OTHER ADJUSTMENTS (SPECIFY) (3)                                                |                | 0          |                                                                                     |  | 0.00   | 0              | 41.00 |
| 42.00                   | OTHER ADJUSTMENTS (SPECIFY) (3)                                                |                | 0          |                                                                                     |  | 0.00   | 0              | 42.00 |
| 42.01                   | NON-ALLOWABLE MARKETING/PROMOTION                                              | A              | -8,755     | OTHER ADMINISTRATIVE AND GENERAL                                                    |  | 5.04   | 0              | 42.01 |
| 42.02                   | NON-ALLOWABLE MARKETING/PROMOTION                                              | A              | -2,709     | I&R SERVICES-SALARY & FRINGES APPRV                                                 |  | 21.00  | 0              | 42.02 |
| 42.03                   | NON-ALLOWABLE MARKETING/PROMOTION                                              | A              | -1,637     | NEONATAL INTENSIVE CARE UNIT                                                        |  | 35.00  | 0              | 42.03 |
| 42.04                   | NON-ALLOWABLE MARKETING/PROMOTION                                              | A              | -489       | SUBPROVIDER - IPF                                                                   |  | 40.00  | 0              | 42.04 |
| 42.05                   | NON-ALLOWABLE MARKETING/PROMOTION                                              | A              | -25,365    | LABORATORY                                                                          |  | 60.00  | 0              | 42.05 |
| 42.06                   | NON-ALLOWABLE MARKETING/PROMOTION                                              | A              | -194       | WHOLE BLOOD & PACKED RED BLOOD CELL                                                 |  | 62.00  | 0              | 42.06 |
| 42.07                   | NON-ALLOWABLE MARKETING/PROMOTION                                              | A              | -1,582     | PHYSICAL THERAPY                                                                    |  | 66.00  | 0              | 42.07 |
| 42.08                   | NON-ALLOWABLE MARKETING/PROMOTION                                              |                | 0          |                                                                                     |  | 0.00   | 0              | 42.08 |
| 42.09                   | NON-ALLOWABLE MARKETING/PROMOTION                                              | A              | -395       | HYPERBARIC/OP WOUND                                                                 |  | 90.01  | 0              | 42.09 |
| 42.10                   | NON-ALLOWABLE MARKETING/PROMOTION                                              | A              | -806       | EMERGENCY                                                                           |  | 91.00  | 0              | 42.10 |
| 42.11                   | INTERNAL RENT ADD BACK                                                         | B              | 2,330,164  | OPERATION OF PLANT                                                                  |  | 7.00   | 0              | 42.11 |
| 42.12                   | INTERNAL RENT ADD BACK                                                         | B              | 5,324,549  | OTHER BUILDING-MOB                                                                  |  | 7.01   | 0              | 42.12 |
| 42.13                   | OTHER ADJUSTMENTS (SPECIFY) (3)                                                |                | 0          |                                                                                     |  | 0.00   | 0              | 42.13 |
| 42.14                   | OTHER ADJUSTMENTS (SPECIFY) (3)                                                |                | 0          |                                                                                     |  | 0.00   | 0              | 42.14 |
| 42.15                   | OTHER ADJUSTMENTS (SPECIFY) (3)                                                |                | 0          |                                                                                     |  | 0.00   | 0              | 42.15 |
| 43.00                   | MISCELLANEOUS INCOME                                                           | B              | -161       | EMPLOYEE BENEFITS DEPARTMENT                                                        |  | 4.00   | 0              | 43.00 |
| 43.01                   | MISCELLANEOUS INCOME                                                           | B              | 20         | ADMITTING                                                                           |  | 5.03   | 0              | 43.01 |
| 43.02                   | MISCELLANEOUS INCOME                                                           | B              | -296,928   | OTHER ADMINISTRATIVE AND GENERAL                                                    |  | 5.04   | 0              | 43.02 |
| 43.03                   | MISCELLANEOUS INCOME                                                           | B              | 0          |                                                                                     |  | 0.00   | 0              | 43.03 |
| 43.04                   | MISCELLANEOUS INCOME                                                           | B              | -289,973   | DIETARY                                                                             |  | 10.00  | 0              | 43.04 |
| 43.05                   | MISCELLANEOUS INCOME                                                           | B              | -15,005    | PHARMACY                                                                            |  | 15.00  | 0              | 43.05 |
| 43.06                   | MISCELLANEOUS INCOME                                                           | B              | -2,246     | I&R SERVICES-OTHER PRGM COSTS APPRV                                                 |  | 22.00  | 0              | 43.06 |
| 43.07                   | MISCELLANEOUS INCOME                                                           | B              | -52,200    | PARAMED ED PRGM                                                                     |  | 23.00  | 0              | 43.07 |

## ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet A-8

Date/Time Prepared:  
11/29/2021 1:59 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           |       |
| 43.08                   | MISCELLANEOUS INCOME                                                                | B              | -66,079     | RADIOLOGY SCHOOL                                                                    | 23.01  | 0              | 43.08 |
| 43.09                   | MISCELLANEOUS INCOME                                                                | B              | -178,314    | ADULTS & PEDIATRICS                                                                 | 30.00  | 0              | 43.09 |
| 43.10                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)                                                  |                | 0           |                                                                                     | 0.00   | 0              | 43.10 |
| 43.11                   | MISCELLANEOUS INCOME                                                                | B              | -187        | OPERATING ROOM                                                                      | 50.00  | 0              | 43.11 |
| 43.12                   | MISCELLANEOUS INCOME                                                                | B              | -3,043      | DELIVERY ROOM & LABOR ROOM                                                          | 52.00  | 0              | 43.12 |
| 43.13                   | MISCELLANEOUS INCOME                                                                | B              | -30,234     | RADIOLOGY-DIAGNOSTIC                                                                | 54.00  | 0              | 43.13 |
| 43.14                   | MISCELLANEOUS INCOME                                                                | B              | -67         | RADIOLOGY-THERAPEUTIC                                                               | 55.00  | 0              | 43.14 |
| 43.15                   | MISCELLANEOUS INCOME                                                                | B              | -156,485    | LABORATORY                                                                          | 60.00  | 0              | 43.15 |
| 43.16                   | MISCELLANEOUS INCOME                                                                | B              | -130,801    | WHOLE BLOOD & PACKED RED<br>BLOOD CELL                                              | 62.00  | 0              | 43.16 |
| 43.17                   | MISCELLANEOUS INCOME                                                                | B              | -64,921     | PHYSICAL THERAPY                                                                    | 66.00  | 0              | 43.17 |
| 43.18                   | MISCELLANEOUS INCOME                                                                | B              | -406,868    | OP PSYCH                                                                            | 76.03  | 0              | 43.18 |
| 43.19                   | MISCELLANEOUS INCOME                                                                | B              | -111,546    | CLINIC                                                                              | 90.00  | 0              | 43.19 |
| 43.20                   | MISCELLANEOUS INCOME                                                                | B              | 17,170      | EMERGENCY                                                                           | 91.00  | 0              | 43.20 |
| 43.21                   | MISCELLANEOUS INCOME                                                                |                | 0           |                                                                                     | 0.00   | 0              | 43.21 |
| 43.22                   | MISCELLANEOUS INCOME                                                                |                | 0           |                                                                                     | 0.00   | 0              | 43.22 |
| 43.23                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)                                                  |                | 0           |                                                                                     | 0.00   | 0              | 43.23 |
| 43.24                   | MISCELLANEOUS INCOME                                                                |                | 0           |                                                                                     | 0.00   | 0              | 43.24 |
| 43.25                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)                                                  |                | 0           |                                                                                     | 0.00   | 0              | 43.25 |
| 43.26                   | MISCELLANEOUS INCOME                                                                |                | 0           |                                                                                     | 0.00   | 0              | 43.26 |
| 43.27                   | MISCELLANEOUS INCOME                                                                |                | 0           |                                                                                     | 0.00   | 0              | 43.27 |
| 43.28                   | MISCELLANEOUS INCOME                                                                |                | 0           |                                                                                     | 0.00   | 0              | 43.28 |
| 43.29                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)                                                  |                | 0           |                                                                                     | 0.00   | 0              | 43.29 |
| 43.30                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)                                                  |                | 0           |                                                                                     | 0.00   | 0              | 43.30 |
| 43.31                   | MISCELLANEOUS INCOME                                                                |                | 0           |                                                                                     | 0.00   | 0              | 43.31 |
| 43.32                   | MISCELLANEOUS INCOME                                                                |                | 0           |                                                                                     | 0.00   | 0              | 43.32 |
| 43.33                   | MISCELLANEOUS INCOME                                                                |                | 0           |                                                                                     | 0.00   | 0              | 43.33 |
| 43.34                   | MISCELLANEOUS INCOME                                                                |                | 0           |                                                                                     | 0.00   | 0              | 43.34 |
| 43.35                   | OTHER ADJUSTMENTS (SPECIFY)<br>(3)                                                  |                | 0           |                                                                                     | 0.00   | 0              | 43.35 |
| 43.36                   | MISCELLANEOUS INCOME                                                                |                | 0           |                                                                                     | 0.00   | 0              | 43.36 |
| 43.37                   | MISCELLANEOUS INCOME                                                                |                | 0           |                                                                                     | 0.00   | 0              | 43.37 |
| 43.38                   | MISCELLANEOUS INCOME                                                                |                | 0           |                                                                                     | 0.00   | 0              | 43.38 |
| 44.00                   | PHYSICIAN TEACHING RCE<br>ELIMINATION                                               | A              | -943,657    | I&R SERVICES-OTHER PRGM<br>COSTS APPRV                                              | 22.00  | 0              | 44.00 |
| 44.01                   | PART B PHYSICIAN BENEFITS                                                           | A              | -1,872,729  | EMPLOYEE BENEFITS DEPARTMENT                                                        | 4.00   | 0              | 44.01 |
| 50.00                   | TOTAL (sum of lines 1 thru 49)<br>(Transfer to Worksheet A,<br>column 6, line 200.) |                | -54,838,556 |                                                                                     |        |                | 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: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet A-8-1

Date/Time Prepared:  
11/29/2021 1:59 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 | 5.04                                                                                                                            | OTHER ADMINISTRATIVE AND GEN | DIRECT - NETWORK SUPPORT     | 0                        | 165,000                             | 1.00 |
| 2.00 | 5.04                                                                                                                            | OTHER ADMINISTRATIVE AND GEN | DIRECT - SHARED SERVICE FEE  | 0                        | 203,919,686                         | 2.00 |
| 3.00 | 15.00                                                                                                                           | PHARMACY                     | DIRECT - SHARED SERVICE FEE  | 0                        | 311,597                             | 3.00 |
| 3.01 | 22.00                                                                                                                           | I&R SERVICES-OTHER PRGM COST | DIRECT - SHARED SERVICE FEE  | 0                        | 321,217                             | 3.01 |
| 4.00 | 30.00                                                                                                                           | ADULTS & PEDIATRICS          | DIRECT - SHARED SERVICE FEE  | 0                        | 1,499,971                           | 4.00 |
| 4.01 | 31.00                                                                                                                           | INTENSIVE CARE UNIT          | DIRECT - SHARED SERVICE FEE  | 0                        | 67,554                              | 4.01 |
| 4.02 | 35.00                                                                                                                           | NEONATAL INTENSIVE CARE UNIT | DIRECT - SHARED SERVICE FEE  | 0                        | 19,200                              | 4.02 |
| 4.03 | 40.00                                                                                                                           | SUBPROVIDER - IPF            | DIRECT - SHARED SERVICE FEE  | 0                        | 21,621                              | 4.03 |
| 4.04 | 52.00                                                                                                                           | DELIVERY ROOM & LABOR ROOM   | DIRECT - SHARED SERVICE FEE  | 0                        | 14,316                              | 4.04 |
| 4.05 | 60.00                                                                                                                           | LABORATORY                   | DIRECT - SHARED SERVICE FEE  | 0                        | 3,731,120                           | 4.05 |
| 4.06 | 66.00                                                                                                                           | PHYSICAL THERAPY             | DIRECT - SHARED SERVICE FEE  | 0                        | 39,921                              | 4.06 |
| 4.07 | 90.00                                                                                                                           | CLINIC                       | DIRECT - SHARED SERVICE FEE  | 0                        | 40,979                              | 4.07 |
| 4.08 | 91.00                                                                                                                           | EMERGENCY                    | DIRECT - SHARED SERVICE FEE  | 0                        | 302,108                             | 4.08 |
| 4.09 | 192.00                                                                                                                          | PHYSICIANS PRIVATE OFFICES   | DIRECT - SHARED SERVICE FEE  | 0                        | 9,961                               | 4.09 |
| 4.10 | 1.00                                                                                                                            | CAP REL COSTS-BLDG & FIXT    | DIRECT - BLDG DEPRECIATION   | 247,915                  | 0                                   | 4.10 |
| 4.11 | 2.00                                                                                                                            | CAP REL COSTS-MVBLE EQUIP    | DIRECT - E.H.R. DEPRECIATION | 311,144                  | 0                                   | 4.11 |
| 4.12 | 4.00                                                                                                                            | EMPLOYEE BENEFITS DEPARTMENT | DIRECT - HR                  | 5,432,703                | 0                                   | 4.12 |
| 4.13 | 6.00                                                                                                                            | MAINTENANCE & REPAIRS        | DIRECT - MCES                | 5,256,428                | 0                                   | 4.13 |
| 4.14 | 5.04                                                                                                                            | OTHER ADMINISTRATIVE AND GEN | DIRECT - A & G               | 1,680,117                | 0                                   | 4.14 |
| 4.15 | 30.00                                                                                                                           | ADULTS & PEDIATRICS          | DIRECT - VSEPSIS, VALERT & V | 3,601,060                | 0                                   | 4.15 |
| 4.16 | 31.00                                                                                                                           | INTENSIVE CARE UNIT          | DIRECT - VICU                | 6,504,803                | 0                                   | 4.16 |
| 4.17 | 2.00                                                                                                                            | CAP REL COSTS-MVBLE EQUIP    | POOLED-EQUIPMENT DEPRECIATIO | 5,224,469                | 0                                   | 4.17 |
| 4.18 | 5.04                                                                                                                            | OTHER ADMINISTRATIVE AND GEN | POOLED-NON CAPITAL           | 106,784,061              | 0                                   | 4.18 |
| 4.19 | 1.00                                                                                                                            | CAP REL COSTS-BLDG & FIXT    | POOLED-BUILDING DEPRECIATION | 2,002,715                | 0                                   | 4.19 |
| 4.20 | 5.04                                                                                                                            | OTHER ADMINISTRATIVE AND GEN | FUNCTIONAL - PURCHASING      | 298,760                  | 0                                   | 4.20 |
| 4.21 | 4.00                                                                                                                            | EMPLOYEE BENEFITS DEPARTMENT | FUNCTIONAL - H.R.            | 9,308                    | 0                                   | 4.21 |
| 4.22 | 1.00                                                                                                                            | CAP REL COSTS-BLDG & FIXT    | FUNCTIONAL                   | 6,630,124                | 0                                   | 4.22 |
| 4.23 | 5.04                                                                                                                            | OTHER ADMINISTRATIVE AND GEN | FUNCTIONAL - CENTRAL TEST    | 3,396,838                | 0                                   | 4.23 |
| 4.24 | 5.04                                                                                                                            | OTHER ADMINISTRATIVE AND GEN | FUNCTIONAL - MGD. MENTAL     | 1,126,619                | 0                                   | 4.24 |
| 4.25 | 16.00                                                                                                                           | MEDICAL RECORDS & LIBRARY    | FUNCTIONAL - CENTRAL CODE    | 1,417,437                | 0                                   | 4.25 |
| 5.00 | TOTALS (sum of lines 1-4).<br>Transfer column 6, line 5 to<br>Worksheet A-8, column 2,<br>line 12.                              |                              |                              | 149,924,501              | 210,464,251                         | 5.00 |

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

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

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

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

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

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

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

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

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet A-8-1

Date/Time Prepared:  
11/29/2021 1:59 pm

|                                                                                                                                        | Net<br>Adjustments<br>(col. 4 minus<br>col. 5)* | Wkst. A-7 Ref. |  |      |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------|--|------|
|                                                                                                                                        | 6.00                                            | 7.00           |  |      |
| <b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b> |                                                 |                |  |      |
| 1.00                                                                                                                                   | -165,000                                        | 0              |  | 1.00 |
| 2.00                                                                                                                                   | -203,919,686                                    | 0              |  | 2.00 |
| 3.00                                                                                                                                   | -311,597                                        | 0              |  | 3.00 |
| 3.01                                                                                                                                   | -321,217                                        | 0              |  | 3.01 |
| 4.00                                                                                                                                   | -1,499,971                                      | 0              |  | 4.00 |
| 4.01                                                                                                                                   | -67,554                                         | 0              |  | 4.01 |
| 4.02                                                                                                                                   | -19,200                                         | 0              |  | 4.02 |
| 4.03                                                                                                                                   | -21,621                                         | 0              |  | 4.03 |
| 4.04                                                                                                                                   | -14,316                                         | 0              |  | 4.04 |
| 4.05                                                                                                                                   | -3,731,120                                      | 0              |  | 4.05 |
| 4.06                                                                                                                                   | -39,921                                         | 0              |  | 4.06 |
| 4.07                                                                                                                                   | -40,979                                         | 0              |  | 4.07 |
| 4.08                                                                                                                                   | -302,108                                        | 0              |  | 4.08 |
| 4.09                                                                                                                                   | -9,961                                          | 0              |  | 4.09 |
| 4.10                                                                                                                                   | 247,915                                         | 9              |  | 4.10 |
| 4.11                                                                                                                                   | 311,144                                         | 9              |  | 4.11 |
| 4.12                                                                                                                                   | 5,432,703                                       | 0              |  | 4.12 |
| 4.13                                                                                                                                   | 5,256,428                                       | 0              |  | 4.13 |
| 4.14                                                                                                                                   | 1,680,117                                       | 0              |  | 4.14 |
| 4.15                                                                                                                                   | 3,601,060                                       | 0              |  | 4.15 |
| 4.16                                                                                                                                   | 6,504,803                                       | 0              |  | 4.16 |
| 4.17                                                                                                                                   | 5,224,469                                       | 9              |  | 4.17 |
| 4.18                                                                                                                                   | 106,784,061                                     | 0              |  | 4.18 |
| 4.19                                                                                                                                   | 2,002,715                                       | 9              |  | 4.19 |
| 4.20                                                                                                                                   | 298,760                                         | 0              |  | 4.20 |
| 4.21                                                                                                                                   | 9,308                                           | 0              |  | 4.21 |
| 4.22                                                                                                                                   | 6,630,124                                       | 9              |  | 4.22 |
| 4.23                                                                                                                                   | 3,396,838                                       | 0              |  | 4.23 |
| 4.24                                                                                                                                   | 1,126,619                                       | 0              |  | 4.24 |
| 4.25                                                                                                                                   | 1,417,437                                       | 0              |  | 4.25 |
| 5.00                                                                                                                                   | -60,539,750                                     |                |  | 5.00 |

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

|  |                                               |  |
|--|-----------------------------------------------|--|
|  | Related Organization(s)<br>and/or Home Office |  |
|  | Type of Business                              |  |
|  | 6.00                                          |  |

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

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

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

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

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

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

## PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet A-8-2

Date/Time Prepared:

11/29/2021 1:59 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   | 17.00          | SOCIAL SERVICE                   | 0                  | 0                      | 0                  | 179,000    | 0                                  | 1.00   |
| 2.00   | 30.00          | ADULTS & PEDIATRICS              | 0                  | 0                      | 0                  | 237,100    | 0                                  | 2.00   |
| 3.00   | 30.00          | ADULTS & PEDIATRICS              | 499,015            | 499,015                | 0                  | 169,700    | 0                                  | 3.00   |
| 4.00   | 35.00          | NEONATAL INTENSIVE CARE UNIT     | 86,611             | 21,611                 | 65,000             | 179,000    | 520                                | 4.00   |
| 5.00   | 40.00          | SUBPROVIDER - IPF                | 1,892,327          | 1,892,327              | 0                  | 181,300    | 0                                  | 5.00   |
| 6.00   | 52.00          | DELIVERY ROOM & LABOR ROOM       | 10,900             | 0                      | 10,900             | 237,100    | 62                                 | 6.00   |
| 7.00   | 54.00          | RADIOLOGY-DIAGNOSTIC             | 150                | 0                      | 150                | 260,300    | 1                                  | 7.00   |
| 8.00   | 54.01          | ULTRASOUND                       | 0                  | 0                      | 0                  | 260,300    | 0                                  | 8.00   |
| 9.00   | 57.00          | CT SCAN                          | 16,795             | 16,795                 | 0                  | 271,900    | 0                                  | 9.00   |
| 10.00  | 58.00          | MRI                              | 1,600              | 1,600                  | 0                  | 271,900    | 0                                  | 10.00  |
| 11.00  | 60.00          | LABORATORY                       | 97,176             | 97,176                 | 0                  | 260,300    | 0                                  | 11.00  |
| 12.00  | 66.00          | PHYSICAL THERAPY                 | 12,082             | 0                      | 12,082             | 179,000    | 173                                | 12.00  |
| 13.00  | 90.00          | CLINIC                           | 165,575            | 0                      | 165,575            | 179,000    | 1,656                              | 13.00  |
| 14.00  | 40.00          | SUBPROVIDER - IPF                | 600                | 0                      | 600                | 169,700    | 4                                  | 14.00  |
| 15.00  | 55.00          | RADIOLOGY-THERAPEUTIC            | 1,732,358          | 0                      | 1,732,358          | 179,000    | 11,549                             | 15.00  |
| 16.00  | 90.00          | CLINIC                           | 72,216             | 0                      | 72,216             | 181,300    | 694                                | 16.00  |
| 17.00  | 30.00          | ADULTS & PEDIATRICS              | 0                  | 0                      | 0                  | 237,100    | 0                                  | 17.00  |
| 18.00  | 30.00          | ADULTS & PEDIATRICS              | 0                  | 0                      | 0                  | 197,500    | 0                                  | 18.00  |
| 19.00  | 30.00          | ADULTS & PEDIATRICS              | 0                  | 0                      | 0                  | 179,000    | 0                                  | 19.00  |
| 20.00  | 31.00          | INTENSIVE CARE UNIT              | 314                | 314                    | 0                  | 179,000    | 0                                  | 20.00  |
| 21.00  | 33.00          | BURN INTENSIVE CARE UNIT         | 0                  | 0                      | 0                  | 179,000    | 0                                  | 21.00  |
| 22.00  | 35.00          | NEONATAL INTENSIVE CARE UNIT     | 0                  | 0                      | 0                  | 179,000    | 0                                  | 22.00  |
| 23.00  | 40.00          | SUBPROVIDER - IPF                | 0                  | 0                      | 0                  | 181,300    | 0                                  | 23.00  |
| 24.00  | 43.00          | NURSERY                          | 1,068              | 1,068                  | 0                  | 179,000    | 0                                  | 24.00  |
| 25.00  | 50.00          | OPERATING ROOM                   | 129,112            | 129,112                | 0                  | 246,400    | 0                                  | 25.00  |
| 26.00  | 51.00          | RECOVERY ROOM                    | 0                  | 0                      | 0                  | 239,400    | 0                                  | 26.00  |
| 27.00  | 52.00          | DELIVERY ROOM & LABOR ROOM       | 446,859            | 446,859                | 0                  | 237,100    | 0                                  | 27.00  |
| 28.00  | 54.01          | ULTRASOUND                       | 0                  | 0                      | 0                  | 260,300    | 0                                  | 28.00  |
| 29.00  | 55.00          | RADIOLOGY-THERAPEUTIC            | 0                  | 0                      | 0                  | 260,300    | 0                                  | 29.00  |
| 30.00  | 59.00          | CARDIAC CATHETERIZATION          | 0                  | 0                      | 0                  | 208,100    | 0                                  | 30.00  |
| 31.00  | 60.00          | LABORATORY                       | 197,495            | 197,495                | 0                  | 179,000    | 0                                  | 31.00  |
| 32.00  | 65.00          | RESPIRATORY THERAPY              | 11,562             | 11,562                 | 0                  | 179,000    | 0                                  | 32.00  |
| 33.00  | 66.00          | PHYSICAL THERAPY                 | 1,567,741          | 1,567,741              | 0                  | 179,000    | 0                                  | 33.00  |
| 34.00  | 69.00          | ELECTROCARDIOLOGY                | 238,486            | 238,486                | 0                  | 179,000    | 0                                  | 34.00  |
| 35.00  | 75.00          | ASC (NON-DISTINCT PART)          | 0                  | 0                      | 0                  | 246,400    | 0                                  | 35.00  |
| 36.00  | 76.01          | GI LAB                           | 0                  | 0                      | 0                  | 179,000    | 0                                  | 36.00  |
| 37.00  | 90.00          | CLINIC                           | 69,341             | 69,341                 | 0                  | 179,000    | 0                                  | 37.00  |
| 38.00  | 90.01          | HYPERBARIC/OP WOUND              | 71,753             | 71,753                 | 0                  | 179,000    | 0                                  | 38.00  |
| 39.00  | 91.00          | EMERGENCY                        | 1,294,538          | 1,294,538              | 0                  | 179,000    | 0                                  | 39.00  |
| 40.00  | 92.01          | AMBULATORY CARE UNIT             | 0                  | 0                      | 0                  | 179,000    | 0                                  | 40.00  |
| 41.00  | 5.04           | OTHER ADMINISTRATIVE AND GENERAL | 3,623,731          | 1,204,595              | 2,419,136          | 179,000    | 16,452                             | 41.00  |
| 42.00  | 13.00          | NURSING ADMINISTRATION           | 0                  | 0                      | 0                  | 179,000    | 0                                  | 42.00  |
| 43.00  | 17.00          | SOCIAL SERVICE                   | 0                  | 0                      | 0                  | 179,000    | 0                                  | 43.00  |
| 44.00  | 30.00          | ADULTS & PEDIATRICS              | 0                  | 0                      | 0                  | 179,000    | 0                                  | 44.00  |
| 45.00  | 30.00          | ADULTS & PEDIATRICS              | 16,365,024         | 15,728,605             | 636,419            | 197,500    | 4,447                              | 45.00  |
| 46.00  | 30.00          | ADULTS & PEDIATRICS              | 1,673,962          | 1,390,821              | 283,141            | 237,100    | 1,393                              | 46.00  |
| 47.00  | 30.00          | ADULTS & PEDIATRICS              | 20,000             | 0                      | 20,000             | 179,000    | 100                                | 47.00  |
| 48.00  | 30.00          | ADULTS & PEDIATRICS              | 5,027,123          | 4,587,558              | 439,565            | 169,700    | 3,130                              | 48.00  |
| 49.00  | 31.00          | INTENSIVE CARE UNIT              | 5,121,206          | 5,016,476              | 104,730            | 179,000    | 731                                | 49.00  |
| 50.00  | 40.00          | SUBPROVIDER - IPF                | 795,627            | 779,809                | 15,818             | 181,300    | 156                                | 50.00  |
| 51.00  | 50.00          | OPERATING ROOM                   | -95,834            | -120,834               | 25,000             | 246,400    | 108                                | 51.00  |
| 52.00  | 52.00          | DELIVERY ROOM & LABOR ROOM       | 176,695            | 169,555                | 7,140              | 237,100    | 36                                 | 52.00  |
| 53.00  | 54.00          | RADIOLOGY-DIAGNOSTIC             | 0                  | 0                      | 0                  | 260,300    | 0                                  | 53.00  |
| 54.00  | 60.00          | LABORATORY                       | 411,975            | 411,975                | 0                  | 179,000    | 0                                  | 54.00  |
| 55.00  | 65.00          | RESPIRATORY THERAPY              | 0                  | 0                      | 0                  | 179,000    | 0                                  | 55.00  |
| 56.00  | 66.00          | PHYSICAL THERAPY                 | 426,889            | 146,889                | 280,000            | 179,000    | 1                                  | 56.00  |
| 57.00  | 69.00          | ELECTROCARDIOLOGY                | 1,129,447          | 1,098,447              | 31,000             | 179,000    | 155                                | 57.00  |
| 58.00  | 75.00          | ASC (NON-DISTINCT PART)          | 810,456            | 810,456                | 0                  | 246,400    | 0                                  | 58.00  |
| 59.00  | 76.00          | CARDIAC REHAB                    | 0                  | 0                      | 0                  | 179,000    | 0                                  | 59.00  |
| 60.00  | 76.01          | GI LAB                           | 1,950              | 0                      | 1,950              | 179,000    | 20                                 | 60.00  |
| 61.00  | 90.00          | CLINIC                           | 250,588            | 225,688                | 24,900             | 179,000    | 185                                | 61.00  |
| 62.00  | 90.01          | HYPERBARIC/OP WOUND              | 410,514            | 400,364                | 10,150             | 179,000    | 198                                | 62.00  |
| 63.00  | 91.00          | EMERGENCY                        | 11,186,700         | 10,761,408             | 425,292            | 179,000    | 2,442                              | 63.00  |
| 200.00 |                |                                  | 55,951,727         | 49,168,605             | 6,783,122          |            | 44,213                             | 200.00 |

## PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet A-8-2

Date/Time Prepared:  
11/29/2021 1:59 pm

|        | 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   | 17.00          | SOCIAL SERVICE                   | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 1.00   |
| 2.00   | 30.00          | ADULTS & PEDIATRICS              | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 2.00   |
| 3.00   | 30.00          | ADULTS & PEDIATRICS              | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 3.00   |
| 4.00   | 35.00          | NEONATAL INTENSIVE CARE UNIT     | 44,750               | 2,238                             | 0                                          | 0                                   | 0                                       | 4.00   |
| 5.00   | 40.00          | SUBPROVIDER - IPF                | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 5.00   |
| 6.00   | 52.00          | DELIVERY ROOM & LABOR ROOM       | 7,067                | 353                               | 0                                          | 0                                   | 0                                       | 6.00   |
| 7.00   | 54.00          | RADIOLOGY-DIAGNOSTIC             | 125                  | 6                                 | 0                                          | 0                                   | 0                                       | 7.00   |
| 8.00   | 54.01          | ULTRASOUND                       | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 8.00   |
| 9.00   | 57.00          | CT SCAN                          | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 9.00   |
| 10.00  | 58.00          | MRI                              | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 10.00  |
| 11.00  | 60.00          | LABORATORY                       | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 11.00  |
| 12.00  | 66.00          | PHYSICAL THERAPY                 | 14,888               | 744                               | 0                                          | 0                                   | 0                                       | 12.00  |
| 13.00  | 90.00          | CLINIC                           | 142,512              | 7,126                             | 0                                          | 0                                   | 0                                       | 13.00  |
| 14.00  | 40.00          | SUBPROVIDER - IPF                | 326                  | 16                                | 0                                          | 0                                   | 0                                       | 14.00  |
| 15.00  | 55.00          | RADIOLOGY-THERAPEUTIC            | 993,880              | 49,694                            | 0                                          | 0                                   | 0                                       | 15.00  |
| 16.00  | 90.00          | CLINIC                           | 60,491               | 3,025                             | 0                                          | 0                                   | 0                                       | 16.00  |
| 17.00  | 30.00          | ADULTS & PEDIATRICS              | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 17.00  |
| 18.00  | 30.00          | ADULTS & PEDIATRICS              | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 18.00  |
| 19.00  | 30.00          | ADULTS & PEDIATRICS              | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 19.00  |
| 20.00  | 31.00          | INTENSIVE CARE UNIT              | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 20.00  |
| 21.00  | 33.00          | BURN INTENSIVE CARE UNIT         | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 21.00  |
| 22.00  | 35.00          | NEONATAL INTENSIVE CARE UNIT     | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 22.00  |
| 23.00  | 40.00          | SUBPROVIDER - IPF                | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 23.00  |
| 24.00  | 43.00          | NURSERY                          | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 24.00  |
| 25.00  | 50.00          | OPERATING ROOM                   | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 25.00  |
| 26.00  | 51.00          | RECOVERY ROOM                    | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 26.00  |
| 27.00  | 52.00          | DELIVERY ROOM & LABOR ROOM       | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 27.00  |
| 28.00  | 54.01          | ULTRASOUND                       | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 28.00  |
| 29.00  | 55.00          | RADIOLOGY-THERAPEUTIC            | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 29.00  |
| 30.00  | 59.00          | CARDIAC CATHETERIZATION          | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 30.00  |
| 31.00  | 60.00          | LABORATORY                       | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 31.00  |
| 32.00  | 65.00          | RESPIRATORY THERAPY              | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 32.00  |
| 33.00  | 66.00          | PHYSICAL THERAPY                 | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 33.00  |
| 34.00  | 69.00          | ELECTROCARDIOLOGY                | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 34.00  |
| 35.00  | 75.00          | ASC (NON-DISTINCT PART)          | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 35.00  |
| 36.00  | 76.01          | GI LAB                           | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 36.00  |
| 37.00  | 90.00          | CLINIC                           | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 37.00  |
| 38.00  | 90.01          | HYPERBARIC/OP WOUND              | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 38.00  |
| 39.00  | 91.00          | EMERGENCY                        | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 39.00  |
| 40.00  | 92.01          | AMBULATORY CARE UNIT             | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 40.00  |
| 41.00  | 5.04           | OTHER ADMINISTRATIVE AND GENERAL | 1,415,821            | 70,791                            | 0                                          | 0                                   | 0                                       | 41.00  |
| 42.00  | 13.00          | NURSING ADMINISTRATION           | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 42.00  |
| 43.00  | 17.00          | SOCIAL SERVICE                   | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 43.00  |
| 44.00  | 30.00          | ADULTS & PEDIATRICS              | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 44.00  |
| 45.00  | 30.00          | ADULTS & PEDIATRICS              | 422,251              | 21,113                            | 0                                          | 0                                   | 0                                       | 45.00  |
| 46.00  | 30.00          | ADULTS & PEDIATRICS              | 158,789              | 7,939                             | 0                                          | 0                                   | 0                                       | 46.00  |
| 47.00  | 30.00          | ADULTS & PEDIATRICS              | 8,606                | 430                               | 0                                          | 0                                   | 0                                       | 47.00  |
| 48.00  | 30.00          | ADULTS & PEDIATRICS              | 255,366              | 12,768                            | 0                                          | 0                                   | 0                                       | 48.00  |
| 49.00  | 31.00          | INTENSIVE CARE UNIT              | 62,908               | 3,145                             | 0                                          | 0                                   | 0                                       | 49.00  |
| 50.00  | 40.00          | SUBPROVIDER - IPF                | 13,598               | 680                               | 0                                          | 0                                   | 0                                       | 50.00  |
| 51.00  | 50.00          | OPERATING ROOM                   | 12,794               | 640                               | 0                                          | 0                                   | 0                                       | 51.00  |
| 52.00  | 52.00          | DELIVERY ROOM & LABOR ROOM       | 4,104                | 205                               | 0                                          | 0                                   | 0                                       | 52.00  |
| 53.00  | 54.00          | RADIOLOGY-DIAGNOSTIC             | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 53.00  |
| 54.00  | 60.00          | LABORATORY                       | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 54.00  |
| 55.00  | 65.00          | RESPIRATORY THERAPY              | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 55.00  |
| 56.00  | 66.00          | PHYSICAL THERAPY                 | 86                   | 4                                 | 0                                          | 0                                   | 0                                       | 56.00  |
| 57.00  | 69.00          | ELECTROCARDIOLOGY                | 13,339               | 667                               | 0                                          | 0                                   | 0                                       | 57.00  |
| 58.00  | 75.00          | ASC (NON-DISTINCT PART)          | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 58.00  |
| 59.00  | 76.00          | CARDIAC REHAB                    | 0                    | 0                                 | 0                                          | 0                                   | 0                                       | 59.00  |
| 60.00  | 76.01          | GI LAB                           | 1,721                | 86                                | 0                                          | 0                                   | 0                                       | 60.00  |
| 61.00  | 90.00          | CLINIC                           | 15,921               | 796                               | 0                                          | 0                                   | 0                                       | 61.00  |
| 62.00  | 90.01          | HYPERBARIC/OP WOUND              | 17,039               | 852                               | 0                                          | 0                                   | 0                                       | 62.00  |
| 63.00  | 91.00          | EMERGENCY                        | 210,153              | 10,508                            | 0                                          | 0                                   | 0                                       | 63.00  |
| 200.00 |                |                                  | 3,876,535            | 193,826                           | 0                                          | 0                                   | 0                                       | 200.00 |

## PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet A-8-2

Date/Time Prepared:  
11/29/2021 1:59 pm

|        | Wkst. A Line # | Cost Center/Physician Identifier | Provider Component Share of col. 14 | Adjusted RCE Limit | RCE Disallowance | Adjustment |  |        |
|--------|----------------|----------------------------------|-------------------------------------|--------------------|------------------|------------|--|--------|
|        | 1.00           | 2.00                             | 15.00                               | 16.00              | 17.00            | 18.00      |  |        |
| 1.00   | 17.00          | SOCIAL SERVICE                   | 0                                   | 0                  | 0                | 0          |  | 1.00   |
| 2.00   | 30.00          | ADULTS & PEDIATRICS              | 0                                   | 0                  | 0                | 0          |  | 2.00   |
| 3.00   | 30.00          | ADULTS & PEDIATRICS              | 0                                   | 0                  | 0                | 499,015    |  | 3.00   |
| 4.00   | 35.00          | NEONATAL INTENSIVE CARE UNIT     | 0                                   | 44,750             | 20,250           | 41,861     |  | 4.00   |
| 5.00   | 40.00          | SUBPROVIDER - IPF                | 0                                   | 0                  | 0                | 1,892,327  |  | 5.00   |
| 6.00   | 52.00          | DELIVERY ROOM & LABOR ROOM       | 0                                   | 7,067              | 3,833            | 3,833      |  | 6.00   |
| 7.00   | 54.00          | RADIOLOGY-DIAGNOSTIC             | 0                                   | 125                | 25               | 25         |  | 7.00   |
| 8.00   | 54.01          | ULTRASOUND                       | 0                                   | 0                  | 0                | 0          |  | 8.00   |
| 9.00   | 57.00          | CT SCAN                          | 0                                   | 0                  | 0                | 16,795     |  | 9.00   |
| 10.00  | 58.00          | MRI                              | 0                                   | 0                  | 0                | 1,600      |  | 10.00  |
| 11.00  | 60.00          | LABORATORY                       | 0                                   | 0                  | 0                | 97,176     |  | 11.00  |
| 12.00  | 66.00          | PHYSICAL THERAPY                 | 0                                   | 14,888             | 0                | 0          |  | 12.00  |
| 13.00  | 90.00          | CLINIC                           | 0                                   | 142,512            | 23,063           | 23,063     |  | 13.00  |
| 14.00  | 40.00          | SUBPROVIDER - IPF                | 0                                   | 326                | 274              | 274        |  | 14.00  |
| 15.00  | 55.00          | RADIOLOGY-THERAPEUTIC            | 0                                   | 993,880            | 738,478          | 738,478    |  | 15.00  |
| 16.00  | 90.00          | CLINIC                           | 0                                   | 60,491             | 11,725           | 11,725     |  | 16.00  |
| 17.00  | 30.00          | ADULTS & PEDIATRICS              | 0                                   | 0                  | 0                | 0          |  | 17.00  |
| 18.00  | 30.00          | ADULTS & PEDIATRICS              | 0                                   | 0                  | 0                | 0          |  | 18.00  |
| 19.00  | 30.00          | ADULTS & PEDIATRICS              | 0                                   | 0                  | 0                | 0          |  | 19.00  |
| 20.00  | 31.00          | INTENSIVE CARE UNIT              | 0                                   | 0                  | 0                | 314        |  | 20.00  |
| 21.00  | 33.00          | BURN INTENSIVE CARE UNIT         | 0                                   | 0                  | 0                | 0          |  | 21.00  |
| 22.00  | 35.00          | NEONATAL INTENSIVE CARE UNIT     | 0                                   | 0                  | 0                | 0          |  | 22.00  |
| 23.00  | 40.00          | SUBPROVIDER - IPF                | 0                                   | 0                  | 0                | 0          |  | 23.00  |
| 24.00  | 43.00          | NURSERY                          | 0                                   | 0                  | 0                | 1,068      |  | 24.00  |
| 25.00  | 50.00          | OPERATING ROOM                   | 0                                   | 0                  | 0                | 129,112    |  | 25.00  |
| 26.00  | 51.00          | RECOVERY ROOM                    | 0                                   | 0                  | 0                | 0          |  | 26.00  |
| 27.00  | 52.00          | DELIVERY ROOM & LABOR ROOM       | 0                                   | 0                  | 0                | 446,859    |  | 27.00  |
| 28.00  | 54.01          | ULTRASOUND                       | 0                                   | 0                  | 0                | 0          |  | 28.00  |
| 29.00  | 55.00          | RADIOLOGY-THERAPEUTIC            | 0                                   | 0                  | 0                | 0          |  | 29.00  |
| 30.00  | 59.00          | CARDIAC CATHETERIZATION          | 0                                   | 0                  | 0                | 0          |  | 30.00  |
| 31.00  | 60.00          | LABORATORY                       | 0                                   | 0                  | 0                | 197,495    |  | 31.00  |
| 32.00  | 65.00          | RESPIRATORY THERAPY              | 0                                   | 0                  | 0                | 11,562     |  | 32.00  |
| 33.00  | 66.00          | PHYSICAL THERAPY                 | 0                                   | 0                  | 0                | 1,567,741  |  | 33.00  |
| 34.00  | 69.00          | ELECTROCARDIOLOGY                | 0                                   | 0                  | 0                | 238,486    |  | 34.00  |
| 35.00  | 75.00          | ASC (NON-DISTINCT PART)          | 0                                   | 0                  | 0                | 0          |  | 35.00  |
| 36.00  | 76.01          | GI LAB                           | 0                                   | 0                  | 0                | 0          |  | 36.00  |
| 37.00  | 90.00          | CLINIC                           | 0                                   | 0                  | 0                | 69,341     |  | 37.00  |
| 38.00  | 90.01          | HYPERBARIC/OP WOUND              | 0                                   | 0                  | 0                | 71,753     |  | 38.00  |
| 39.00  | 91.00          | EMERGENCY                        | 0                                   | 0                  | 0                | 1,294,538  |  | 39.00  |
| 40.00  | 92.01          | AMBULATORY CARE UNIT             | 0                                   | 0                  | 0                | 0          |  | 40.00  |
| 41.00  | 5.04           | OTHER ADMINISTRATIVE AND GENERAL | 0                                   | 1,415,821          | 1,003,315        | 2,207,910  |  | 41.00  |
| 42.00  | 13.00          | NURSING ADMINISTRATION           | 0                                   | 0                  | 0                | 0          |  | 42.00  |
| 43.00  | 17.00          | SOCIAL SERVICE                   | 0                                   | 0                  | 0                | 0          |  | 43.00  |
| 44.00  | 30.00          | ADULTS & PEDIATRICS              | 0                                   | 0                  | 0                | 0          |  | 44.00  |
| 45.00  | 30.00          | ADULTS & PEDIATRICS              | 0                                   | 422,251            | 214,168          | 15,942,773 |  | 45.00  |
| 46.00  | 30.00          | ADULTS & PEDIATRICS              | 0                                   | 158,789            | 124,352          | 1,515,173  |  | 46.00  |
| 47.00  | 30.00          | ADULTS & PEDIATRICS              | 0                                   | 8,606              | 11,394           | 11,394     |  | 47.00  |
| 48.00  | 30.00          | ADULTS & PEDIATRICS              | 0                                   | 255,366            | 184,199          | 4,771,757  |  | 48.00  |
| 49.00  | 31.00          | INTENSIVE CARE UNIT              | 0                                   | 62,908             | 41,822           | 5,058,298  |  | 49.00  |
| 50.00  | 40.00          | SUBPROVIDER - IPF                | 0                                   | 13,598             | 2,220            | 782,029    |  | 50.00  |
| 51.00  | 50.00          | OPERATING ROOM                   | 0                                   | 12,794             | 12,206           | -108,628   |  | 51.00  |
| 52.00  | 52.00          | DELIVERY ROOM & LABOR ROOM       | 0                                   | 4,104              | 3,036            | 172,591    |  | 52.00  |
| 53.00  | 54.00          | RADIOLOGY-DIAGNOSTIC             | 0                                   | 0                  | 0                | 0          |  | 53.00  |
| 54.00  | 60.00          | LABORATORY                       | 0                                   | 0                  | 0                | 411,975    |  | 54.00  |
| 55.00  | 65.00          | RESPIRATORY THERAPY              | 0                                   | 0                  | 0                | 0          |  | 55.00  |
| 56.00  | 66.00          | PHYSICAL THERAPY                 | 0                                   | 86                 | 279,914          | 426,803    |  | 56.00  |
| 57.00  | 69.00          | ELECTROCARDIOLOGY                | 0                                   | 13,339             | 17,661           | 1,116,108  |  | 57.00  |
| 58.00  | 75.00          | ASC (NON-DISTINCT PART)          | 0                                   | 0                  | 0                | 810,456    |  | 58.00  |
| 59.00  | 76.00          | CARDIAC REHAB                    | 0                                   | 0                  | 0                | 0          |  | 59.00  |
| 60.00  | 76.01          | GI LAB                           | 0                                   | 1,721              | 229              | 229        |  | 60.00  |
| 61.00  | 90.00          | CLINIC                           | 0                                   | 15,921             | 8,979            | 234,667    |  | 61.00  |
| 62.00  | 90.01          | HYPERBARIC/OP WOUND              | 0                                   | 17,039             | 0                | 400,364    |  | 62.00  |
| 63.00  | 91.00          | EMERGENCY                        | 0                                   | 210,153            | 215,139          | 10,976,547 |  | 63.00  |
| 200.00 |                |                                  | 0                                   | 3,876,535          | 2,916,282        | 52,084,887 |  | 200.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description                |       | Net Expenses<br>for Cost<br>Allocation<br>(from Wkst A<br>col. 7) | CAPITAL RELATED COSTS |                       |             |                        |           |
|----------------------------------------|-------|-------------------------------------------------------------------|-----------------------|-----------------------|-------------|------------------------|-----------|
|                                        |       |                                                                   | BLDG & FIXT           | OTHER<br>BUILDING-MOB | MVBLE EQUIP | NEW MVBLE<br>EQUIP-MOB |           |
|                                        |       | 0                                                                 | 1.00                  | 1.01                  | 2.00        | 2.01                   |           |
| GENERAL SERVICE COST CENTERS           |       |                                                                   |                       |                       |             |                        |           |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT                                         | 27,436,669            | 27,436,669            |             |                        | 1.00      |
| 1.01                                   | 00101 | OTHER BUILDING-MOB                                                | 5,539,986             | 0                     | 5,539,986   |                        | 1.01      |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP                                         | 18,971,881            |                       | 18,971,881  |                        | 2.00      |
| 2.01                                   | 00201 | NEW CAP REL COSTS-MVBLE EQUIP-MOB                                 | 3,518,102             |                       | 0           | 3,518,102              | 2.01      |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT                                      | 73,131,032            | 170,565               | 10,046      | 2,438                  | 217       |
| 5.02                                   | 00590 | PURCHASING RECEIVING AND STORES                                   | 0                     | 0                     | 0           | 0                      | 0         |
| 5.03                                   | 00550 | ADMITTING                                                         | 3,565,353             | 83,692                | 33,651      | 3,093                  | 1,878     |
| 5.04                                   | 00560 | OTHER ADMINISTRATIVE AND GENERAL                                  | 209,856,864           | 1,584,011             | 183,447     | 582,630                | 101,920   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                                             | 8,445,747             | 3,763,346             | 0           | 403,969                | 0         |
| 7.00                                   | 00700 | OPERATION OF PLANT                                                | 23,908,927            | 100,934               | 0           | 95,177                 | 0         |
| 7.01                                   | 00701 | OTHER BUILDING-MOB                                                | 2,529,818             | 0                     | 0           | 0                      | 19,341    |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                                           | 4,229,999             | 146,345               | 0           | 18,671                 | 0         |
| 9.00                                   | 00900 | HOUSEKEEPING                                                      | 9,243,997             | 273,097               | 0           | 83,455                 | 0         |
| 9.01                                   | 00901 | HOUSEKEEPING-MED CENTER                                           | 0                     | 0                     | 0           | 0                      | 0         |
| 9.02                                   | 00902 | HOUSEKEEPING-MOB                                                  | 0                     | 0                     | 0           | 0                      | 0         |
| 10.00                                  | 01000 | DIETARY                                                           | 8,295,712             | 629,240               | 46,737      | 143,681                | 16,119    |
| 11.00                                  | 01100 | CAFETERIA                                                         | 0                     | 0                     | 0           | 0                      | 0         |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                                            | 3,768,557             | 194,799               | 0           | 879,215                | 0         |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY                                         | 3,648,412             | 374,553               | 0           | 303,797                | 0         |
| 15.00                                  | 01500 | PHARMACY                                                          | 11,529,835            | 254,149               | 5,715       | 770,864                | 26,183    |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY                                         | 1,419,562             | 74,640                | 0           | 0                      | 0         |
| 17.00                                  | 01700 | SOCIAL SERVICE                                                    | 90                    | 73,549                | 0           | 0                      | 0         |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV                               | 6,783,698             | 15,076                | 0           | 49,211                 | 0         |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV                               | 5,842,259             | 103,485               | 94,208      | 27,041                 | 37,186    |
| 23.00                                  | 02300 | PARAMED ED PRGM                                                   | 184,833               | 13,923                | 0           | 1,875                  | 0         |
| 23.01                                  | 02301 | RADIOLOGY SCHOOL                                                  | 151,406               | 0                     | 0           | 546                    | 0         |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                                                   |                       |                       |             |                        |           |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                                               | 83,450,881            | 6,515,106             | 43,791      | 2,456,424              | 24,939    |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                                               | 21,357,004            | 639,982               | 14,187      | 586,423                | 19,636    |
| 32.00                                  | 03200 | CORONARY CARE UNIT                                                | 4,125,634             | 13,477                | 0           | 140,982                | 0         |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT                                          | 2,691,956             | 138,400               | 0           | 116,208                | 0         |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT                                      | 0                     | 0                     | 0           | 0                      | 0         |
| 35.00                                  | 02040 | NEONATAL INTENSIVE CARE UNIT                                      | 17,216,588            | 992,053               | 0           | 547,167                | 0         |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                                                 | 2,094,504             | 197,965               | 0           | 26,524                 | 0         |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                                                 | 0                     | 0                     | 0           | 0                      | 0         |
| 42.00                                  | 04200 | SUBPROVIDER                                                       | 0                     | 0                     | 0           | 0                      | 0         |
| 43.00                                  | 04300 | NURSERY                                                           | 4,281,373             | 524,341               | 4,212       | 498                    | 6         |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY                                          | 0                     | 0                     | 0           | 0                      | 0         |
| ANCILLARY SERVICE COST CENTERS         |       |                                                                   |                       |                       |             |                        |           |
| 50.00                                  | 05000 | OPERATING ROOM                                                    | 22,734,194            | 1,358,031             | 0           | 4,255,429              | 0         |
| 51.00                                  | 05100 | RECOVERY ROOM                                                     | 2,171,339             | 87,119                | 0           | 940                    | 0         |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM                                        | 13,031,259            | 1,073,193             | 0           | 634,650                | 0         |
| 53.00                                  | 05300 | ANESTHESIOLOGY                                                    | 4,575,288             | 73,887                | 0           | 421,269                | 0         |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                                              | 9,959,788             | 387,616               | 524,226     | 770,620                | 1,574,246 |
| 54.01                                  | 05401 | ULTRASOUND                                                        | 2,313,201             | 196,167               | 56,132      | 192,400                | 83,153    |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                                             | 5,468,768             | 488,627               | 108,714     | 766,520                | 257,602   |
| 56.00                                  | 05600 | RADIOISOTOPE                                                      | 1,148,435             | 228,285               | 40,265      | 59,243                 | 15,783    |
| 57.00                                  | 05700 | CT SCAN                                                           | 1,292,073             | 105,590               | 0           | 160,616                | 0         |
| 58.00                                  | 05800 | MRI                                                               | 1,629,571             | 172,993               | 0           | 528,114                | 0         |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                                           | 915,731               | 320,613               | 0           | 446,414                | 0         |
| 60.00                                  | 06000 | LABORATORY                                                        | 54,728,071            | 621,418               | 101,236     | 1,056,846              | 260,063   |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL                               | 3,479,619             | 125,353               | 0           | 74,360                 | 0         |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                                               | 8,182,144             | 233,157               | 71,869      | 327,703                | 152,577   |
| 66.00                                  | 06600 | PHYSICAL THERAPY                                                  | 14,916,410            | 195,045               | 700,870     | 35,450                 | 192,409   |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                                                 | 6,061,150             | 347,922               | 93,498      | 280,270                | 113,767   |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT                               | 48,251,458            | 0                     | 0           | 0                      | 0         |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS                                    | 60,216,178            | 0                     | 0           | 0                      | 0         |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS                                         | 145,666,763           | 0                     | 0           | 0                      | 0         |
| 74.00                                  | 07400 | RENAL DIALYSIS                                                    | 1,189,395             | 53,971                | 0           | 70,567                 | 0         |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                                           | 4,670,592             | 393,471               | 211,039     | 175,779                | 142,407   |
| 76.00                                  | 03020 | CARDIAC REHAB                                                     | 853,879               | 79,358                | 0           | 27,396                 | 0         |
| 76.01                                  | 03030 | GI LAB                                                            | 4,966,612             | 317,786               | 71,467      | 464,974                | 157,950   |
| 76.02                                  | 03040 | ECT                                                               | 99,678                | 25,341                | 0           | 3,208                  | 0         |
| 76.03                                  | 03050 | OP PSYCH                                                          | 181,063               | 215,991               | 0           | 6,013                  | 0         |
| OUTPATIENT SERVICE COST CENTERS        |       |                                                                   |                       |                       |             |                        |           |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                                               | 0                     | 0                     | 0           | 0                      | 0         |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER                                 | 0                     | 0                     | 0           | 0                      | 0         |
| 90.00                                  | 09000 | CLINIC                                                            | 9,418,503             | 487,858               | 154,919     | 491,782                | 235,885   |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description         |       |                                        | Net Expenses<br>for Cost<br>Allocation<br>(from Wkst A<br>col. 7) | CAPITAL RELATED COSTS |                       |             |                        |        |
|---------------------------------|-------|----------------------------------------|-------------------------------------------------------------------|-----------------------|-----------------------|-------------|------------------------|--------|
|                                 |       |                                        |                                                                   | BLDG & FIXT           | OTHER<br>BUILDING-MOB | MVBLE EQUIP | NEW MVBLE<br>EQUIP-MOB |        |
|                                 |       |                                        |                                                                   |                       |                       |             |                        |        |
|                                 |       |                                        | 0                                                                 | 1.00                  | 1.01                  | 2.00        | 2.01                   |        |
| 90.01                           | 09001 | HYPERBARIC/OP WOUND                    | 967,994                                                           | 0                     | 51,210                | 0           | 19,787                 | 90.01  |
| 91.00                           | 09100 | EMERGENCY                              | 13,239,440                                                        | 720,385               | 68,556                | 428,418     | 61,583                 | 91.00  |
| 91.02                           | 09101 | NATURAL FAMILY PLANNING                | 0                                                                 | 0                     | 0                     | 0           | 0                      | 91.02  |
| 91.03                           | 09102 | PAIN THERAPY CENTER                    | 0                                                                 | 0                     | 0                     | 0           | 0                      | 91.03  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                                                                   |                       |                       |             |                        | 92.00  |
| 92.01                           | 09201 | AMBULATORY CARE UNIT                   | 992,772                                                           | 133,636               | 0                     | 42,357      | 0                      | 92.01  |
| OTHER REIMBURSABLE COST CENTERS |       |                                        |                                                                   |                       |                       |             |                        |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                     | 0                                                                 | 0                     | 0                     | 0           | 0                      | 95.00  |
| 99.10                           | 09910 | CORF                                   | 0                                                                 | 0                     | 0                     | 0           | 0                      | 99.10  |
| 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 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117) | 1,010,542,047                                                     | 25,319,541            | 2,689,995             | 18,961,227  | 3,514,637              | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                        |                                                                   |                       |                       |             |                        |        |
| 190.00                          | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN      | 942,901                                                           | 125,830               | 7,502                 | 267         | 25                     | 190.00 |
| 190.01                          | 19001 | VENDING MACHINES                       | 0                                                                 | 0                     | 0                     | 0           | 0                      | 190.01 |
| 190.02                          | 19002 | VISITOR MEALS                          | 0                                                                 | 0                     | 0                     | 0           | 0                      | 190.02 |
| 191.00                          | 19100 | RESEARCH                               | 584,319                                                           | 0                     | 28,350                | 0           | 1,667                  | 191.00 |
| 192.00                          | 19200 | PHYSICIANS PRIVATE OFFICES             | 1,104,592                                                         | 67,310                | 0                     | 3,367       | 0                      | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                        | 250,330                                                           | 82,186                | 0                     | 6,239       | 0                      | 193.00 |
| 193.01                          | 19301 | MEALS ON WHEELS                        | 0                                                                 | 0                     | 0                     | 0           | 0                      | 193.01 |
| 193.03                          | 19303 | CONVENT                                | 0                                                                 | 0                     | 0                     | 0           | 0                      | 193.03 |
| 193.06                          | 19306 | VACANT SPACE                           | 0                                                                 | 0                     | 117,423               | 0           | 0                      | 193.06 |
| 193.07                          | 19307 | SALES & SERVICE-PHYSICIAN PRACTICE     | 0                                                                 | 0                     | 0                     | 0           | 0                      | 193.07 |
| 194.00                          | 07950 | NEIGHBORHOOD MINISTRIES                | 250,243                                                           | 35,391                | 0                     | 0           | 0                      | 194.00 |
| 194.01                          | 07951 | HOSPICE                                | 0                                                                 | 0                     | 0                     | 0           | 0                      | 194.01 |
| 194.02                          | 07952 | SHARED SERVICES                        | 0                                                                 | 0                     | 0                     | 0           | 0                      | 194.02 |
| 194.03                          | 07953 | MERCY                                  | 1,903,719                                                         | 1,794,547             | 2,696,716             | 781         | 1,773                  | 194.03 |
| 194.04                          | 07954 | SJMH SHARED SERVICES                   | 0                                                                 | 0                     | 0                     | 0           | 0                      | 194.04 |
| 194.06                          | 07956 | OTHER NONREIMBURSABLE                  | 0                                                                 | 0                     | 0                     | 0           | 0                      | 194.06 |
| 194.08                          | 07958 | REHAB HOSPITAL                         | 47                                                                | 11,864                | 0                     | 0           | 0                      | 194.08 |
| 194.09                          | 07960 | MERCY SAFEWATCH                        | 0                                                                 | 0                     | 0                     | 0           | 0                      | 194.09 |
| 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)      | 1,015,578,198                                                     | 27,436,669            | 5,539,986             | 18,971,881  | 3,518,102              | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description                |       |                                     | EMPLOYEE<br>BENEFITS<br>DEPARTMENT | PURCHASING<br>RECEIVING AND<br>STORES | ADMITTING | Subtotal    | OTHER<br>ADMINISTRATIVE<br>AND GENERAL |       |
|----------------------------------------|-------|-------------------------------------|------------------------------------|---------------------------------------|-----------|-------------|----------------------------------------|-------|
|                                        |       |                                     | 4.00                               | 5.02                                  | 5.03      | 5A.03       | 5.04                                   |       |
| GENERAL SERVICE COST CENTERS           |       |                                     |                                    |                                       |           |             |                                        |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT           |                                    |                                       |           |             |                                        | 1.00  |
| 1.01                                   | 00101 | OTHER BUILDING-MOB                  |                                    |                                       |           |             |                                        | 1.01  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP           |                                    |                                       |           |             |                                        | 2.00  |
| 2.01                                   | 00201 | NEW CAP REL COSTS-MVBLE EQUIP-MOB   |                                    |                                       |           |             |                                        | 2.01  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT        | 73,314,298                         |                                       |           |             |                                        | 4.00  |
| 5.02                                   | 00590 | PURCHASING RECEIVING AND STORES     | 0                                  | 0                                     |           |             |                                        | 5.02  |
| 5.03                                   | 00550 | ADMITTING                           | 733,509                            | 0                                     | 4,421,176 |             |                                        | 5.03  |
| 5.04                                   | 00560 | OTHER ADMINISTRATIVE AND GENERAL    | 4,050,615                          | 0                                     | 0         | 216,359,487 | 216,359,487                            | 5.04  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS               | 574,340                            | 0                                     | 0         | 13,187,402  | 3,570,014                              | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                  | 353,992                            | 0                                     | 0         | 24,459,030  | 6,621,402                              | 7.00  |
| 7.01                                   | 00701 | OTHER BUILDING-MOB                  | 0                                  | 0                                     | 0         | 2,549,159   | 690,093                                | 7.01  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE             | 135,518                            | 0                                     | 0         | 4,530,533   | 1,226,479                              | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                        | 1,377,257                          | 0                                     | 0         | 10,977,896  | 2,971,846                              | 9.00  |
| 9.01                                   | 00901 | HOUSEKEEPING-MED CENTER             | 0                                  | 0                                     | 0         | 0           | 0                                      | 9.01  |
| 9.02                                   | 00902 | HOUSEKEEPING-MOB                    | 0                                  | 0                                     | 0         | 0           | 0                                      | 9.02  |
| 10.00                                  | 01000 | DIETARY                             | 1,560,715                          | 0                                     | 0         | 10,692,204  | 2,894,529                              | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                           | 0                                  | 0                                     | 0         | 0           | 0                                      | 11.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION              | 739,958                            | 0                                     | 0         | 5,582,529   | 1,511,269                              | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY           | 746,187                            | 0                                     | 0         | 5,072,949   | 1,373,318                              | 14.00 |
| 15.00                                  | 01500 | PHARMACY                            | 1,975,864                          | 0                                     | 0         | 14,562,610  | 3,942,302                              | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY           | 427                                | 0                                     | 0         | 1,494,629   | 404,617                                | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                      | 0                                  | 0                                     | 0         | 73,639      | 19,935                                 | 17.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV | 1,172,755                          | 0                                     | 0         | 8,020,740   | 2,171,327                              | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV | 1,132,323                          | 0                                     | 0         | 7,236,502   | 1,959,022                              | 22.00 |
| 23.00                                  | 02300 | PARAMED ED PRGM                     | 46,271                             | 0                                     | 0         | 246,902     | 66,840                                 | 23.00 |
| 23.01                                  | 02301 | RADIOLOGY SCHOOL                    | 43,409                             | 0                                     | 0         | 195,361     | 52,887                                 | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                     |                                    |                                       |           |             |                                        |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                 | 19,569,285                         | 0                                     | 341,674   | 112,402,100 | 30,428,822                             | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                 | 3,654,418                          | 0                                     | 91,162    | 26,362,812  | 7,136,782                              | 31.00 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                  | 736,796                            | 0                                     | 13,401    | 5,030,290   | 1,361,770                              | 32.00 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT            | 497,904                            | 0                                     | 12,147    | 3,456,615   | 935,754                                | 33.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT        | 0                                  | 0                                     | 0         | 0           | 0                                      | 34.00 |
| 35.00                                  | 02040 | NEONATAL INTENSIVE CARE UNIT        | 3,344,837                          | 0                                     | 134,484   | 22,235,129  | 6,019,361                              | 35.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                   | 548,888                            | 0                                     | 10,304    | 2,878,185   | 779,165                                | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                   | 0                                  | 0                                     | 0         | 0           | 0                                      | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                         | 0                                  | 0                                     | 0         | 0           | 0                                      | 42.00 |
| 43.00                                  | 04300 | NURSERY                             | 706,462                            | 0                                     | 18,446    | 5,535,338   | 1,498,493                              | 43.00 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY            | 0                                  | 0                                     | 0         | 0           | 0                                      | 44.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                     |                                    |                                       |           |             |                                        |       |
| 50.00                                  | 05000 | OPERATING ROOM                      | 3,626,861                          | 0                                     | 291,557   | 32,266,072  | 8,734,877                              | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                       | 438,674                            | 0                                     | 63,490    | 2,761,562   | 747,593                                | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM          | 2,543,720                          | 0                                     | 52,390    | 17,335,212  | 4,692,885                              | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                      | 117,514                            | 0                                     | 96,546    | 5,284,504   | 1,430,589                              | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                | 1,849,135                          | 0                                     | 107,874   | 15,173,505  | 4,107,680                              | 54.00 |
| 54.01                                  | 05401 | ULTRASOUND                          | 442,336                            | 0                                     | 60,089    | 3,343,478   | 905,126                                | 54.01 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC               | 478,792                            | 0                                     | 115,221   | 7,684,244   | 2,080,232                              | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                        | 195,729                            | 0                                     | 44,152    | 1,731,892   | 468,847                                | 56.00 |
| 57.00                                  | 05700 | CT SCAN                             | 214,338                            | 0                                     | 232,302   | 2,004,919   | 542,760                                | 57.00 |
| 58.00                                  | 05800 | MRI                                 | 168,491                            | 0                                     | 102,289   | 2,601,458   | 704,251                                | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION             | 484,280                            | 0                                     | 97,285    | 2,264,323   | 612,984                                | 59.00 |
| 60.00                                  | 06000 | LABORATORY                          | 2,779,263                          | 0                                     | 433,960   | 59,980,857  | 16,237,658                             | 60.00 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL | 311,511                            | 0                                     | 27,484    | 4,018,327   | 1,087,817                              | 62.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                 | 1,753,995                          | 0                                     | 76,084    | 10,797,529  | 2,923,042                              | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                    | 3,097,770                          | 0                                     | 72,961    | 19,210,915  | 5,200,664                              | 66.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                   | 1,281,356                          | 0                                     | 160,658   | 8,338,621   | 2,257,381                              | 69.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 0                                  | 0                                     | 215,676   | 48,467,134  | 13,120,732                             | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS      | 0                                  | 0                                     | 130,338   | 60,346,516  | 16,336,647                             | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS           | 0                                  | 0                                     | 1,034,543 | 146,701,306 | 39,713,894                             | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                      | 228,299                            | 0                                     | 9,634     | 1,551,866   | 420,112                                | 74.00 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)             | 948,415                            | 0                                     | 27,962    | 6,569,665   | 1,778,500                              | 75.00 |
| 76.00                                  | 03020 | CARDIAC REHAB                       | 171,053                            | 0                                     | 2,457     | 1,134,143   | 307,028                                | 76.00 |
| 76.01                                  | 03030 | GI LAB                              | 835,966                            | 0                                     | 91,396    | 6,906,151   | 1,869,592                              | 76.01 |
| 76.02                                  | 03040 | ECT                                 | 22,692                             | 0                                     | 1,029     | 151,948     | 41,134                                 | 76.02 |
| 76.03                                  | 03050 | OP PSYCH                            | 118,027                            | 0                                     | 6,639     | 527,733     | 142,865                                | 76.03 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                     |                                    |                                       |           |             |                                        |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                 | 0                                  | 0                                     | 0         | 0           | 0                                      | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER   | 0                                  | 0                                     | 0         | 0           | 0                                      | 89.00 |
| 90.00                                  | 09000 | CLINIC                              | 1,629,951                          | 0                                     | 20,115    | 12,439,013  | 3,367,415                              | 90.00 |
| 90.01                                  | 09001 | HYPERBARIC/OP WOUND                 | 277,237                            | 0                                     | 4,425     | 1,320,653   | 357,519                                | 90.01 |
| 91.00                                  | 09100 | EMERGENCY                           | 4,603,723                          | 0                                     | 213,182   | 19,335,287  | 5,234,333                              | 91.00 |
| 91.02                                  | 09101 | NATURAL FAMILY PLANNING             | 0                                  | 0                                     | 0         | 0           | 0                                      | 91.02 |
| 91.03                                  | 09102 | PAIN THERAPY CENTER                 | 0                                  | 0                                     | 0         | 0           | 0                                      | 91.03 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description         |       |                                        | EMPLOYEE<br>BENEFITS<br>DEPARTMENT | PURCHASING<br>RECEIVING AND<br>STORES | ADMITTING | Subtotal      | OTHER<br>ADMINISTRATIVE<br>AND GENERAL |        |
|---------------------------------|-------|----------------------------------------|------------------------------------|---------------------------------------|-----------|---------------|----------------------------------------|--------|
|                                 |       |                                        | 4.00                               | 5.02                                  | 5.03      | 5A.03         | 5.04                                   |        |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                                    |                                       |           | 0             |                                        | 92.00  |
| 92.01                           | 09201 | AMBULATORY CARE UNIT                   | 190,159                            | 0                                     | 5,054     | 1,363,978     | 369,248                                | 92.01  |
| OTHER REIMBURSABLE COST CENTERS |       |                                        |                                    |                                       |           |               |                                        |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                     | 0                                  | 0                                     | 0         | 0             | 0                                      | 95.00  |
| 99.10                           | 09910 | CORF                                   | 0                                  | 0                                     | 0         | 0             | 0                                      | 99.10  |
| 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 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117) | 72,511,017                         | 0                                     | 4,418,410 | 1,004,754,762 | 213,429,432                            | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                        |                                    |                                       |           |               |                                        |        |
| 190.00                          | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN      | 48,209                             | 0                                     | 0         | 1,124,734     | 304,481                                | 190.00 |
| 190.01                          | 19001 | VENDING MACHINES                       | 0                                  | 0                                     | 0         | 0             | 0                                      | 190.01 |
| 190.02                          | 19002 | VISITOR MEALS                          | 0                                  | 0                                     | 0         | 0             | 0                                      | 190.02 |
| 191.00                          | 19100 | RESEARCH                               | 106,725                            | 0                                     | 0         | 721,061       | 195,201                                | 191.00 |
| 192.00                          | 19200 | PHYSICIANS PRIVATE OFFICES             | 223,983                            | 0                                     | 2,766     | 1,402,018     | 379,546                                | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                        | 37,475                             | 0                                     | 0         | 376,230       | 101,851                                | 193.00 |
| 193.01                          | 19301 | MEALS ON WHEELS                        | 0                                  | 0                                     | 0         | 0             | 0                                      | 193.01 |
| 193.03                          | 19303 | CONVENT                                | 0                                  | 0                                     | 0         | 0             | 0                                      | 193.03 |
| 193.06                          | 19306 | VACANT SPACE                           | 0                                  | 0                                     | 0         | 117,423       | 31,788                                 | 193.06 |
| 193.07                          | 19307 | SALES & SERVICE-PHYSICIAN PRACTICE     | 0                                  | 0                                     | 0         | 0             | 0                                      | 193.07 |
| 194.00                          | 07950 | NEIGHBORHOOD MINISTRIES                | 28,784                             | 0                                     | 0         | 314,418       | 85,117                                 | 194.00 |
| 194.01                          | 07951 | HOSPICE                                | 0                                  | 0                                     | 0         | 0             | 0                                      | 194.01 |
| 194.02                          | 07952 | SHARED SERVICES                        | 0                                  | 0                                     | 0         | 0             | 0                                      | 194.02 |
| 194.03                          | 07953 | MERCY                                  | 358,095                            | 0                                     | 0         | 6,755,631     | 1,828,844                              | 194.03 |
| 194.04                          | 07954 | SJMH SHARED SERVICES                   | 0                                  | 0                                     | 0         | 0             | 0                                      | 194.04 |
| 194.06                          | 07956 | OTHER NONREIMBURSABLE                  | 0                                  | 0                                     | 0         | 0             | 0                                      | 194.06 |
| 194.08                          | 07958 | REHAB HOSPITAL                         | 10                                 | 0                                     | 0         | 11,921        | 3,227                                  | 194.08 |
| 194.09                          | 07960 | MERCY SAFEWATCH                        | 0                                  | 0                                     | 0         | 0             | 0                                      | 194.09 |
| 200.00                          |       | Cross Foot Adjustments                 |                                    |                                       |           | 0             |                                        | 200.00 |
| 201.00                          |       | Negative Cost Centers                  | 0                                  | 0                                     | 0         | 0             | 0                                      | 201.00 |
| 202.00                          |       | TOTAL (sum lines 118 through 201)      | 73,314,298                         | 0                                     | 4,421,176 | 1,015,578,198 | 216,359,487                            | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description                |       |                                      | MAINTENANCE &<br>REPAIRS | OPERATION OF<br>PLANT | OTHER<br>BUILDING-MOB | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPING |       |
|----------------------------------------|-------|--------------------------------------|--------------------------|-----------------------|-----------------------|----------------------------|--------------|-------|
|                                        |       |                                      | 6.00                     | 7.00                  | 7.01                  | 8.00                       | 9.00         |       |
| GENERAL SERVICE COST CENTERS           |       |                                      |                          |                       |                       |                            |              |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT            |                          |                       |                       |                            |              | 1.00  |
| 1.01                                   | 00101 | OTHER BUILDING-MOB                   |                          |                       |                       |                            |              | 1.01  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |                          |                       |                       |                            |              | 2.00  |
| 2.01                                   | 00201 | NEW CAP REL COSTS-MVBLE EQUIP-MOB    |                          |                       |                       |                            |              | 2.01  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         |                          |                       |                       |                            |              | 4.00  |
| 5.02                                   | 00590 | PURCHASING RECEIVING AND STORES      |                          |                       |                       |                            |              | 5.02  |
| 5.03                                   | 00550 | ADMITTING                            |                          |                       |                       |                            |              | 5.03  |
| 5.04                                   | 00560 | OTHER ADMINISTRATIVE AND GENERAL     |                          |                       |                       |                            |              | 5.04  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                | 16,757,416               |                       |                       |                            |              | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                   | 77,462                   | 31,157,894            |                       |                            |              | 7.00  |
| 7.01                                   | 00701 | OTHER BUILDING-MOB                   | 0                        | 0                     | 3,239,252             |                            |              | 7.01  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              | 112,313                  | 209,800               | 0                     | 6,079,125                  |              | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         | 209,589                  | 391,510               | 0                     | 59                         | 14,550,810   | 9.00  |
| 9.01                                   | 00901 | HOUSEKEEPING-MED CENTER              | 0                        | 0                     | 0                     | 0                          | 12,600,972   | 9.01  |
| 9.02                                   | 00902 | HOUSEKEEPING-MOB                     | 0                        | 0                     | 0                     | 0                          | 1,949,838    | 9.02  |
| 10.00                                  | 01000 | DIETARY                              | 482,913                  | 902,074               | 28,496                | 0                          | 0            | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            | 0                        | 0                     | 0                     | 0                          | 0            | 11.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               | 149,500                  | 279,263               | 0                     | 0                          | 0            | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            | 287,453                  | 536,957               | 0                     | 326                        | 0            | 14.00 |
| 15.00                                  | 01500 | PHARMACY                             | 195,048                  | 364,346               | 3,484                 | 0                          | 0            | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 57,283                   | 107,004               | 0                     | 0                          | 0            | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                       | 56,446                   | 105,440               | 0                     | 0                          | 0            | 17.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV  | 11,570                   | 21,612                | 0                     | 2,694                      | 0            | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV  | 79,420                   | 148,356               | 57,439                | 0                          | 0            | 22.00 |
| 23.00                                  | 02300 | PARAMED ED PRGM                      | 10,685                   | 19,960                | 0                     | 0                          | 0            | 23.00 |
| 23.01                                  | 02301 | RADIOLOGY SCHOOL                     | 0                        | 0                     | 0                     | 0                          | 0            | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                          |                       |                       |                            |              |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 5,000,053                | 9,340,014             | 26,699                | 3,250,380                  | 0            | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 491,157                  | 917,474               | 8,650                 | 449,139                    | 0            | 31.00 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   | 10,343                   | 19,321                | 0                     | 242,541                    | 0            | 32.00 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             | 106,216                  | 198,410               | 0                     | 131,840                    | 0            | 33.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT         | 0                        | 0                     | 0                     | 0                          | 0            | 34.00 |
| 35.00                                  | 02040 | NEONATAL INTENSIVE CARE UNIT         | 761,355                  | 1,422,200             | 0                     | 201,061                    | 0            | 35.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                    | 151,929                  | 283,801               | 0                     | 0                          | 0            | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                        | 0                     | 0                     | 0                          | 0            | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                        | 0                     | 0                     | 0                          | 0            | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 402,408                  | 751,692               | 2,568                 | 0                          | 0            | 43.00 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             | 0                        | 0                     | 0                     | 0                          | 0            | 44.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                          |                       |                       |                            |              |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 1,042,227                | 1,946,864             | 0                     | 194,252                    | 0            | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 66,860                   | 124,893               | 0                     | 36,417                     | 0            | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 823,627                  | 1,538,523             | 0                     | 409,673                    | 0            | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 56,705                   | 105,924               | 0                     | 0                          | 0            | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 297,478                  | 555,684               | 319,622               | 62,767                     | 0            | 54.00 |
| 54.01                                  | 05401 | ULTRASOUND                           | 150,549                  | 281,224               | 34,224                | 59,836                     | 0            | 54.01 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 374,999                  | 700,492               | 66,283                | 0                          | 0            | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 175,198                  | 327,268               | 24,550                | 18,031                     | 0            | 56.00 |
| 57.00                                  | 05700 | CT SCAN                              | 81,036                   | 151,374               | 0                     | 54,773                     | 0            | 57.00 |
| 58.00                                  | 05800 | MRI                                  | 132,764                  | 248,001               | 0                     | 41,095                     | 0            | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 246,056                  | 459,629               | 0                     | 92,315                     | 0            | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 476,910                  | 890,861               | 61,724                | 326                        | 0            | 60.00 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL  | 96,203                   | 179,705               | 0                     | 4,944                      | 0            | 62.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 178,937                  | 334,252               | 43,819                | 20,310                     | 0            | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 149,688                  | 279,615               | 427,322               | 266                        | 0            | 66.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 267,014                  | 498,778               | 57,006                | 45,861                     | 0            | 69.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT  | 0                        | 0                     | 0                     | 0                          | 0            | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 0                        | 0                     | 0                     | 0                          | 0            | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0                        | 0                     | 0                     | 0                          | 0            | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 41,420                   | 77,372                | 0                     | 44,884                     | 0            | 74.00 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 301,971                  | 564,077               | 128,671               | 153,868                    | 0            | 75.00 |
| 76.00                                  | 03020 | CARDIAC REHAB                        | 60,904                   | 113,767               | 0                     | 1,540                      | 0            | 76.00 |
| 76.01                                  | 03030 | GI LAB                               | 243,886                  | 455,576               | 43,573                | 79,317                     | 0            | 76.01 |
| 76.02                                  | 03040 | ECT                                  | 19,448                   | 36,329                | 0                     | 5,329                      | 0            | 76.02 |
| 76.03                                  | 03050 | OP PSYCH                             | 165,763                  | 309,643               | 0                     | 0                          | 0            | 76.03 |
| 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                               | 374,409                  | 699,391               | 94,455                | 4,352                      | 0            | 90.00 |
| 90.01                                  | 09001 | HYPERBARIC/OP WOUND                  | 0                        | 0                     | 31,223                | 0                          | 0            | 90.01 |
| 91.00                                  | 09100 | EMERGENCY                            | 552,863                  | 1,032,739             | 41,799                | 415,949                    | 0            | 91.00 |
| 91.02                                  | 09101 | NATURAL FAMILY PLANNING              | 0                        | 0                     | 0                     | 0                          | 0            | 91.02 |
| 91.03                                  | 09102 | PAIN THERAPY CENTER                  | 0                        | 0                     | 0                     | 0                          | 0            | 91.03 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                        | 0                     | 0                     | 0                          | 0            | 92.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description |       | MAINTENANCE &<br>REPAIRS               | OPERATION OF<br>PLANT | OTHER<br>BUILDING-MOB | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPING |                   |
|-------------------------|-------|----------------------------------------|-----------------------|-----------------------|----------------------------|--------------|-------------------|
|                         |       | 6.00                                   | 7.00                  | 7.01                  | 8.00                       | 9.00         |                   |
| 92.01                   | 09201 | AMBULATORY CARE UNIT                   | 102,560               | 191,580               | 0                          | 51,131       | 0 92.01           |
|                         |       | OTHER REIMBURSABLE COST CENTERS        |                       |                       |                            |              |                   |
| 95.00                   | 09500 | AMBULANCE SERVICES                     | 0                     | 0                     | 0                          | 0            | 0 95.00           |
| 99.10                   | 09910 | CORF                                   | 0                     | 0                     | 0                          | 0            | 0 99.10           |
|                         |       | 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          |
| 118.00                  |       | SUBTOTALS (SUM OF LINES 1 through 117) | 15,132,618            | 28,122,795            | 1,501,607                  | 6,075,276    | 14,550,810 118.00 |
|                         |       | NONREIMBURSABLE COST CENTERS           |                       |                       |                            |              |                   |
| 190.00                  | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN      | 96,568                | 180,388               | 4,574                      | 0            | 0 190.00          |
| 190.01                  | 19001 | VENDING MACHINES                       | 0                     | 0                     | 0                          | 0            | 0 190.01          |
| 190.02                  | 19002 | VISITOR MEALS                          | 0                     | 0                     | 0                          | 0            | 0 190.02          |
| 191.00                  | 19100 | RESEARCH                               | 0                     | 0                     | 17,285                     | 0            | 0 191.00          |
| 192.00                  | 19200 | PHYSICIANS PRIVATE OFFICES             | 51,657                | 96,495                | 0                          | 3,849        | 0 192.00          |
| 193.00                  | 19300 | NONPAID WORKERS                        | 63,074                | 117,821               | 0                          | 0            | 0 193.00          |
| 193.01                  | 19301 | MEALS ON WHEELS                        | 0                     | 0                     | 0                          | 0            | 0 193.01          |
| 193.03                  | 19303 | CONVENT                                | 0                     | 0                     | 0                          | 0            | 0 193.03          |
| 193.06                  | 19306 | VACANT SPACE                           | 0                     | 0                     | 71,593                     | 0            | 0 193.06          |
| 193.07                  | 19307 | SALES & SERVICE-PHYSICIAN PRACTICE     | 0                     | 0                     | 0                          | 0            | 0 193.07          |
| 194.00                  | 07950 | NEIGHBORHOOD MINISTRIES                | 27,161                | 50,737                | 0                          | 0            | 0 194.00          |
| 194.01                  | 07951 | HOSPICE                                | 0                     | 0                     | 0                          | 0            | 0 194.01          |
| 194.02                  | 07952 | SHARED SERVICES                        | 0                     | 0                     | 0                          | 0            | 0 194.02          |
| 194.03                  | 07953 | MERCY                                  | 1,377,233             | 2,572,650             | 1,644,193                  | 0            | 0 194.03          |
| 194.04                  | 07954 | SJMH SHARED SERVICES                   | 0                     | 0                     | 0                          | 0            | 0 194.04          |
| 194.06                  | 07956 | OTHER NONREIMBURSABLE                  | 0                     | 0                     | 0                          | 0            | 0 194.06          |
| 194.08                  | 07958 | REHAB HOSPITAL                         | 9,105                 | 17,008                | 0                          | 0            | 0 194.08          |
| 194.09                  | 07960 | MERCY SAFEWATCH                        | 0                     | 0                     | 0                          | 0            | 0 194.09          |
| 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)      | 16,757,416            | 31,157,894            | 3,239,252                  | 6,079,125    | 14,550,810 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description                |       | HOUSEKEEPING-M<br>ED CENTER          | HOUSEKEEPING-M<br>OB | DIETARY   | CAFETERIA  | NURSING<br>ADMINISTRATION |       |
|----------------------------------------|-------|--------------------------------------|----------------------|-----------|------------|---------------------------|-------|
|                                        |       | 9.01                                 | 9.02                 | 10.00     | 11.00      | 13.00                     |       |
| GENERAL SERVICE COST CENTERS           |       |                                      |                      |           |            |                           |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT            |                      |           |            |                           | 1.00  |
| 1.01                                   | 00101 | OTHER BUILDING-MOB                   |                      |           |            |                           | 1.01  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |                      |           |            |                           | 2.00  |
| 2.01                                   | 00201 | NEW CAP REL COSTS-MVBLE EQUIP-MOB    |                      |           |            |                           | 2.01  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         |                      |           |            |                           | 4.00  |
| 5.02                                   | 00590 | PURCHASING RECEIVING AND STORES      |                      |           |            |                           | 5.02  |
| 5.03                                   | 00550 | ADMITTING                            |                      |           |            |                           | 5.03  |
| 5.04                                   | 00560 | OTHER ADMINISTRATIVE AND GENERAL     |                      |           |            |                           | 5.04  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                |                      |           |            |                           | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                   |                      |           |            |                           | 7.00  |
| 7.01                                   | 00701 | OTHER BUILDING-MOB                   |                      |           |            |                           | 7.01  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              |                      |           |            |                           | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         |                      |           |            |                           | 9.00  |
| 9.01                                   | 00901 | HOUSEKEEPING-MED CENTER              | 12,600,972           |           |            |                           | 9.01  |
| 9.02                                   | 00902 | HOUSEKEEPING-MOB                     | 0                    | 1,949,838 |            |                           | 9.02  |
| 10.00                                  | 01000 | DIETARY                              | 371,999              | 17,153    | 15,389,368 |                           | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            | 0                    | 6,413,848 | 6,413,848  |                           | 11.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               | 115,163              | 0         | 0          | 69,101                    | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            | 221,431              | 0         | 0          | 144,841                   | 14.00 |
| 15.00                                  | 01500 | PHARMACY                             | 150,250              | 2,097     | 0          | 166,379                   | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 44,126               | 0         | 0          | 138                       | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                       | 43,481               | 0         | 0          | 0                         | 17.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV  | 8,912                | 0         | 0          | 147,537                   | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV  | 61,179               | 34,575    | 0          | 47,823                    | 22.00 |
| 23.00                                  | 02300 | PARAMED ED PRGM                      | 8,231                | 0         | 0          | 3,880                     | 23.00 |
| 23.01                                  | 02301 | RADIOLOGY SCHOOL                     | 0                    | 0         | 0          | 3,264                     | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                      |           |            |                           |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 3,851,652            | 16,072    | 6,209,388  | 1,864,125                 | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 378,349              | 5,207     | 795,857    | 307,532                   | 31.00 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   | 7,968                | 0         | 167,096    | 82,009                    | 32.00 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             | 81,820               | 0         | 116,640    | 54,806                    | 33.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT         | 0                    | 0         | 0          | 0                         | 34.00 |
| 35.00                                  | 02040 | NEONATAL INTENSIVE CARE UNIT         | 586,489              | 0         | 0          | 362,997                   | 35.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                    | 117,034              | 0         | 149,235    | 49,516                    | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                    | 0         | 0          | 0                         | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                    | 0         | 0          | 0                         | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 309,984              | 1,546     | 0          | 70,698                    | 43.00 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             | 0                    | 0         | 0          | 0                         | 44.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                      |           |            |                           |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 802,851              | 0         | 0          | 377,298                   | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 51,503               | 0         | 0          | 41,284                    | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 634,459              | 0         | 0          | 262,981                   | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 43,681               | 0         | 0          | 21,825                    | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 229,154              | 192,394   | 0          | 210,190                   | 54.00 |
| 54.01                                  | 05401 | ULTRASOUND                           | 115,971              | 20,601    | 0          | 43,377                    | 54.01 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 288,870              | 39,899    | 0          | 47,859                    | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 134,959              | 14,777    | 0          | 19,115                    | 56.00 |
| 57.00                                  | 05700 | CT SCAN                              | 62,424               | 0         | 0          | 22,627                    | 57.00 |
| 58.00                                  | 05800 | MRI                                  | 102,271              | 0         | 0          | 19,413                    | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 189,543              | 0         | 0          | 42,841                    | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 367,375              | 37,154    | 0          | 406,922                   | 60.00 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL  | 74,107               | 0         | 0          | 32,517                    | 62.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 137,839              | 26,376    | 0          | 183,893                   | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 115,308              | 257,222   | 0          | 330,363                   | 66.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 205,687              | 34,314    | 0          | 106,170                   | 69.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT  | 0                    | 0         | 0          | 0                         | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 0                    | 0         | 0          | 0                         | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0                    | 0         | 0          | 0                         | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 31,907               | 0         | 0          | 19,384                    | 74.00 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 232,615              | 77,452    | 0          | 98,765                    | 75.00 |
| 76.00                                  | 03020 | CARDIAC REHAB                        | 46,915               | 0         | 0          | 17,174                    | 76.00 |
| 76.01                                  | 03030 | GI LAB                               | 187,871              | 26,229    | 0          | 100,189                   | 76.01 |
| 76.02                                  | 03040 | ECT                                  | 14,981               | 0         | 0          | 2,394                     | 76.02 |
| 76.03                                  | 03050 | OP PSYCH                             | 127,691              | 0         | 0          | 14,620                    | 76.03 |
| 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                               | 288,416              | 56,856    | 0          | 179,808                   | 90.00 |
| 90.01                                  | 09001 | HYPERBARIC/OP WOUND                  | 0                    | 18,794    | 0          | 22,598                    | 90.01 |
| 91.00                                  | 09100 | EMERGENCY                            | 425,883              | 25,160    | 0          | 290,985                   | 91.00 |
| 91.02                                  | 09101 | NATURAL FAMILY PLANNING              | 0                    | 0         | 0          | 0                         | 91.02 |
| 91.03                                  | 09102 | PAIN THERAPY CENTER                  | 0                    | 0         | 0          | 0                         | 91.03 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                    | 0         | 0          | 0                         | 92.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description         |       |                                        | HOUSEKEEPING-M<br>ED CENTER | HOUSEKEEPING-M<br>OB | DIETARY    | CAFETERIA | NURSING<br>ADMINISTRATION |        |
|---------------------------------|-------|----------------------------------------|-----------------------------|----------------------|------------|-----------|---------------------------|--------|
|                                 |       |                                        | 9.01                        | 9.02                 | 10.00      | 11.00     | 13.00                     |        |
| 92.01                           | 09201 | AMBULATORY CARE UNIT                   | 79,004                      | 0                    | 0          | 18,909    | 36,860                    | 92.01  |
| OTHER REIMBURSABLE COST CENTERS |       |                                        |                             |                      |            |           |                           |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                     | 0                           | 0                    | 0          | 0         | 0                         | 95.00  |
| 99.10                           | 09910 | CORF                                   | 0                           | 0                    | 0          | 0         | 0                         | 99.10  |
| 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 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117) | 11,349,353                  | 903,878              | 13,852,064 | 6,308,147 | 7,706,825                 | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                        |                             |                      |            |           |                           |        |
| 190.00                          | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN      | 74,389                      | 2,753                | 1,498,409  | 10,457    | 0                         | 190.00 |
| 190.01                          | 19001 | VENDING MACHINES                       | 0                           | 0                    | 0          | 0         | 0                         | 190.01 |
| 190.02                          | 19002 | VISITOR MEALS                          | 0                           | 0                    | 0          | 0         | 0                         | 190.02 |
| 191.00                          | 19100 | RESEARCH                               | 0                           | 10,405               | 0          | 7,737     | 0                         | 191.00 |
| 192.00                          | 19200 | PHYSICIANS PRIVATE OFFICES             | 39,793                      | 0                    | 0          | 17,098    | 0                         | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                        | 48,587                      | 0                    | 0          | 3,831     | 0                         | 193.00 |
| 193.01                          | 19301 | MEALS ON WHEELS                        | 0                           | 0                    | 38,895     | 0         | 0                         | 193.01 |
| 193.03                          | 19303 | CONVENT                                | 0                           | 0                    | 0          | 0         | 0                         | 193.03 |
| 193.06                          | 19306 | VACANT SPACE                           | 0                           | 43,095               | 0          | 0         | 0                         | 193.06 |
| 193.07                          | 19307 | SALES & SERVICE-PHYSICIAN PRACTICE     | 0                           | 0                    | 0          | 0         | 0                         | 193.07 |
| 194.00                          | 07950 | NEIGHBORHOOD MINISTRIES                | 20,923                      | 0                    | 0          | 3,991     | 0                         | 194.00 |
| 194.01                          | 07951 | HOSPICE                                | 0                           | 0                    | 0          | 0         | 0                         | 194.01 |
| 194.02                          | 07952 | SHARED SERVICES                        | 0                           | 0                    | 0          | 0         | 0                         | 194.02 |
| 194.03                          | 07953 | MERCY                                  | 1,060,913                   | 989,707              | 0          | 62,587    | 0                         | 194.03 |
| 194.04                          | 07954 | SJMH SHARED SERVICES                   | 0                           | 0                    | 0          | 0         | 0                         | 194.04 |
| 194.06                          | 07956 | OTHER NONREIMBURSABLE                  | 0                           | 0                    | 0          | 0         | 0                         | 194.06 |
| 194.08                          | 07958 | REHAB HOSPITAL                         | 7,014                       | 0                    | 0          | 0         | 0                         | 194.08 |
| 194.09                          | 07960 | MERCY SAFEWATCH                        | 0                           | 0                    | 0          | 0         | 0                         | 194.09 |
| 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)      | 12,600,972                  | 1,949,838            | 15,389,368 | 6,413,848 | 7,706,825                 | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description                |       |                                     | CENTRAL<br>SERVICES &<br>SUPPLY | PHARMACY   | MEDICAL<br>RECORDS &<br>LIBRARY | SOCIAL SERVICE | INTERNS &<br>RESIDENTS<br>SERVICES-SALAR<br>Y & FRINGES<br>APPRV |       |
|----------------------------------------|-------|-------------------------------------|---------------------------------|------------|---------------------------------|----------------|------------------------------------------------------------------|-------|
|                                        |       |                                     | 14.00                           | 15.00      | 16.00                           | 17.00          | 21.00                                                            |       |
| GENERAL SERVICE COST CENTERS           |       |                                     |                                 |            |                                 |                |                                                                  |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT           |                                 |            |                                 |                |                                                                  | 1.00  |
| 1.01                                   | 00101 | OTHER BUILDING-MOB                  |                                 |            |                                 |                |                                                                  | 1.01  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP           |                                 |            |                                 |                |                                                                  | 2.00  |
| 2.01                                   | 00201 | NEW CAP REL COSTS-MVBLE EQUIP-MOB   |                                 |            |                                 |                |                                                                  | 2.01  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT        |                                 |            |                                 |                |                                                                  | 4.00  |
| 5.02                                   | 00590 | PURCHASING RECEIVING AND STORES     |                                 |            |                                 |                |                                                                  | 5.02  |
| 5.03                                   | 00550 | ADMITTING                           |                                 |            |                                 |                |                                                                  | 5.03  |
| 5.04                                   | 00560 | OTHER ADMINISTRATIVE AND GENERAL    |                                 |            |                                 |                |                                                                  | 5.04  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS               |                                 |            |                                 |                |                                                                  | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                  |                                 |            |                                 |                |                                                                  | 7.00  |
| 7.01                                   | 00701 | OTHER BUILDING-MOB                  |                                 |            |                                 |                |                                                                  | 7.01  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE             |                                 |            |                                 |                |                                                                  | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                        |                                 |            |                                 |                |                                                                  | 9.00  |
| 9.01                                   | 00901 | HOUSEKEEPING-MED CENTER             |                                 |            |                                 |                |                                                                  | 9.01  |
| 9.02                                   | 00902 | HOUSEKEEPING-MOB                    |                                 |            |                                 |                |                                                                  | 9.02  |
| 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           | 7,637,275                       |            |                                 |                |                                                                  | 14.00 |
| 15.00                                  | 01500 | PHARMACY                            | 0                               | 19,386,516 |                                 |                |                                                                  | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY           | 0                               | 0          | 2,107,797                       |                |                                                                  | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                      | 0                               | 0          | 0                               | 298,941        |                                                                  | 17.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV | 0                               | 0          | 0                               | 0              | 10,384,392                                                       | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV | 0                               | 0          | 0                               | 0              | 0                                                                | 22.00 |
| 23.00                                  | 02300 | PARAMED ED PRGM                     | 0                               | 0          | 0                               | 0              | 0                                                                | 23.00 |
| 23.01                                  | 02301 | RADIOLOGY SCHOOL                    | 0                               | 0          | 0                               | 0              | 0                                                                | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                     |                                 |            |                                 |                |                                                                  |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                 | 0                               | 0          | 162,668                         | 219,937        | 5,023,997                                                        | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                 | 0                               | 0          | 43,402                          | 27,253         | 708,338                                                          | 31.00 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                  | 0                               | 0          | 6,380                           | 5,323          | 541,856                                                          | 32.00 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT            | 0                               | 0          | 5,783                           | 3,992          | 0                                                                | 33.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT        | 0                               | 0          | 0                               | 0              | 0                                                                | 34.00 |
| 35.00                                  | 02040 | NEONATAL INTENSIVE CARE UNIT        | 0                               | 0          | 64,027                          | 37,324         | 0                                                                | 35.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                   | 0                               | 0          | 4,906                           | 5,112          | 129,250                                                          | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                   | 0                               | 0          | 0                               | 0              | 0                                                                | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                         | 0                               | 0          | 0                               | 0              | 0                                                                | 42.00 |
| 43.00                                  | 04300 | NURSERY                             | 0                               | 0          | 8,782                           | 0              | 76,427                                                           | 43.00 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY            | 0                               | 0          | 0                               | 0              | 0                                                                | 44.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                     |                                 |            |                                 |                |                                                                  |       |
| 50.00                                  | 05000 | OPERATING ROOM                      | 0                               | 0          | 138,808                         | 0              | 1,398,305                                                        | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                       | 0                               | 0          | 30,227                          | 0              | 0                                                                | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM          | 0                               | 0          | 24,943                          | 0              | 857,321                                                          | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                      | 0                               | 0          | 45,965                          | 0              | 389,111                                                          | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                | 0                               | 0          | 51,358                          | 0              | 14,773                                                           | 54.00 |
| 54.01                                  | 05401 | ULTRASOUND                          | 0                               | 0          | 28,608                          | 0              | 158,468                                                          | 54.01 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC               | 0                               | 0          | 54,856                          | 0              | 0                                                                | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                        | 0                               | 0          | 21,021                          | 0              | 0                                                                | 56.00 |
| 57.00                                  | 05700 | CT SCAN                             | 0                               | 0          | 110,597                         | 0              | 0                                                                | 57.00 |
| 58.00                                  | 05800 | MRI                                 | 0                               | 0          | 48,699                          | 0              | 0                                                                | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION             | 0                               | 0          | 46,317                          | 0              | 0                                                                | 59.00 |
| 60.00                                  | 06000 | LABORATORY                          | 0                               | 0          | 206,604                         | 0              | 0                                                                | 60.00 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL | 0                               | 0          | 13,085                          | 0              | 0                                                                | 62.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                 | 0                               | 0          | 36,223                          | 0              | 55,439                                                           | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                    | 0                               | 0          | 34,736                          | 0              | 59,691                                                           | 66.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                   | 0                               | 0          | 76,488                          | 0              | 0                                                                | 69.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 3,397,433                       | 0          | 102,682                         | 0              | 0                                                                | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS      | 4,239,842                       | 0          | 62,053                          | 0              | 0                                                                | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS           | 0                               | 19,386,516 | 495,444                         | 0              | 0                                                                | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                      | 0                               | 0          | 4,587                           | 0              | 0                                                                | 74.00 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)             | 0                               | 0          | 13,313                          | 0              | 0                                                                | 75.00 |
| 76.00                                  | 03020 | CARDIAC REHAB                       | 0                               | 0          | 1,170                           | 0              | 0                                                                | 76.00 |
| 76.01                                  | 03030 | GI LAB                              | 0                               | 0          | 43,513                          | 0              | 70,539                                                           | 76.01 |
| 76.02                                  | 03040 | ECT                                 | 0                               | 0          | 490                             | 0              | 0                                                                | 76.02 |
| 76.03                                  | 03050 | OP PSYCH                            | 0                               | 0          | 3,161                           | 0              | 0                                                                | 76.03 |
| 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          | 9,577                           | 0              | 252,939                                                          | 90.00 |
| 90.01                                  | 09001 | HYPERBARIC/OP WOUND                 | 0                               | 0          | 2,107                           | 0              | 0                                                                | 90.01 |
| 91.00                                  | 09100 | EMERGENCY                           | 0                               | 0          | 101,494                         | 0              | 332,473                                                          | 91.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description         |       |                                        | CENTRAL<br>SERVICES &<br>SUPPLY | PHARMACY   | MEDICAL<br>RECORDS &<br>LIBRARY | SOCIAL SERVICE | INTERNS &<br>RESIDENTS<br>SERVICES-SALAR<br>Y & FRINGES<br>APPRV |        |
|---------------------------------|-------|----------------------------------------|---------------------------------|------------|---------------------------------|----------------|------------------------------------------------------------------|--------|
|                                 |       |                                        | 14.00                           | 15.00      | 16.00                           | 17.00          | 21.00                                                            |        |
| 91.02                           | 09101 | NATURAL FAMILY PLANNING                | 0                               | 0          | 0                               | 0              | 0                                                                | 91.02  |
| 91.03                           | 09102 | PAIN THERAPY CENTER                    | 0                               | 0          | 0                               | 0              | 0                                                                | 91.03  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                                 |            |                                 |                |                                                                  | 92.00  |
| 92.01                           | 09201 | AMBULATORY CARE UNIT                   | 0                               | 0          | 2,406                           | 0              | 0                                                                | 92.01  |
| OTHER REIMBURSABLE COST CENTERS |       |                                        |                                 |            |                                 |                |                                                                  |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                     | 0                               | 0          | 0                               | 0              | 0                                                                | 95.00  |
| 99.10                           | 09910 | CORF                                   | 0                               | 0          | 0                               | 0              | 0                                                                | 99.10  |
| 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 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117) | 7,637,275                       | 19,386,516 | 2,106,480                       | 298,941        | 10,068,927                                                       | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                        |                                 |            |                                 |                |                                                                  |        |
| 190.00                          | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN      | 0                               | 0          | 0                               | 0              | 0                                                                | 190.00 |
| 190.01                          | 19001 | VENDING MACHINES                       | 0                               | 0          | 0                               | 0              | 0                                                                | 190.01 |
| 190.02                          | 19002 | VISITOR MEALS                          | 0                               | 0          | 0                               | 0              | 0                                                                | 190.02 |
| 191.00                          | 19100 | RESEARCH                               | 0                               | 0          | 0                               | 0              | 0                                                                | 191.00 |
| 192.00                          | 19200 | PHYSICIANS PRIVATE OFFICES             | 0                               | 0          | 1,317                           | 0              | 315,465                                                          | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                        | 0                               | 0          | 0                               | 0              | 0                                                                | 193.00 |
| 193.01                          | 19301 | MEALS ON WHEELS                        | 0                               | 0          | 0                               | 0              | 0                                                                | 193.01 |
| 193.03                          | 19303 | CONVENT                                | 0                               | 0          | 0                               | 0              | 0                                                                | 193.03 |
| 193.06                          | 19306 | VACANT SPACE                           | 0                               | 0          | 0                               | 0              | 0                                                                | 193.06 |
| 193.07                          | 19307 | SALES & SERVICE-PHYSICIAN PRACTICE     | 0                               | 0          | 0                               | 0              | 0                                                                | 193.07 |
| 194.00                          | 07950 | NEIGHBORHOOD MINISTRIES                | 0                               | 0          | 0                               | 0              | 0                                                                | 194.00 |
| 194.01                          | 07951 | HOSPICE                                | 0                               | 0          | 0                               | 0              | 0                                                                | 194.01 |
| 194.02                          | 07952 | SHARED SERVICES                        | 0                               | 0          | 0                               | 0              | 0                                                                | 194.02 |
| 194.03                          | 07953 | MERCY                                  | 0                               | 0          | 0                               | 0              | 0                                                                | 194.03 |
| 194.04                          | 07954 | SJMH SHARED SERVICES                   | 0                               | 0          | 0                               | 0              | 0                                                                | 194.04 |
| 194.06                          | 07956 | OTHER NONREIMBURSABLE                  | 0                               | 0          | 0                               | 0              | 0                                                                | 194.06 |
| 194.08                          | 07958 | REHAB HOSPITAL                         | 0                               | 0          | 0                               | 0              | 0                                                                | 194.08 |
| 194.09                          | 07960 | MERCY SAFEWATCH                        | 0                               | 0          | 0                               | 0              | 0                                                                | 194.09 |
| 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)      | 7,637,275                       | 19,386,516 | 2,107,797                       | 298,941        | 10,384,392                                                       | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description                |       |                                     | INTERNS &<br>RESIDENTS<br>SERVICES-OTHER<br>PRGM COSTS<br>APPRV | PARAMED ED<br>PRGM | RADIOLOGY<br>SCHOOL | Subtotal    | Intern &<br>Residents Cost<br>& Post<br>Stepdown<br>Adjustments |       |
|----------------------------------------|-------|-------------------------------------|-----------------------------------------------------------------|--------------------|---------------------|-------------|-----------------------------------------------------------------|-------|
|                                        |       |                                     | 22.00                                                           | 23.00              | 23.01               | 24.00       | 25.00                                                           |       |
| GENERAL SERVICE COST CENTERS           |       |                                     |                                                                 |                    |                     |             |                                                                 |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT           |                                                                 |                    |                     |             |                                                                 | 1.00  |
| 1.01                                   | 00101 | OTHER BUILDING-MOB                  |                                                                 |                    |                     |             |                                                                 | 1.01  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP           |                                                                 |                    |                     |             |                                                                 | 2.00  |
| 2.01                                   | 00201 | NEW CAP REL COSTS-MVBLE EQUIP-MOB   |                                                                 |                    |                     |             |                                                                 | 2.01  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT        |                                                                 |                    |                     |             |                                                                 | 4.00  |
| 5.02                                   | 00590 | PURCHASING RECEIVING AND STORES     |                                                                 |                    |                     |             |                                                                 | 5.02  |
| 5.03                                   | 00550 | ADMITTING                           |                                                                 |                    |                     |             |                                                                 | 5.03  |
| 5.04                                   | 00560 | OTHER ADMINISTRATIVE AND GENERAL    |                                                                 |                    |                     |             |                                                                 | 5.04  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS               |                                                                 |                    |                     |             |                                                                 | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                  |                                                                 |                    |                     |             |                                                                 | 7.00  |
| 7.01                                   | 00701 | OTHER BUILDING-MOB                  |                                                                 |                    |                     |             |                                                                 | 7.01  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE             |                                                                 |                    |                     |             |                                                                 | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                        |                                                                 |                    |                     |             |                                                                 | 9.00  |
| 9.01                                   | 00901 | HOUSEKEEPING-MED CENTER             |                                                                 |                    |                     |             |                                                                 | 9.01  |
| 9.02                                   | 00902 | HOUSEKEEPING-MOB                    |                                                                 |                    |                     |             |                                                                 | 9.02  |
| 10.00                                  | 01000 | DIETARY                             |                                                                 |                    |                     |             |                                                                 | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                           |                                                                 |                    |                     |             |                                                                 | 11.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION              |                                                                 |                    |                     |             |                                                                 | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY           |                                                                 |                    |                     |             |                                                                 | 14.00 |
| 15.00                                  | 01500 | PHARMACY                            |                                                                 |                    |                     |             |                                                                 | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY           |                                                                 |                    |                     |             |                                                                 | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                      |                                                                 |                    |                     |             |                                                                 | 17.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV |                                                                 |                    |                     |             |                                                                 | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV | 9,624,316                                                       |                    |                     |             |                                                                 | 22.00 |
| 23.00                                  | 02300 | PARAMED ED PRGM                     |                                                                 | 356,498            |                     |             |                                                                 | 23.00 |
| 23.01                                  | 02301 | RADIOLOGY SCHOOL                    |                                                                 |                    | 251,512             |             |                                                                 | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                     |                                                                 |                    |                     |             |                                                                 |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                 | 4,656,270                                                       | 0                  | 0                   | 186,085,925 | -9,680,267                                                      | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                 | 656,492                                                         | 0                  | 0                   | 38,887,917  | -1,364,830                                                      | 31.00 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                  | 502,195                                                         | 0                  | 0                   | 8,136,952   | -1,044,051                                                      | 32.00 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT            | 0                                                               | 0                  | 0                   | 5,198,709   | 0                                                               | 33.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT        | 0                                                               | 0                  | 0                   | 0           | 0                                                               | 34.00 |
| 35.00                                  | 02040 | NEONATAL INTENSIVE CARE UNIT        | 0                                                               | 0                  | 0                   | 32,397,535  | 0                                                               | 35.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                   | 119,789                                                         | 0                  | 0                   | 4,764,443   | -249,039                                                        | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                   | 0                                                               | 0                  | 0                   | 0           | 0                                                               | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                         | 0                                                               | 0                  | 0                   | 0           | 0                                                               | 42.00 |
| 43.00                                  | 04300 | NURSERY                             | 70,833                                                          | 0                  | 0                   | 8,866,582   | -147,260                                                        | 43.00 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY            | 0                                                               | 0                  | 0                   | 0           | 0                                                               | 44.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                     |                                                                 |                    |                     |             |                                                                 |       |
| 50.00                                  | 05000 | OPERATING ROOM                      | 1,295,957                                                       | 0                  | 0                   | 48,932,980  | -2,694,262                                                      | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                       | 0                                                               | 0                  | 0                   | 3,860,339   | 0                                                               | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM          | 794,570                                                         | 0                  | 0                   | 27,886,824  | -1,651,891                                                      | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                      | 360,631                                                         | 0                  | 0                   | 7,738,935   | -749,742                                                        | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                | 13,692                                                          | 0                  | 251,512             | 21,479,809  | -28,465                                                         | 54.00 |
| 54.01                                  | 05401 | ULTRASOUND                          | 146,869                                                         | 0                  | 0                   | 5,372,885   | -305,337                                                        | 54.01 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC               | 0                                                               | 0                  | 0                   | 11,337,734  | 0                                                               | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                        | 0                                                               | 0                  | 0                   | 2,935,658   | 0                                                               | 56.00 |
| 57.00                                  | 05700 | CT SCAN                             | 0                                                               | 0                  | 0                   | 3,030,510   | 0                                                               | 57.00 |
| 58.00                                  | 05800 | MRI                                 | 0                                                               | 0                  | 0                   | 3,897,952   | 0                                                               | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION             | 0                                                               | 0                  | 0                   | 4,037,517   | 0                                                               | 59.00 |
| 60.00                                  | 06000 | LABORATORY                          | 0                                                               | 0                  | 0                   | 78,666,391  | 0                                                               | 60.00 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL | 0                                                               | 0                  | 0                   | 5,506,705   | 0                                                               | 62.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                 | 51,382                                                          | 0                  | 0                   | 14,789,041  | -106,821                                                        | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                    | 55,322                                                          | 0                  | 0                   | 26,121,112  | -115,013                                                        | 66.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                   | 0                                                               | 0                  | 0                   | 12,094,278  | 0                                                               | 69.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 0                                                               | 0                  | 0                   | 65,087,981  | 0                                                               | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS      | 0                                                               | 0                  | 0                   | 80,985,058  | 0                                                               | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS           | 0                                                               | 0                  | 0                   | 206,297,160 | 0                                                               | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                      | 0                                                               | 0                  | 0                   | 2,229,318   | 0                                                               | 74.00 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)             | 0                                                               | 0                  | 0                   | 9,918,897   | 0                                                               | 75.00 |
| 76.00                                  | 03020 | CARDIAC REHAB                       | 0                                                               | 0                  | 0                   | 1,682,641   | 0                                                               | 76.00 |
| 76.01                                  | 03030 | GI LAB                              | 65,376                                                          | 0                  | 0                   | 10,091,812  | -135,915                                                        | 76.01 |
| 76.02                                  | 03040 | ECT                                 | 0                                                               | 0                  | 0                   | 272,053     | 0                                                               | 76.02 |
| 76.03                                  | 03050 | OP PSYCH                            | 0                                                               | 0                  | 0                   | 1,291,476   | 0                                                               | 76.03 |
| 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                              | 234,425                                                         | 0                  | 0                   | 18,001,056  | -487,364                                                        | 90.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description         |       |                                        | INTERNS &<br>RESIDENTS                | PARAMED ED<br>PRGM | RADIOLOGY<br>SCHOOL | Subtotal      | Intern &<br>Residents Cost<br>& Post<br>Stepdown<br>Adjustments |        |
|---------------------------------|-------|----------------------------------------|---------------------------------------|--------------------|---------------------|---------------|-----------------------------------------------------------------|--------|
|                                 |       |                                        | SERVICES-OTHER<br>PRGM COSTS<br>APPRV |                    |                     |               |                                                                 |        |
|                                 |       |                                        | 22.00                                 | 23.00              | 23.01               | 24.00         | 25.00                                                           |        |
| 90.01                           | 09001 | HYPERBARIC/OP WOUND                    | 0                                     | 0                  | 0                   | 1,752,894     | 0                                                               | 90.01  |
| 91.00                           | 09100 | EMERGENCY                              | 308,138                               | 356,498            | 0                   | 29,020,820    | -640,611                                                        | 91.00  |
| 91.02                           | 09101 | NATURAL FAMILY PLANNING                | 0                                     | 0                  | 0                   | 0             | 0                                                               | 91.02  |
| 91.03                           | 09102 | PAIN THERAPY CENTER                    | 0                                     | 0                  | 0                   | 0             | 0                                                               | 91.03  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                                       |                    |                     |               |                                                                 | 92.00  |
| 92.01                           | 09201 | AMBULATORY CARE UNIT                   | 0                                     | 0                  | 0                   | 2,215,676     | 0                                                               | 92.01  |
| OTHER REIMBURSABLE COST CENTERS |       |                                        |                                       |                    |                     |               |                                                                 |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                     | 0                                     | 0                  | 0                   | 0             | 0                                                               | 95.00  |
| 99.10                           | 09910 | CORF                                   | 0                                     | 0                  | 0                   | 0             | 0                                                               | 99.10  |
| 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 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117) | 9,331,941                             | 356,498            | 251,512             | 990,873,575   | -19,400,868                                                     | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                        |                                       |                    |                     |               |                                                                 |        |
| 190.00                          | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN      | 0                                     | 0                  | 0                   | 3,296,753     | 0                                                               | 190.00 |
| 190.01                          | 19001 | VENDING MACHINES                       | 0                                     | 0                  | 0                   | 0             | 0                                                               | 190.01 |
| 190.02                          | 19002 | VISITOR MEALS                          | 0                                     | 0                  | 0                   | 0             | 0                                                               | 190.02 |
| 191.00                          | 19100 | RESEARCH                               | 0                                     | 0                  | 0                   | 951,689       | 0                                                               | 191.00 |
| 192.00                          | 19200 | PHYSICIANS PRIVATE OFFICES             | 292,375                               | 0                  | 0                   | 2,599,613     | -607,840                                                        | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                        | 0                                     | 0                  | 0                   | 711,394       | 0                                                               | 193.00 |
| 193.01                          | 19301 | MEALS ON WHEELS                        | 0                                     | 0                  | 0                   | 38,895        | 0                                                               | 193.01 |
| 193.03                          | 19303 | CONVENT                                | 0                                     | 0                  | 0                   | 0             | 0                                                               | 193.03 |
| 193.06                          | 19306 | VACANT SPACE                           | 0                                     | 0                  | 0                   | 263,899       | 0                                                               | 193.06 |
| 193.07                          | 19307 | SALES & SERVICE-PHYSICIAN PRACTICE     | 0                                     | 0                  | 0                   | 0             | 0                                                               | 193.07 |
| 194.00                          | 07950 | NEIGHBORHOOD MINISTRIES                | 0                                     | 0                  | 0                   | 502,347       | 0                                                               | 194.00 |
| 194.01                          | 07951 | HOSPICE                                | 0                                     | 0                  | 0                   | 0             | 0                                                               | 194.01 |
| 194.02                          | 07952 | SHARED SERVICES                        | 0                                     | 0                  | 0                   | 0             | 0                                                               | 194.02 |
| 194.03                          | 07953 | MERCY                                  | 0                                     | 0                  | 0                   | 16,291,758    | 0                                                               | 194.03 |
| 194.04                          | 07954 | SJMH SHARED SERVICES                   | 0                                     | 0                  | 0                   | 0             | 0                                                               | 194.04 |
| 194.06                          | 07956 | OTHER NONREIMBURSABLE                  | 0                                     | 0                  | 0                   | 0             | 0                                                               | 194.06 |
| 194.08                          | 07958 | REHAB HOSPITAL                         | 0                                     | 0                  | 0                   | 48,275        | 0                                                               | 194.08 |
| 194.09                          | 07960 | MERCY SAFEWATCH                        | 0                                     | 0                  | 0                   | 0             | 0                                                               | 194.09 |
| 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)      | 9,624,316                             | 356,498            | 251,512             | 1,015,578,198 | -20,008,708                                                     | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description                       |       | Total                                |       |
|-----------------------------------------------|-------|--------------------------------------|-------|
|                                               |       | 26.00                                |       |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                      |       |
| 1.00                                          | 00100 | CAP REL COSTS-BLDG & FIXT            | 1.00  |
| 1.01                                          | 00101 | OTHER BUILDING-MOB                   | 1.01  |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP            | 2.00  |
| 2.01                                          | 00201 | NEW CAP REL COSTS-MVBLE EQUIP-MOB    | 2.01  |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT         | 4.00  |
| 5.02                                          | 00590 | PURCHASING RECEIVING AND STORES      | 5.02  |
| 5.03                                          | 00550 | ADMITTING                            | 5.03  |
| 5.04                                          | 00560 | OTHER ADMINISTRATIVE AND GENERAL     | 5.04  |
| 6.00                                          | 00600 | MAINTENANCE & REPAIRS                | 6.00  |
| 7.00                                          | 00700 | OPERATION OF PLANT                   | 7.00  |
| 7.01                                          | 00701 | OTHER BUILDING-MOB                   | 7.01  |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE              | 8.00  |
| 9.00                                          | 00900 | HOUSEKEEPING                         | 9.00  |
| 9.01                                          | 00901 | HOUSEKEEPING-MED CENTER              | 9.01  |
| 9.02                                          | 00902 | HOUSEKEEPING-MOB                     | 9.02  |
| 10.00                                         | 01000 | DIETARY                              | 10.00 |
| 11.00                                         | 01100 | CAFETERIA                            | 11.00 |
| 13.00                                         | 01300 | NURSING ADMINISTRATION               | 13.00 |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY            | 14.00 |
| 15.00                                         | 01500 | PHARMACY                             | 15.00 |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY            | 16.00 |
| 17.00                                         | 01700 | SOCIAL SERVICE                       | 17.00 |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRV  | 21.00 |
| 22.00                                         | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV  | 22.00 |
| 23.00                                         | 02300 | PARAMED ED PRGM                      | 23.00 |
| 23.01                                         | 02301 | RADIOLOGY SCHOOL                     | 23.01 |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                      |       |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                  | 30.00 |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                  | 31.00 |
| 32.00                                         | 03200 | CORONARY CARE UNIT                   | 32.00 |
| 33.00                                         | 03300 | BURN INTENSIVE CARE UNIT             | 33.00 |
| 34.00                                         | 03400 | SURGICAL INTENSIVE CARE UNIT         | 34.00 |
| 35.00                                         | 02040 | NEONATAL INTENSIVE CARE UNIT         | 35.00 |
| 40.00                                         | 04000 | SUBPROVIDER - IPF                    | 40.00 |
| 41.00                                         | 04100 | SUBPROVIDER - IRF                    | 41.00 |
| 42.00                                         | 04200 | SUBPROVIDER                          | 42.00 |
| 43.00                                         | 04300 | NURSERY                              | 43.00 |
| 44.00                                         | 04400 | SKILLED NURSING FACILITY             | 44.00 |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                      |       |
| 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 |
| 54.01                                         | 05401 | ULTRASOUND                           | 54.01 |
| 55.00                                         | 05500 | RADIOLOGY-THERAPEUTIC                | 55.00 |
| 56.00                                         | 05600 | RADIOISOTOPE                         | 56.00 |
| 57.00                                         | 05700 | CT SCAN                              | 57.00 |
| 58.00                                         | 05800 | MRI                                  | 58.00 |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION              | 59.00 |
| 60.00                                         | 06000 | LABORATORY                           | 60.00 |
| 62.00                                         | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL  | 62.00 |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                  | 65.00 |
| 66.00                                         | 06600 | PHYSICAL THERAPY                     | 66.00 |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                    | 69.00 |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT  | 71.00 |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 72.00 |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS            | 73.00 |
| 74.00                                         | 07400 | RENAL DIALYSIS                       | 74.00 |
| 75.00                                         | 07500 | ASC (NON-DISTINCT PART)              | 75.00 |
| 76.00                                         | 03020 | CARDIAC REHAB                        | 76.00 |
| 76.01                                         | 03030 | GI LAB                               | 76.01 |
| 76.02                                         | 03040 | ECT                                  | 76.02 |
| 76.03                                         | 03050 | OP PSYCH                             | 76.03 |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                      |       |
| 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 | HYPERBARIC/OP WOUND                  | 90.01 |
| 91.00                                         | 09100 | EMERGENCY                            | 91.00 |
| 91.02                                         | 09101 | NATURAL FAMILY PLANNING              | 91.02 |
| 91.03                                         | 09102 | PAIN THERAPY CENTER                  | 91.03 |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 92.00 |
| 92.01                                         | 09201 | AMBULATORY CARE UNIT                 | 92.01 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description |                                 |                                        | Total       |        |
|-------------------------|---------------------------------|----------------------------------------|-------------|--------|
|                         |                                 |                                        | 26.00       |        |
|                         | OTHER REIMBURSABLE COST CENTERS |                                        |             |        |
| 95.00                   | 09500                           | AMBULANCE SERVICES                     | 0           | 95.00  |
| 99.10                   | 09910                           | CORF                                   | 0           | 99.10  |
|                         | SPECIAL PURPOSE COST CENTERS    |                                        |             |        |
| 109.00                  | 10900                           | PANCREAS ACQUISITION                   | 0           | 109.00 |
| 110.00                  | 11000                           | INTESTINAL ACQUISITION                 | 0           | 110.00 |
| 111.00                  | 11100                           | ISLET ACQUISITION                      | 0           | 111.00 |
| 118.00                  |                                 | SUBTOTALS (SUM OF LINES 1 through 117) | 971,472,707 | 118.00 |
|                         | NONREIMBURSABLE COST CENTERS    |                                        |             |        |
| 190.00                  | 19000                           | GIFT FLOWER COFFEE SHOP & CANTEEN      | 3,296,753   | 190.00 |
| 190.01                  | 19001                           | VENDING MACHINES                       | 0           | 190.01 |
| 190.02                  | 19002                           | VISITOR MEALS                          | 0           | 190.02 |
| 191.00                  | 19100                           | RESEARCH                               | 951,689     | 191.00 |
| 192.00                  | 19200                           | PHYSICIANS PRIVATE OFFICES             | 1,991,773   | 192.00 |
| 193.00                  | 19300                           | NONPAID WORKERS                        | 711,394     | 193.00 |
| 193.01                  | 19301                           | MEALS ON WHEELS                        | 38,895      | 193.01 |
| 193.03                  | 19303                           | CONVENT                                | 0           | 193.03 |
| 193.06                  | 19306                           | VACANT SPACE                           | 263,899     | 193.06 |
| 193.07                  | 19307                           | SALES & SERVICE-PHYSICIAN PRACTICE     | 0           | 193.07 |
| 194.00                  | 07950                           | NEIGHBORHOOD MINISTRIES                | 502,347     | 194.00 |
| 194.01                  | 07951                           | HOSPICE                                | 0           | 194.01 |
| 194.02                  | 07952                           | SHARED SERVICES                        | 0           | 194.02 |
| 194.03                  | 07953                           | MERCY                                  | 16,291,758  | 194.03 |
| 194.04                  | 07954                           | SJMH SHARED SERVICES                   | 0           | 194.04 |
| 194.06                  | 07956                           | OTHER NONREIMBURSABLE                  | 0           | 194.06 |
| 194.08                  | 07958                           | REHAB HOSPITAL                         | 48,275      | 194.08 |
| 194.09                  | 07960                           | MERCY SAFEWATCH                        | 0           | 194.09 |
| 200.00                  |                                 | Cross Foot Adjustments                 | 0           | 200.00 |
| 201.00                  |                                 | Negative Cost Centers                  | 0           | 201.00 |
| 202.00                  |                                 | TOTAL (sum lines 118 through 201)      | 995,569,490 | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2021 1:59 pm

|                                        |       |                                     | CAPITAL RELATED COSTS                       |             |                    |             |                     |       |
|----------------------------------------|-------|-------------------------------------|---------------------------------------------|-------------|--------------------|-------------|---------------------|-------|
| Cost Center Description                |       |                                     | Directly Assigned New Capital Related Costs | BLDG & FIXT | OTHER BUILDING-MOB | MVBLE EQUIP | NEW MVBLE EQUIP-MOB |       |
|                                        |       |                                     | 0                                           | 1.00        | 1.01               | 2.00        | 2.01                |       |
| GENERAL SERVICE COST CENTERS           |       |                                     |                                             |             |                    |             |                     |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT           |                                             |             |                    |             |                     | 1.00  |
| 1.01                                   | 00101 | OTHER BUILDING-MOB                  |                                             |             |                    |             |                     | 1.01  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP           |                                             |             |                    |             |                     | 2.00  |
| 2.01                                   | 00201 | NEW CAP REL COSTS-MVBLE EQUIP-MOB   |                                             |             |                    |             |                     | 2.01  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT        | 0                                           | 170,565     | 10,046             | 2,438       | 217                 | 4.00  |
| 5.02                                   | 00590 | PURCHASING RECEIVING AND STORES     | 0                                           | 0           | 0                  | 0           | 0                   | 5.02  |
| 5.03                                   | 00550 | ADMITTING                           | 0                                           | 83,692      | 33,651             | 3,093       | 1,878               | 5.03  |
| 5.04                                   | 00560 | OTHER ADMINISTRATIVE AND GENERAL    | 17,561,663                                  | 1,584,011   | 183,447            | 582,630     | 101,920             | 5.04  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS               | 10,898                                      | 3,763,346   | 0                  | 403,969     | 0                   | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                  | 513,509                                     | 100,934     | 0                  | 95,177      | 0                   | 7.00  |
| 7.01                                   | 00701 | OTHER BUILDING-MOB                  | 515,407                                     | 0           | 0                  | 0           | 19,341              | 7.01  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE             | 0                                           | 146,345     | 0                  | 18,671      | 0                   | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                        | 0                                           | 273,097     | 0                  | 83,455      | 0                   | 9.00  |
| 9.01                                   | 00901 | HOUSEKEEPING-MED CENTER             | 0                                           | 0           | 0                  | 0           | 0                   | 9.01  |
| 9.02                                   | 00902 | HOUSEKEEPING-MOB                    | 0                                           | 0           | 0                  | 0           | 0                   | 9.02  |
| 10.00                                  | 01000 | DIETARY                             | 0                                           | 629,240     | 46,737             | 143,681     | 16,119              | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                           | 0                                           | 0           | 0                  | 0           | 0                   | 11.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION              | 0                                           | 194,799     | 0                  | 879,215     | 0                   | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY           | 0                                           | 374,553     | 0                  | 303,797     | 0                   | 14.00 |
| 15.00                                  | 01500 | PHARMACY                            | 17,253                                      | 254,149     | 5,715              | 770,864     | 26,183              | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY           | 0                                           | 74,640      | 0                  | 0           | 0                   | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                      | 0                                           | 73,549      | 0                  | 0           | 0                   | 17.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV | 0                                           | 15,076      | 0                  | 49,211      | 0                   | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV | 0                                           | 103,485     | 94,208             | 27,041      | 37,186              | 22.00 |
| 23.00                                  | 02300 | PARAMED ED PRGM                     | 0                                           | 13,923      | 0                  | 1,875       | 0                   | 23.00 |
| 23.01                                  | 02301 | RADIOLOGY SCHOOL                    | 0                                           | 0           | 0                  | 546         | 0                   | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                     |                                             |             |                    |             |                     |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                 | 1,300,240                                   | 6,515,106   | 43,791             | 2,456,424   | 24,939              | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                 | 309,800                                     | 639,982     | 14,187             | 586,423     | 19,636              | 31.00 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                  | 92,787                                      | 13,477      | 0                  | 140,982     | 0                   | 32.00 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT            | 72,593                                      | 138,400     | 0                  | 116,208     | 0                   | 33.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT        | 0                                           | 0           | 0                  | 0           | 0                   | 34.00 |
| 35.00                                  | 02040 | NEONATAL INTENSIVE CARE UNIT        | 0                                           | 992,053     | 0                  | 547,167     | 0                   | 35.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                   | 321                                         | 197,965     | 0                  | 26,524      | 0                   | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                   | 0                                           | 0           | 0                  | 0           | 0                   | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                         | 0                                           | 0           | 0                  | 0           | 0                   | 42.00 |
| 43.00                                  | 04300 | NURSERY                             | 0                                           | 524,341     | 4,212              | 498         | 6                   | 43.00 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY            | 0                                           | 0           | 0                  | 0           | 0                   | 44.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                     |                                             |             |                    |             |                     |       |
| 50.00                                  | 05000 | OPERATING ROOM                      | 1,484,287                                   | 1,358,031   | 0                  | 4,255,429   | 0                   | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                       | 22                                          | 87,119      | 0                  | 940         | 0                   | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM          | 36                                          | 1,073,193   | 0                  | 634,650     | 0                   | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                      | 0                                           | 73,887      | 0                  | 421,269     | 0                   | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                | 4,644                                       | 387,616     | 524,226            | 770,620     | 1,574,246           | 54.00 |
| 54.01                                  | 05401 | ULTRASOUND                          | 86,496                                      | 196,167     | 56,132             | 192,400     | 83,153              | 54.01 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC               | 0                                           | 488,627     | 108,714            | 766,520     | 257,602             | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                        | 0                                           | 228,285     | 40,265             | 59,243      | 15,783              | 56.00 |
| 57.00                                  | 05700 | CT SCAN                             | 0                                           | 105,590     | 0                  | 160,616     | 0                   | 57.00 |
| 58.00                                  | 05800 | MRI                                 | 0                                           | 172,993     | 0                  | 528,114     | 0                   | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION             | 378                                         | 320,613     | 0                  | 446,414     | 0                   | 59.00 |
| 60.00                                  | 06000 | LABORATORY                          | 497,917                                     | 621,418     | 101,236            | 1,056,846   | 260,063             | 60.00 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL | 0                                           | 125,353     | 0                  | 74,360      | 0                   | 62.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                 | 170,407                                     | 233,157     | 71,869             | 327,703     | 152,577             | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                    | 620,437                                     | 195,045     | 700,870            | 35,450      | 192,409             | 66.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                   | 6,378                                       | 347,922     | 93,498             | 280,270     | 113,767             | 69.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 0                                           | 0           | 0                  | 0           | 0                   | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS      | 0                                           | 0           | 0                  | 0           | 0                   | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS           | 0                                           | 0           | 0                  | 0           | 0                   | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                      | 6,563                                       | 53,971      | 0                  | 70,567      | 0                   | 74.00 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)             | 59,825                                      | 393,471     | 211,039            | 175,779     | 142,407             | 75.00 |
| 76.00                                  | 03020 | CARDIAC REHAB                       | 0                                           | 79,358      | 0                  | 27,396      | 0                   | 76.00 |
| 76.01                                  | 03030 | GI LAB                              | 502,501                                     | 317,786     | 71,467             | 464,974     | 157,950             | 76.01 |
| 76.02                                  | 03040 | ECT                                 | 0                                           | 25,341      | 0                  | 3,208       | 0                   | 76.02 |
| 76.03                                  | 03050 | OP PSYCH                            | 0                                           | 215,991     | 0                  | 6,013       | 0                   | 76.03 |
| 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                              | 225,098                                     | 487,858     | 154,919            | 491,782     | 235,885             | 90.00 |
| 90.01                                  | 09001 | HYPERBARIC/OP WOUND                 | 2,774                                       | 0           | 51,210             | 0           | 19,787              | 90.01 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description         |       |                                        | Directly<br>Assigned New<br>Capital<br>Related Costs | CAPITAL RELATED COSTS |                       |             |                        |        |
|---------------------------------|-------|----------------------------------------|------------------------------------------------------|-----------------------|-----------------------|-------------|------------------------|--------|
|                                 |       |                                        |                                                      | BLDG & FIXT           | OTHER<br>BUILDING-MOB | MVBLE EQUIP | NEW MVBLE<br>EQUIP-MOB |        |
|                                 |       |                                        |                                                      | 1.00                  | 1.01                  | 2.00        | 2.01                   |        |
| 91.00                           | 09100 | EMERGENCY                              | 72,957                                               | 720,385               | 68,556                | 428,418     | 61,583                 | 91.00  |
| 91.02                           | 09101 | NATURAL FAMILY PLANNING                | 0                                                    | 0                     | 0                     | 0           | 0                      | 91.02  |
| 91.03                           | 09102 | PAIN THERAPY CENTER                    | 0                                                    | 0                     | 0                     | 0           | 0                      | 91.03  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                                                      |                       |                       |             |                        | 92.00  |
| 92.01                           | 09201 | AMBULATORY CARE UNIT                   | 773                                                  | 133,636               | 0                     | 42,357      | 0                      | 92.01  |
| OTHER REIMBURSABLE COST CENTERS |       |                                        |                                                      |                       |                       |             |                        |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                     | 0                                                    | 0                     | 0                     | 0           | 0                      | 95.00  |
| 99.10                           | 09910 | CORF                                   | 0                                                    | 0                     | 0                     | 0           | 0                      | 99.10  |
| 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 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117) | 24,135,964                                           | 25,319,541            | 2,689,995             | 18,961,227  | 3,514,637              | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                        |                                                      |                       |                       |             |                        |        |
| 190.00                          | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN      | 0                                                    | 125,830               | 7,502                 | 267         | 25                     | 190.00 |
| 190.01                          | 19001 | VENDING MACHINES                       | 0                                                    | 0                     | 0                     | 0           | 0                      | 190.01 |
| 190.02                          | 19002 | VISITOR MEALS                          | 0                                                    | 0                     | 0                     | 0           | 0                      | 190.02 |
| 191.00                          | 19100 | RESEARCH                               | 0                                                    | 0                     | 28,350                | 0           | 1,667                  | 191.00 |
| 192.00                          | 19200 | PHYSICIANS PRIVATE OFFICES             | 0                                                    | 67,310                | 0                     | 3,367       | 0                      | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                        | 0                                                    | 82,186                | 0                     | 6,239       | 0                      | 193.00 |
| 193.01                          | 19301 | MEALS ON WHEELS                        | 0                                                    | 0                     | 0                     | 0           | 0                      | 193.01 |
| 193.03                          | 19303 | CONVENT                                | 0                                                    | 0                     | 0                     | 0           | 0                      | 193.03 |
| 193.06                          | 19306 | VACANT SPACE                           | 0                                                    | 0                     | 117,423               | 0           | 0                      | 193.06 |
| 193.07                          | 19307 | SALES & SERVICE-PHYSICIAN PRACTICE     | 0                                                    | 0                     | 0                     | 0           | 0                      | 193.07 |
| 194.00                          | 07950 | NEIGHBORHOOD MINISTRIES                | 101,906                                              | 35,391                | 0                     | 0           | 0                      | 194.00 |
| 194.01                          | 07951 | HOSPICE                                | 0                                                    | 0                     | 0                     | 0           | 0                      | 194.01 |
| 194.02                          | 07952 | SHARED SERVICES                        | 0                                                    | 0                     | 0                     | 0           | 0                      | 194.02 |
| 194.03                          | 07953 | MERCY                                  | 0                                                    | 1,794,547             | 2,696,716             | 781         | 1,773                  | 194.03 |
| 194.04                          | 07954 | SJMH SHARED SERVICES                   | 0                                                    | 0                     | 0                     | 0           | 0                      | 194.04 |
| 194.06                          | 07956 | OTHER NONREIMBURSABLE                  | 0                                                    | 0                     | 0                     | 0           | 0                      | 194.06 |
| 194.08                          | 07958 | REHAB HOSPITAL                         | 0                                                    | 11,864                | 0                     | 0           | 0                      | 194.08 |
| 194.09                          | 07960 | MERCY SAFEWATCH                        | 0                                                    | 0                     | 0                     | 0           | 0                      | 194.09 |
| 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)      | 24,237,870                                           | 27,436,669            | 5,539,986             | 18,971,881  | 3,518,102              | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description                |       |                                     | Subtotal   | EMPLOYEE<br>BENEFITS<br>DEPARTMENT | PURCHASING<br>RECEIVING AND<br>STORES | ADMITTING | OTHER<br>ADMINISTRATIVE<br>AND GENERAL |       |
|----------------------------------------|-------|-------------------------------------|------------|------------------------------------|---------------------------------------|-----------|----------------------------------------|-------|
|                                        |       |                                     | 2A         | 4.00                               | 5.02                                  | 5.03      | 5.04                                   |       |
| GENERAL SERVICE COST CENTERS           |       |                                     |            |                                    |                                       |           |                                        |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT           |            |                                    |                                       |           |                                        | 1.00  |
| 1.01                                   | 00101 | OTHER BUILDING-MOB                  |            |                                    |                                       |           |                                        | 1.01  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP           |            |                                    |                                       |           |                                        | 2.00  |
| 2.01                                   | 00201 | NEW CAP REL COSTS-MVBLE EQUIP-MOB   |            |                                    |                                       |           |                                        | 2.01  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT        | 183,266    | 183,266                            |                                       |           |                                        | 4.00  |
| 5.02                                   | 00500 | PURCHASING RECEIVING AND STORES     | 0          | 0                                  | 0                                     |           |                                        | 5.02  |
| 5.03                                   | 00550 | ADMITTING                           | 122,314    | 1,833                              | 0                                     | 124,147   |                                        | 5.03  |
| 5.04                                   | 00560 | OTHER ADMINISTRATIVE AND GENERAL    | 20,013,671 | 10,125                             | 0                                     | 0         | 20,023,796                             | 5.04  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS               | 4,178,213  | 1,436                              | 0                                     | 0         | 330,397                                | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                  | 709,620    | 885                                | 0                                     | 0         | 612,797                                | 7.00  |
| 7.01                                   | 00701 | OTHER BUILDING-MOB                  | 534,748    | 0                                  | 0                                     | 0         | 63,867                                 | 7.01  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE             | 165,016    | 339                                | 0                                     | 0         | 113,508                                | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                        | 356,552    | 3,443                              | 0                                     | 0         | 275,038                                | 9.00  |
| 9.01                                   | 00901 | HOUSEKEEPING-MED CENTER             | 0          | 0                                  | 0                                     | 0         | 0                                      | 9.01  |
| 9.02                                   | 00902 | HOUSEKEEPING-MOB                    | 0          | 0                                  | 0                                     | 0         | 0                                      | 9.02  |
| 10.00                                  | 01000 | DIETARY                             | 835,777    | 3,901                              | 0                                     | 0         | 267,882                                | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                           | 0          | 0                                  | 0                                     | 0         | 0                                      | 11.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION              | 1,074,014  | 1,850                              | 0                                     | 0         | 139,865                                | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY           | 678,350    | 1,865                              | 0                                     | 0         | 127,098                                | 14.00 |
| 15.00                                  | 01500 | PHARMACY                            | 1,074,164  | 4,939                              | 0                                     | 0         | 364,852                                | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY           | 74,640     | 1                                  | 0                                     | 0         | 37,446                                 | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                      | 73,549     | 0                                  | 0                                     | 0         | 1,845                                  | 17.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV | 64,287     | 2,931                              | 0                                     | 0         | 200,952                                | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV | 261,920    | 2,830                              | 0                                     | 0         | 181,303                                | 22.00 |
| 23.00                                  | 02300 | PARAMED ED PRGM                     | 15,798     | 116                                | 0                                     | 0         | 6,186                                  | 23.00 |
| 23.01                                  | 02301 | RADIOLOGY SCHOOL                    | 546        | 109                                | 0                                     | 0         | 4,895                                  | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                     |            |                                    |                                       |           |                                        |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                 | 10,340,500 | 48,919                             | 0                                     | 9,590     | 2,816,122                              | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                 | 1,570,028  | 9,135                              | 0                                     | 2,559     | 660,494                                | 31.00 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                  | 247,246    | 1,842                              | 0                                     | 376       | 126,029                                | 32.00 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT            | 327,201    | 1,245                              | 0                                     | 341       | 86,602                                 | 33.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT        | 0          | 0                                  | 0                                     | 0         | 0                                      | 34.00 |
| 35.00                                  | 02040 | NEONATAL INTENSIVE CARE UNIT        | 1,539,220  | 8,361                              | 0                                     | 3,774     | 557,079                                | 35.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                   | 224,810    | 1,372                              | 0                                     | 289       | 72,110                                 | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                   | 0          | 0                                  | 0                                     | 0         | 0                                      | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                         | 0          | 0                                  | 0                                     | 0         | 0                                      | 42.00 |
| 43.00                                  | 04300 | NURSERY                             | 529,057    | 1,766                              | 0                                     | 518       | 138,682                                | 43.00 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY            | 0          | 0                                  | 0                                     | 0         | 0                                      | 44.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                     |            |                                    |                                       |           |                                        |       |
| 50.00                                  | 05000 | OPERATING ROOM                      | 7,097,747  | 9,066                              | 0                                     | 8,183     | 808,394                                | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                       | 88,081     | 1,097                              | 0                                     | 1,782     | 69,188                                 | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM          | 1,707,879  | 6,358                              | 0                                     | 1,470     | 434,316                                | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                      | 495,156    | 294                                | 0                                     | 2,710     | 132,398                                | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                | 3,261,352  | 4,622                              | 0                                     | 3,028     | 380,157                                | 54.00 |
| 54.01                                  | 05401 | ULTRASOUND                          | 614,348    | 1,106                              | 0                                     | 1,686     | 83,767                                 | 54.01 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC               | 1,621,463  | 1,197                              | 0                                     | 3,234     | 192,521                                | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                        | 343,576    | 489                                | 0                                     | 1,239     | 43,391                                 | 56.00 |
| 57.00                                  | 05700 | CT SCAN                             | 266,206    | 536                                | 0                                     | 6,520     | 50,231                                 | 57.00 |
| 58.00                                  | 05800 | MRI                                 | 701,107    | 421                                | 0                                     | 2,871     | 65,177                                 | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION             | 767,405    | 1,211                              | 0                                     | 2,730     | 56,730                                 | 59.00 |
| 60.00                                  | 06000 | LABORATORY                          | 2,537,480  | 6,947                              | 0                                     | 12,180    | 1,502,760                              | 60.00 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL | 199,713    | 779                                | 0                                     | 771       | 100,675                                | 62.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                 | 955,713    | 4,384                              | 0                                     | 2,135     | 270,521                                | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                    | 1,744,211  | 7,743                              | 0                                     | 2,048     | 481,310                                | 66.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                   | 841,835    | 3,203                              | 0                                     | 4,509     | 208,916                                | 69.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 0          | 0                                  | 0                                     | 6,053     | 1,214,296                              | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS      | 0          | 0                                  | 0                                     | 3,658     | 1,511,922                              | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS           | 0          | 0                                  | 0                                     | 29,097    | 3,675,626                              | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                      | 131,101    | 571                                | 0                                     | 270       | 38,880                                 | 74.00 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)             | 982,521    | 2,371                              | 0                                     | 785       | 164,596                                | 75.00 |
| 76.00                                  | 03020 | CARDIAC REHAB                       | 106,754    | 428                                | 0                                     | 69        | 28,415                                 | 76.00 |
| 76.01                                  | 03030 | GI LAB                              | 1,514,678  | 2,090                              | 0                                     | 2,565     | 173,027                                | 76.01 |
| 76.02                                  | 03040 | ECT                                 | 28,549     | 57                                 | 0                                     | 29        | 3,807                                  | 76.02 |
| 76.03                                  | 03050 | OP PSYCH                            | 222,004    | 295                                | 0                                     | 186       | 13,222                                 | 76.03 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                     |            |                                    |                                       |           |                                        |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                 | 0          | 0                                  | 0                                     | 0         | 0                                      | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER   | 0          | 0                                  | 0                                     | 0         | 0                                      | 89.00 |
| 90.00                                  | 09000 | CLINIC                              | 1,595,542  | 4,074                              | 0                                     | 565       | 311,647                                | 90.00 |
| 90.01                                  | 09001 | HYPERBARIC/OP WOUND                 | 73,771     | 693                                | 0                                     | 124       | 33,088                                 | 90.01 |
| 91.00                                  | 09100 | EMERGENCY                           | 1,351,899  | 11,507                             | 0                                     | 5,983     | 484,426                                | 91.00 |
| 91.02                                  | 09101 | NATURAL FAMILY PLANNING             | 0          | 0                                  | 0                                     | 0         | 0                                      | 91.02 |
| 91.03                                  | 09102 | PAIN THERAPY CENTER                 | 0          | 0                                  | 0                                     | 0         | 0                                      | 91.03 |

## ALLOCATION OF CAPITAL RELATED COSTS

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Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description         |       |                                        | Subtotal   | EMPLOYEE<br>BENEFITS<br>DEPARTMENT | PURCHASING<br>RECEIVING AND<br>STORES | ADMITTING | OTHER<br>ADMINISTRATIVE<br>AND GENERAL |        |
|---------------------------------|-------|----------------------------------------|------------|------------------------------------|---------------------------------------|-----------|----------------------------------------|--------|
|                                 |       |                                        | 2A         | 4.00                               | 5.02                                  | 5.03      | 5.04                                   |        |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    | 0          |                                    |                                       |           |                                        | 92.00  |
| 92.01                           | 09201 | AMBULATORY CARE UNIT                   | 176,766    | 475                                | 0                                     | 142       | 34,173                                 | 92.01  |
| OTHER REIMBURSABLE COST CENTERS |       |                                        |            |                                    |                                       |           |                                        |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                     | 0          | 0                                  | 0                                     | 0         | 0                                      | 95.00  |
| 99.10                           | 09910 | CORF                                   | 0          | 0                                  | 0                                     | 0         | 0                                      | 99.10  |
| 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 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117) | 74,621,364 | 181,257                            | 0                                     | 124,069   | 19,752,626                             | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                        |            |                                    |                                       |           |                                        |        |
| 190.00                          | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN      | 133,624    | 121                                | 0                                     | 0         | 28,179                                 | 190.00 |
| 190.01                          | 19001 | VENDING MACHINES                       | 0          | 0                                  | 0                                     | 0         | 0                                      | 190.01 |
| 190.02                          | 19002 | VISITOR MEALS                          | 0          | 0                                  | 0                                     | 0         | 0                                      | 190.02 |
| 191.00                          | 19100 | RESEARCH                               | 30,017     | 267                                | 0                                     | 0         | 18,065                                 | 191.00 |
| 192.00                          | 19200 | PHYSICIANS PRIVATE OFFICES             | 70,677     | 560                                | 0                                     | 78        | 35,126                                 | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                        | 88,425     | 94                                 | 0                                     | 0         | 9,426                                  | 193.00 |
| 193.01                          | 19301 | MEALS ON WHEELS                        | 0          | 0                                  | 0                                     | 0         | 0                                      | 193.01 |
| 193.03                          | 19303 | CONVENT                                | 0          | 0                                  | 0                                     | 0         | 0                                      | 193.03 |
| 193.06                          | 19306 | VACANT SPACE                           | 117,423    | 0                                  | 0                                     | 0         | 2,942                                  | 193.06 |
| 193.07                          | 19307 | SALES & SERVICE-PHYSICIAN PRACTICE     | 0          | 0                                  | 0                                     | 0         | 0                                      | 193.07 |
| 194.00                          | 07950 | NEIGHBORHOOD MINISTRIES                | 137,297    | 72                                 | 0                                     | 0         | 7,877                                  | 194.00 |
| 194.01                          | 07951 | HOSPICE                                | 0          | 0                                  | 0                                     | 0         | 0                                      | 194.01 |
| 194.02                          | 07952 | SHARED SERVICES                        | 0          | 0                                  | 0                                     | 0         | 0                                      | 194.02 |
| 194.03                          | 07953 | MERCY                                  | 4,493,817  | 895                                | 0                                     | 0         | 169,256                                | 194.03 |
| 194.04                          | 07954 | SJMH SHARED SERVICES                   | 0          | 0                                  | 0                                     | 0         | 0                                      | 194.04 |
| 194.06                          | 07956 | OTHER NONREIMBURSABLE                  | 0          | 0                                  | 0                                     | 0         | 0                                      | 194.06 |
| 194.08                          | 07958 | REHAB HOSPITAL                         | 11,864     | 0                                  | 0                                     | 0         | 299                                    | 194.08 |
| 194.09                          | 07960 | MERCY SAFEWATCH                        | 0          | 0                                  | 0                                     | 0         | 0                                      | 194.09 |
| 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)      | 79,704,508 | 183,266                            | 0                                     | 124,147   | 20,023,796                             | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description                |       |                                      | MAINTENANCE &<br>REPAIRS | OPERATION OF<br>PLANT | OTHER<br>BUILDING-MOB | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPING |       |
|----------------------------------------|-------|--------------------------------------|--------------------------|-----------------------|-----------------------|----------------------------|--------------|-------|
|                                        |       |                                      | 6.00                     | 7.00                  | 7.01                  | 8.00                       | 9.00         |       |
| GENERAL SERVICE COST CENTERS           |       |                                      |                          |                       |                       |                            |              |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT            |                          |                       |                       |                            |              | 1.00  |
| 1.01                                   | 00101 | OTHER BUILDING-MOB                   |                          |                       |                       |                            |              | 1.01  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |                          |                       |                       |                            |              | 2.00  |
| 2.01                                   | 00201 | NEW CAP REL COSTS-MVBLE EQUIP-MOB    |                          |                       |                       |                            |              | 2.01  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         |                          |                       |                       |                            |              | 4.00  |
| 5.02                                   | 00590 | PURCHASING RECEIVING AND STORES      |                          |                       |                       |                            |              | 5.02  |
| 5.03                                   | 00550 | ADMITTING                            |                          |                       |                       |                            |              | 5.03  |
| 5.04                                   | 00560 | OTHER ADMINISTRATIVE AND GENERAL     |                          |                       |                       |                            |              | 5.04  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                | 4,510,046                |                       |                       |                            |              | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                   | 20,848                   | 1,344,150             |                       |                            |              | 7.00  |
| 7.01                                   | 00701 | OTHER BUILDING-MOB                   | 0                        | 0                     | 598,615               |                            |              | 7.01  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              | 30,228                   | 9,051                 | 0                     | 318,142                    |              | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         | 56,408                   | 16,890                | 0                     | 3                          | 708,334      | 9.00  |
| 9.01                                   | 00901 | HOUSEKEEPING-MED CENTER              | 0                        | 0                     | 0                     | 0                          | 613,416      | 9.01  |
| 9.02                                   | 00902 | HOUSEKEEPING-MOB                     | 0                        | 0                     | 0                     | 0                          | 94,918       | 9.02  |
| 10.00                                  | 01000 | DIETARY                              | 129,970                  | 38,915                | 5,266                 | 0                          | 0            | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            | 0                        | 0                     | 0                     | 0                          | 0            | 11.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               | 40,236                   | 12,047                | 0                     | 0                          | 0            | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            | 77,364                   | 23,164                | 0                     | 17                         | 0            | 14.00 |
| 15.00                                  | 01500 | PHARMACY                             | 52,495                   | 15,718                | 644                   | 0                          | 0            | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 15,417                   | 4,616                 | 0                     | 0                          | 0            | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                       | 15,192                   | 4,549                 | 0                     | 0                          | 0            | 17.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV  | 3,114                    | 932                   | 0                     | 141                        | 0            | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV  | 21,375                   | 6,400                 | 10,615                | 0                          | 0            | 22.00 |
| 23.00                                  | 02300 | PARAMED ED PRGM                      | 2,876                    | 861                   | 0                     | 0                          | 0            | 23.00 |
| 23.01                                  | 02301 | RADIOLOGY SCHOOL                     | 0                        | 0                     | 0                     | 0                          | 0            | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                          |                       |                       |                            |              |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 1,345,699                | 402,926               | 4,934                 | 170,103                    | 0            | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 132,189                  | 39,580                | 1,598                 | 23,505                     | 0            | 31.00 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   | 2,784                    | 834                   | 0                     | 12,693                     | 0            | 32.00 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             | 28,587                   | 8,559                 | 0                     | 6,900                      | 0            | 33.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT         | 0                        | 0                     | 0                     | 0                          | 0            | 34.00 |
| 35.00                                  | 02040 | NEONATAL INTENSIVE CARE UNIT         | 204,909                  | 61,354                | 0                     | 10,522                     | 0            | 35.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                    | 40,890                   | 12,243                | 0                     | 0                          | 0            | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                        | 0                     | 0                     | 0                          | 0            | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                        | 0                     | 0                     | 0                          | 0            | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 108,303                  | 32,428                | 475                   | 0                          | 0            | 43.00 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             | 0                        | 0                     | 0                     | 0                          | 0            | 44.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                          |                       |                       |                            |              |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 280,502                  | 83,988                | 0                     | 10,166                     | 0            | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 17,994                   | 5,388                 | 0                     | 1,906                      | 0            | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 221,669                  | 66,372                | 0                     | 21,440                     | 0            | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 15,261                   | 4,570                 | 0                     | 0                          | 0            | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 80,062                   | 23,972                | 59,066                | 3,285                      | 0            | 54.00 |
| 54.01                                  | 05401 | ULTRASOUND                           | 40,518                   | 12,132                | 6,325                 | 3,131                      | 0            | 54.01 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 100,926                  | 30,219                | 12,249                | 0                          | 0            | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 47,152                   | 14,118                | 4,537                 | 944                        | 0            | 56.00 |
| 57.00                                  | 05700 | CT SCAN                              | 21,810                   | 6,530                 | 0                     | 2,866                      | 0            | 57.00 |
| 58.00                                  | 05800 | MRI                                  | 35,732                   | 10,699                | 0                     | 2,151                      | 0            | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 66,223                   | 19,828                | 0                     | 4,831                      | 0            | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 128,354                  | 38,432                | 11,407                | 17                         | 0            | 60.00 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL  | 25,892                   | 7,752                 | 0                     | 259                        | 0            | 62.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 48,159                   | 14,420                | 8,098                 | 1,063                      | 0            | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 40,287                   | 12,063                | 78,969                | 14                         | 0            | 66.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 71,863                   | 21,517                | 10,535                | 2,400                      | 0            | 69.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT  | 0                        | 0                     | 0                     | 0                          | 0            | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 0                        | 0                     | 0                     | 0                          | 0            | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0                        | 0                     | 0                     | 0                          | 0            | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 11,148                   | 3,338                 | 0                     | 2,349                      | 0            | 74.00 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 81,272                   | 24,334                | 23,778                | 8,052                      | 0            | 75.00 |
| 76.00                                  | 03020 | CARDIAC REHAB                        | 16,391                   | 4,908                 | 0                     | 81                         | 0            | 76.00 |
| 76.01                                  | 03030 | GI LAB                               | 65,639                   | 19,654                | 8,052                 | 4,151                      | 0            | 76.01 |
| 76.02                                  | 03040 | ECT                                  | 5,234                    | 1,567                 | 0                     | 279                        | 0            | 76.02 |
| 76.03                                  | 03050 | OP PSYCH                             | 44,613                   | 13,358                | 0                     | 0                          | 0            | 76.03 |
| 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                               | 100,768                  | 30,172                | 17,455                | 228                        | 0            | 90.00 |
| 90.01                                  | 09001 | HYPERBARIC/OP WOUND                  | 0                        | 0                     | 5,770                 | 0                          | 0            | 90.01 |
| 91.00                                  | 09100 | EMERGENCY                            | 148,796                  | 44,552                | 7,724                 | 21,768                     | 0            | 91.00 |
| 91.02                                  | 09101 | NATURAL FAMILY PLANNING              | 0                        | 0                     | 0                     | 0                          | 0            | 91.02 |
| 91.03                                  | 09102 | PAIN THERAPY CENTER                  | 0                        | 0                     | 0                     | 0                          | 0            | 91.03 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                        | 0                     | 0                     | 0                          | 0            | 92.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description |       |                                        | MAINTENANCE &<br>REPAIRS | OPERATION OF<br>PLANT | OTHER<br>BUILDING-MOB | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPING |        |
|-------------------------|-------|----------------------------------------|--------------------------|-----------------------|-----------------------|----------------------------|--------------|--------|
|                         |       |                                        | 6.00                     | 7.00                  | 7.01                  | 8.00                       | 9.00         |        |
| 92.01                   | 09201 | AMBULATORY CARE UNIT                   | 27,603                   | 8,265                 | 0                     | 2,676                      | 0            | 92.01  |
|                         |       | OTHER REIMBURSABLE COST CENTERS        |                          |                       |                       |                            |              |        |
| 95.00                   | 09500 | AMBULANCE SERVICES                     | 0                        | 0                     | 0                     | 0                          | 0            | 95.00  |
| 99.10                   | 09910 | CORF                                   | 0                        | 0                     | 0                     | 0                          | 0            | 99.10  |
|                         |       | 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 |
| 118.00                  |       | SUBTOTALS (SUM OF LINES 1 through 117) | 4,072,752                | 1,213,215             | 277,497               | 317,941                    | 708,334      | 118.00 |
|                         |       | NONREIMBURSABLE COST CENTERS           |                          |                       |                       |                            |              |        |
| 190.00                  | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN      | 25,990                   | 7,782                 | 845                   | 0                          | 0            | 190.00 |
| 190.01                  | 19001 | VENDING MACHINES                       | 0                        | 0                     | 0                     | 0                          | 0            | 190.01 |
| 190.02                  | 19002 | VISITOR MEALS                          | 0                        | 0                     | 0                     | 0                          | 0            | 190.02 |
| 191.00                  | 19100 | RESEARCH                               | 0                        | 0                     | 3,194                 | 0                          | 0            | 191.00 |
| 192.00                  | 19200 | PHYSICIANS PRIVATE OFFICES             | 13,903                   | 4,163                 | 0                     | 201                        | 0            | 192.00 |
| 193.00                  | 19300 | NONPAID WORKERS                        | 16,976                   | 5,083                 | 0                     | 0                          | 0            | 193.00 |
| 193.01                  | 19301 | MEALS ON WHEELS                        | 0                        | 0                     | 0                     | 0                          | 0            | 193.01 |
| 193.03                  | 19303 | CONVENT                                | 0                        | 0                     | 0                     | 0                          | 0            | 193.03 |
| 193.06                  | 19306 | VACANT SPACE                           | 0                        | 0                     | 13,230                | 0                          | 0            | 193.06 |
| 193.07                  | 19307 | SALES & SERVICE-PHYSICIAN PRACTICE     | 0                        | 0                     | 0                     | 0                          | 0            | 193.07 |
| 194.00                  | 07950 | NEIGHBORHOOD MINISTRIES                | 7,310                    | 2,189                 | 0                     | 0                          | 0            | 194.00 |
| 194.01                  | 07951 | HOSPICE                                | 0                        | 0                     | 0                     | 0                          | 0            | 194.01 |
| 194.02                  | 07952 | SHARED SERVICES                        | 0                        | 0                     | 0                     | 0                          | 0            | 194.02 |
| 194.03                  | 07953 | MERCY                                  | 370,665                  | 110,984               | 303,849               | 0                          | 0            | 194.03 |
| 194.04                  | 07954 | SJMH SHARED SERVICES                   | 0                        | 0                     | 0                     | 0                          | 0            | 194.04 |
| 194.06                  | 07956 | OTHER NONREIMBURSABLE                  | 0                        | 0                     | 0                     | 0                          | 0            | 194.06 |
| 194.08                  | 07958 | REHAB HOSPITAL                         | 2,450                    | 734                   | 0                     | 0                          | 0            | 194.08 |
| 194.09                  | 07960 | MERCY SAFEWATCH                        | 0                        | 0                     | 0                     | 0                          | 0            | 194.09 |
| 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)      | 4,510,046                | 1,344,150             | 598,615               | 318,142                    | 708,334      | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description                |       |                                      | HOUSEKEEPING-M<br>ED CENTER | HOUSEKEEPING-M<br>OB | DIETARY   | CAFETERIA | NURSING<br>ADMINISTRATION |       |
|----------------------------------------|-------|--------------------------------------|-----------------------------|----------------------|-----------|-----------|---------------------------|-------|
|                                        |       |                                      | 9.01                        | 9.02                 | 10.00     | 11.00     | 13.00                     |       |
| GENERAL SERVICE COST CENTERS           |       |                                      |                             |                      |           |           |                           |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT            |                             |                      |           |           |                           | 1.00  |
| 1.01                                   | 00101 | OTHER BUILDING-MOB                   |                             |                      |           |           |                           | 1.01  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |                             |                      |           |           |                           | 2.00  |
| 2.01                                   | 00201 | NEW CAP REL COSTS-MVBLE EQUIP-MOB    |                             |                      |           |           |                           | 2.01  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         |                             |                      |           |           |                           | 4.00  |
| 5.02                                   | 00590 | PURCHASING RECEIVING AND STORES      |                             |                      |           |           |                           | 5.02  |
| 5.03                                   | 00550 | ADMITTING                            |                             |                      |           |           |                           | 5.03  |
| 5.04                                   | 00560 | OTHER ADMINISTRATIVE AND GENERAL     |                             |                      |           |           |                           | 5.04  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                |                             |                      |           |           |                           | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                   |                             |                      |           |           |                           | 7.00  |
| 7.01                                   | 00701 | OTHER BUILDING-MOB                   |                             |                      |           |           |                           | 7.01  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              |                             |                      |           |           |                           | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         |                             |                      |           |           |                           | 9.00  |
| 9.01                                   | 00901 | HOUSEKEEPING-MED CENTER              | 613,416                     |                      |           |           |                           | 9.01  |
| 9.02                                   | 00902 | HOUSEKEEPING-MOB                     | 0                           | 94,918               |           |           |                           | 9.02  |
| 10.00                                  | 01000 | DIETARY                              | 18,109                      | 835                  | 1,300,655 |           |                           | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            | 0                           | 0                    | 542,076   | 542,076   |                           | 11.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               | 5,606                       | 0                    | 0         | 5,840     | 1,279,458                 | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            | 10,779                      | 0                    | 0         | 12,241    | 0                         | 14.00 |
| 15.00                                  | 01500 | PHARMACY                             | 7,314                       | 102                  | 0         | 14,062    | 0                         | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 2,148                       | 0                    | 0         | 12        | 0                         | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                       | 2,117                       | 0                    | 0         | 0         | 0                         | 17.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV  | 434                         | 0                    | 0         | 12,469    | 0                         | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV  | 2,978                       | 1,683                | 0         | 4,042     | 0                         | 22.00 |
| 23.00                                  | 02300 | PARAMED ED PRGM                      | 401                         | 0                    | 0         | 328       | 0                         | 23.00 |
| 23.01                                  | 02301 | RADIOLOGY SCHOOL                     | 0                           | 0                    | 0         | 276       | 0                         | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                             |                      |           |           |                           |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 187,499                     | 782                  | 524,796   | 157,550   | 603,263                   | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 18,418                      | 253                  | 67,263    | 25,991    | 99,522                    | 31.00 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   | 388                         | 0                    | 14,122    | 6,931     | 26,539                    | 32.00 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             | 3,983                       | 0                    | 9,858     | 4,632     | 17,736                    | 33.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT         | 0                           | 0                    | 0         | 0         | 0                         | 34.00 |
| 35.00                                  | 02040 | NEONATAL INTENSIVE CARE UNIT         | 28,550                      | 0                    | 0         | 30,679    | 117,472                   | 35.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                    | 5,697                       | 0                    | 12,613    | 4,185     | 16,024                    | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                           | 0                    | 0         | 0         | 0                         | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                           | 0                    | 0         | 0         | 0                         | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 15,090                      | 75                   | 0         | 5,975     | 22,879                    | 43.00 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             | 0                           | 0                    | 0         | 0         | 0                         | 44.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                             |                      |           |           |                           |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 39,083                      | 0                    | 0         | 31,888    | 122,100                   | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 2,507                       | 0                    | 0         | 3,489     | 0                         | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 30,886                      | 0                    | 0         | 22,226    | 85,105                    | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 2,126                       | 0                    | 0         | 1,845     | 0                         | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 11,155                      | 9,366                | 0         | 17,765    | 0                         | 54.00 |
| 54.01                                  | 05401 | ULTRASOUND                           | 5,645                       | 1,003                | 0         | 3,666     | 14,037                    | 54.01 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 14,062                      | 1,942                | 0         | 4,045     | 0                         | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 6,570                       | 719                  | 0         | 1,615     | 0                         | 56.00 |
| 57.00                                  | 05700 | CT SCAN                              | 3,039                       | 0                    | 0         | 1,912     | 0                         | 57.00 |
| 58.00                                  | 05800 | MRI                                  | 4,979                       | 0                    | 0         | 1,641     | 0                         | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 9,227                       | 0                    | 0         | 3,621     | 13,864                    | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 17,884                      | 1,809                | 0         | 34,391    | 0                         | 60.00 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL  | 3,608                       | 0                    | 0         | 2,748     | 0                         | 62.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 6,710                       | 1,284                | 0         | 15,542    | 0                         | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 5,613                       | 12,522               | 0         | 27,921    | 0                         | 66.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 10,013                      | 1,670                | 0         | 8,973     | 34,358                    | 69.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT  | 0                           | 0                    | 0         | 0         | 0                         | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 0                           | 0                    | 0         | 0         | 0                         | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0                           | 0                    | 0         | 0         | 0                         | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 1,553                       | 0                    | 0         | 1,638     | 6,273                     | 74.00 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 11,324                      | 3,770                | 0         | 8,347     | 0                         | 75.00 |
| 76.00                                  | 03020 | CARDIAC REHAB                        | 2,284                       | 0                    | 0         | 1,452     | 0                         | 76.00 |
| 76.01                                  | 03030 | GI LAB                               | 9,146                       | 1,277                | 0         | 8,468     | 0                         | 76.01 |
| 76.02                                  | 03040 | ECT                                  | 729                         | 0                    | 0         | 202       | 0                         | 76.02 |
| 76.03                                  | 03050 | OP PSYCH                             | 6,216                       | 0                    | 0         | 1,236     | 0                         | 76.03 |
| 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                               | 14,040                      | 2,768                | 0         | 15,197    | 0                         | 90.00 |
| 90.01                                  | 09001 | HYPERBARIC/OP WOUND                  | 0                           | 915                  | 0         | 1,910     | 0                         | 90.01 |
| 91.00                                  | 09100 | EMERGENCY                            | 20,732                      | 1,225                | 0         | 24,593    | 94,167                    | 91.00 |
| 91.02                                  | 09101 | NATURAL FAMILY PLANNING              | 0                           | 0                    | 0         | 0         | 0                         | 91.02 |
| 91.03                                  | 09102 | PAIN THERAPY CENTER                  | 0                           | 0                    | 0         | 0         | 0                         | 91.03 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                           | 0                    | 0         | 0         | 0                         | 92.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description |       | HOUSEKEEPING-M<br>ED CENTER            | HOUSEKEEPING-M<br>OB | DIETARY | CAFETERIA | NURSING<br>ADMINISTRATION |           |
|-------------------------|-------|----------------------------------------|----------------------|---------|-----------|---------------------------|-----------|
|                         |       | 9.01                                   | 9.02                 | 10.00   | 11.00     | 13.00                     |           |
| 92.01                   | 09201 | AMBULATORY CARE UNIT                   | 3,846                | 0       | 0         | 1,598                     | 6,119     |
|                         |       | OTHER REIMBURSABLE COST CENTERS        |                      |         |           |                           |           |
| 95.00                   | 09500 | AMBULANCE SERVICES                     | 0                    | 0       | 0         | 0                         | 0         |
| 99.10                   | 09910 | CORF                                   | 0                    | 0       | 0         | 0                         | 0         |
|                         |       | SPECIAL PURPOSE COST CENTERS           |                      |         |           |                           |           |
| 109.00                  | 10900 | PANCREAS ACQUISITION                   | 0                    | 0       | 0         | 0                         | 0         |
| 110.00                  | 11000 | INTESTINAL ACQUISITION                 | 0                    | 0       | 0         | 0                         | 0         |
| 111.00                  | 11100 | ISLET ACQUISITION                      | 0                    | 0       | 0         | 0                         | 0         |
| 118.00                  |       | SUBTOTALS (SUM OF LINES 1 through 117) | 552,488              | 44,000  | 1,170,728 | 533,142                   | 1,279,458 |
|                         |       | NONREIMBURSABLE COST CENTERS           |                      |         |           |                           |           |
| 190.00                  | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN      | 3,621                | 134     | 126,640   | 884                       | 0         |
| 190.01                  | 19001 | VENDING MACHINES                       | 0                    | 0       | 0         | 0                         | 0         |
| 190.02                  | 19002 | VISITOR MEALS                          | 0                    | 0       | 0         | 0                         | 0         |
| 191.00                  | 19100 | RESEARCH                               | 0                    | 506     | 0         | 654                       | 0         |
| 192.00                  | 19200 | PHYSICIANS PRIVATE OFFICES             | 1,937                | 0       | 0         | 1,445                     | 0         |
| 193.00                  | 19300 | NONPAID WORKERS                        | 2,365                | 0       | 0         | 324                       | 0         |
| 193.01                  | 19301 | MEALS ON WHEELS                        | 0                    | 0       | 3,287     | 0                         | 0         |
| 193.03                  | 19303 | CONVENT                                | 0                    | 0       | 0         | 0                         | 0         |
| 193.06                  | 19306 | VACANT SPACE                           | 0                    | 2,098   | 0         | 0                         | 0         |
| 193.07                  | 19307 | SALES & SERVICE-PHYSICIAN PRACTICE     | 0                    | 0       | 0         | 0                         | 0         |
| 194.00                  | 07950 | NEIGHBORHOOD MINISTRIES                | 1,019                | 0       | 0         | 337                       | 0         |
| 194.01                  | 07951 | HOSPICE                                | 0                    | 0       | 0         | 0                         | 0         |
| 194.02                  | 07952 | SHARED SERVICES                        | 0                    | 0       | 0         | 0                         | 0         |
| 194.03                  | 07953 | MERCY                                  | 51,645               | 48,180  | 0         | 5,290                     | 0         |
| 194.04                  | 07954 | SJMH SHARED SERVICES                   | 0                    | 0       | 0         | 0                         | 0         |
| 194.06                  | 07956 | OTHER NONREIMBURSABLE                  | 0                    | 0       | 0         | 0                         | 0         |
| 194.08                  | 07958 | REHAB HOSPITAL                         | 341                  | 0       | 0         | 0                         | 0         |
| 194.09                  | 07960 | MERCY SAFEWATCH                        | 0                    | 0       | 0         | 0                         | 0         |
| 200.00                  |       | Cross Foot Adjustments                 |                      |         |           |                           |           |
| 201.00                  |       | Negative Cost Centers                  | 0                    | 0       | 0         | 0                         | 0         |
| 202.00                  |       | TOTAL (sum lines 118 through 201)      | 613,416              | 94,918  | 1,300,655 | 542,076                   | 1,279,458 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description                |       |                                     | CENTRAL<br>SERVICES &<br>SUPPLY | PHARMACY  | MEDICAL<br>RECORDS &<br>LIBRARY | SOCIAL SERVICE | INTERNS &<br>RESIDENTS<br>SERVICES-SALAR<br>Y & FRINGES<br>APPRV |       |
|----------------------------------------|-------|-------------------------------------|---------------------------------|-----------|---------------------------------|----------------|------------------------------------------------------------------|-------|
|                                        |       |                                     | 14.00                           | 15.00     | 16.00                           | 17.00          | 21.00                                                            |       |
| GENERAL SERVICE COST CENTERS           |       |                                     |                                 |           |                                 |                |                                                                  |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT           |                                 |           |                                 |                |                                                                  | 1.00  |
| 1.01                                   | 00101 | OTHER BUILDING-MOB                  |                                 |           |                                 |                |                                                                  | 1.01  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP           |                                 |           |                                 |                |                                                                  | 2.00  |
| 2.01                                   | 00201 | NEW CAP REL COSTS-MVBLE EQUIP-MOB   |                                 |           |                                 |                |                                                                  | 2.01  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT        |                                 |           |                                 |                |                                                                  | 4.00  |
| 5.02                                   | 00590 | PURCHASING RECEIVING AND STORES     |                                 |           |                                 |                |                                                                  | 5.02  |
| 5.03                                   | 00550 | ADMITTING                           |                                 |           |                                 |                |                                                                  | 5.03  |
| 5.04                                   | 00560 | OTHER ADMINISTRATIVE AND GENERAL    |                                 |           |                                 |                |                                                                  | 5.04  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS               |                                 |           |                                 |                |                                                                  | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                  |                                 |           |                                 |                |                                                                  | 7.00  |
| 7.01                                   | 00701 | OTHER BUILDING-MOB                  |                                 |           |                                 |                |                                                                  | 7.01  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE             |                                 |           |                                 |                |                                                                  | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                        |                                 |           |                                 |                |                                                                  | 9.00  |
| 9.01                                   | 00901 | HOUSEKEEPING-MED CENTER             |                                 |           |                                 |                |                                                                  | 9.01  |
| 9.02                                   | 00902 | HOUSEKEEPING-MOB                    |                                 |           |                                 |                |                                                                  | 9.02  |
| 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           | 930,878                         |           |                                 |                |                                                                  | 14.00 |
| 15.00                                  | 01500 | PHARMACY                            | 0                               | 1,534,290 |                                 |                |                                                                  | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY           | 0                               | 0         | 134,280                         |                |                                                                  | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                      | 0                               | 0         | 0                               | 97,252         |                                                                  | 17.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV | 0                               | 0         | 0                               | 0              | 285,260                                                          | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV | 0                               | 0         | 0                               | 0              | 0                                                                | 22.00 |
| 23.00                                  | 02300 | PARAMED ED PRGM                     | 0                               | 0         | 0                               | 0              | 0                                                                | 23.00 |
| 23.01                                  | 02301 | RADIOLOGY SCHOOL                    | 0                               | 0         | 0                               | 0              | 0                                                                | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                     |                                 |           |                                 |                |                                                                  |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                 | 0                               | 0         | 10,300                          | 71,550         |                                                                  | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                 | 0                               | 0         | 2,748                           | 8,866          |                                                                  | 31.00 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                  | 0                               | 0         | 404                             | 1,732          |                                                                  | 32.00 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT            | 0                               | 0         | 366                             | 1,299          |                                                                  | 33.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT        | 0                               | 0         | 0                               | 0              |                                                                  | 34.00 |
| 35.00                                  | 02040 | NEONATAL INTENSIVE CARE UNIT        | 0                               | 0         | 4,054                           | 12,142         |                                                                  | 35.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                   | 0                               | 0         | 311                             | 1,663          |                                                                  | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                   | 0                               | 0         | 0                               | 0              |                                                                  | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                         | 0                               | 0         | 0                               | 0              |                                                                  | 42.00 |
| 43.00                                  | 04300 | NURSERY                             | 0                               | 0         | 556                             | 0              |                                                                  | 43.00 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY            | 0                               | 0         | 0                               | 0              |                                                                  | 44.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                     |                                 |           |                                 |                |                                                                  |       |
| 50.00                                  | 05000 | OPERATING ROOM                      | 0                               | 0         | 8,789                           | 0              |                                                                  | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                       | 0                               | 0         | 1,914                           | 0              |                                                                  | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM          | 0                               | 0         | 1,579                           | 0              |                                                                  | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                      | 0                               | 0         | 2,910                           | 0              |                                                                  | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                | 0                               | 0         | 3,252                           | 0              |                                                                  | 54.00 |
| 54.01                                  | 05401 | ULTRASOUND                          | 0                               | 0         | 1,811                           | 0              |                                                                  | 54.01 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC               | 0                               | 0         | 3,473                           | 0              |                                                                  | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                        | 0                               | 0         | 1,331                           | 0              |                                                                  | 56.00 |
| 57.00                                  | 05700 | CT SCAN                             | 0                               | 0         | 7,003                           | 0              |                                                                  | 57.00 |
| 58.00                                  | 05800 | MRI                                 | 0                               | 0         | 3,084                           | 0              |                                                                  | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION             | 0                               | 0         | 2,933                           | 0              |                                                                  | 59.00 |
| 60.00                                  | 06000 | LABORATORY                          | 0                               | 0         | 13,082                          | 0              |                                                                  | 60.00 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL | 0                               | 0         | 829                             | 0              |                                                                  | 62.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                 | 0                               | 0         | 2,294                           | 0              |                                                                  | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                    | 0                               | 0         | 2,199                           | 0              |                                                                  | 66.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                   | 0                               | 0         | 4,843                           | 0              |                                                                  | 69.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 414,094                         | 0         | 6,502                           | 0              |                                                                  | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS      | 516,784                         | 0         | 3,929                           | 0              |                                                                  | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS           | 0                               | 1,534,290 | 32,191                          | 0              |                                                                  | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                      | 0                               | 0         | 290                             | 0              |                                                                  | 74.00 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)             | 0                               | 0         | 843                             | 0              |                                                                  | 75.00 |
| 76.00                                  | 03020 | CARDIAC REHAB                       | 0                               | 0         | 74                              | 0              |                                                                  | 76.00 |
| 76.01                                  | 03030 | GI LAB                              | 0                               | 0         | 2,755                           | 0              |                                                                  | 76.01 |
| 76.02                                  | 03040 | ECT                                 | 0                               | 0         | 31                              | 0              |                                                                  | 76.02 |
| 76.03                                  | 03050 | OP PSYCH                            | 0                               | 0         | 200                             | 0              |                                                                  | 76.03 |
| 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         | 606                             | 0              |                                                                  | 90.00 |
| 90.01                                  | 09001 | HYPERBARIC/OP WOUND                 | 0                               | 0         | 133                             | 0              |                                                                  | 90.01 |
| 91.00                                  | 09100 | EMERGENCY                           | 0                               | 0         | 6,426                           | 0              |                                                                  | 91.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description         |       |                                        | CENTRAL<br>SERVICES &<br>SUPPLY | PHARMACY  | MEDICAL<br>RECORDS &<br>LIBRARY | SOCIAL SERVICE | INTERNS &<br>RESIDENTS<br>SERVICES-SALAR<br>Y & FRINGES<br>APPRV |        |
|---------------------------------|-------|----------------------------------------|---------------------------------|-----------|---------------------------------|----------------|------------------------------------------------------------------|--------|
|                                 |       |                                        | 14.00                           | 15.00     | 16.00                           | 17.00          | 21.00                                                            |        |
| 91.02                           | 09101 | NATURAL FAMILY PLANNING                | 0                               | 0         | 0                               | 0              |                                                                  | 91.02  |
| 91.03                           | 09102 | PAIN THERAPY CENTER                    | 0                               | 0         | 0                               | 0              |                                                                  | 91.03  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                                 |           |                                 |                |                                                                  | 92.00  |
| 92.01                           | 09201 | AMBULATORY CARE UNIT                   | 0                               | 0         | 152                             | 0              |                                                                  | 92.01  |
| OTHER REIMBURSABLE COST CENTERS |       |                                        |                                 |           |                                 |                |                                                                  |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                     | 0                               | 0         | 0                               | 0              |                                                                  | 95.00  |
| 99.10                           | 09910 | CORF                                   | 0                               | 0         | 0                               | 0              |                                                                  | 99.10  |
| 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 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117) | 930,878                         | 1,534,290 | 134,197                         | 97,252         | 0                                                                | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                        |                                 |           |                                 |                |                                                                  |        |
| 190.00                          | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN      | 0                               | 0         | 0                               | 0              |                                                                  | 190.00 |
| 190.01                          | 19001 | VENDING MACHINES                       | 0                               | 0         | 0                               | 0              |                                                                  | 190.01 |
| 190.02                          | 19002 | VISITOR MEALS                          | 0                               | 0         | 0                               | 0              |                                                                  | 190.02 |
| 191.00                          | 19100 | RESEARCH                               | 0                               | 0         | 0                               | 0              |                                                                  | 191.00 |
| 192.00                          | 19200 | PHYSICIANS PRIVATE OFFICES             | 0                               | 0         | 83                              | 0              |                                                                  | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                        | 0                               | 0         | 0                               | 0              |                                                                  | 193.00 |
| 193.01                          | 19301 | MEALS ON WHEELS                        | 0                               | 0         | 0                               | 0              |                                                                  | 193.01 |
| 193.03                          | 19303 | CONVENT                                | 0                               | 0         | 0                               | 0              |                                                                  | 193.03 |
| 193.06                          | 19306 | VACANT SPACE                           | 0                               | 0         | 0                               | 0              |                                                                  | 193.06 |
| 193.07                          | 19307 | SALES & SERVICE-PHYSICIAN PRACTICE     | 0                               | 0         | 0                               | 0              |                                                                  | 193.07 |
| 194.00                          | 07950 | NEIGHBORHOOD MINISTRIES                | 0                               | 0         | 0                               | 0              |                                                                  | 194.00 |
| 194.01                          | 07951 | HOSPICE                                | 0                               | 0         | 0                               | 0              |                                                                  | 194.01 |
| 194.02                          | 07952 | SHARED SERVICES                        | 0                               | 0         | 0                               | 0              |                                                                  | 194.02 |
| 194.03                          | 07953 | MERCY                                  | 0                               | 0         | 0                               | 0              |                                                                  | 194.03 |
| 194.04                          | 07954 | SJMH SHARED SERVICES                   | 0                               | 0         | 0                               | 0              |                                                                  | 194.04 |
| 194.06                          | 07956 | OTHER NONREIMBURSABLE                  | 0                               | 0         | 0                               | 0              |                                                                  | 194.06 |
| 194.08                          | 07958 | REHAB HOSPITAL                         | 0                               | 0         | 0                               | 0              |                                                                  | 194.08 |
| 194.09                          | 07960 | MERCY SAFEWATCH                        | 0                               | 0         | 0                               | 0              |                                                                  | 194.09 |
| 200.00                          |       | Cross Foot Adjustments                 |                                 |           |                                 |                | 285,260                                                          | 200.00 |
| 201.00                          |       | Negative Cost Centers                  | 0                               | 0         | 0                               | 0              | 0                                                                | 201.00 |
| 202.00                          |       | TOTAL (sum lines 118 through 201)      | 930,878                         | 1,534,290 | 134,280                         | 97,252         | 285,260                                                          | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description                |       |                                     | INTERNS &<br>RESIDENTS<br>SERVICES-OTHER<br>PRGM COSTS<br>APPRV | PARAMED ED<br>PRGM | RADIOLOGY<br>SCHOOL | Subtotal   | Intern &<br>Residents Cost<br>& Post<br>Stepdown<br>Adjustments |       |
|----------------------------------------|-------|-------------------------------------|-----------------------------------------------------------------|--------------------|---------------------|------------|-----------------------------------------------------------------|-------|
|                                        |       |                                     | 22.00                                                           | 23.00              | 23.01               | 24.00      | 25.00                                                           |       |
| GENERAL SERVICE COST CENTERS           |       |                                     |                                                                 |                    |                     |            |                                                                 |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT           |                                                                 |                    |                     |            |                                                                 | 1.00  |
| 1.01                                   | 00101 | OTHER BUILDING-MOB                  |                                                                 |                    |                     |            |                                                                 | 1.01  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP           |                                                                 |                    |                     |            |                                                                 | 2.00  |
| 2.01                                   | 00201 | NEW CAP REL COSTS-MVBLE EQUIP-MOB   |                                                                 |                    |                     |            |                                                                 | 2.01  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT        |                                                                 |                    |                     |            |                                                                 | 4.00  |
| 5.02                                   | 00590 | PURCHASING RECEIVING AND STORES     |                                                                 |                    |                     |            |                                                                 | 5.02  |
| 5.03                                   | 00550 | ADMITTING                           |                                                                 |                    |                     |            |                                                                 | 5.03  |
| 5.04                                   | 00560 | OTHER ADMINISTRATIVE AND GENERAL    |                                                                 |                    |                     |            |                                                                 | 5.04  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS               |                                                                 |                    |                     |            |                                                                 | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                  |                                                                 |                    |                     |            |                                                                 | 7.00  |
| 7.01                                   | 00701 | OTHER BUILDING-MOB                  |                                                                 |                    |                     |            |                                                                 | 7.01  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE             |                                                                 |                    |                     |            |                                                                 | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                        |                                                                 |                    |                     |            |                                                                 | 9.00  |
| 9.01                                   | 00901 | HOUSEKEEPING-MED CENTER             |                                                                 |                    |                     |            |                                                                 | 9.01  |
| 9.02                                   | 00902 | HOUSEKEEPING-MOB                    |                                                                 |                    |                     |            |                                                                 | 9.02  |
| 10.00                                  | 01000 | DIETARY                             |                                                                 |                    |                     |            |                                                                 | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                           |                                                                 |                    |                     |            |                                                                 | 11.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION              |                                                                 |                    |                     |            |                                                                 | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY           |                                                                 |                    |                     |            |                                                                 | 14.00 |
| 15.00                                  | 01500 | PHARMACY                            |                                                                 |                    |                     |            |                                                                 | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY           |                                                                 |                    |                     |            |                                                                 | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                      |                                                                 |                    |                     |            |                                                                 | 17.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV |                                                                 |                    |                     |            |                                                                 | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV | 493,146                                                         |                    |                     |            |                                                                 | 22.00 |
| 23.00                                  | 02300 | PARAMED ED PRGM                     |                                                                 | 26,566             |                     |            |                                                                 | 23.00 |
| 23.01                                  | 02301 | RADIOLOGY SCHOOL                    |                                                                 |                    | 5,826               |            |                                                                 | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                     |                                                                 |                    |                     |            |                                                                 |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                 |                                                                 |                    |                     | 16,694,533 | 0                                                               | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                 |                                                                 |                    |                     | 2,662,149  | 0                                                               | 31.00 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                  |                                                                 |                    |                     | 441,920    | 0                                                               | 32.00 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT            |                                                                 |                    |                     | 497,309    | 0                                                               | 33.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT        |                                                                 |                    |                     | 0          | 0                                                               | 34.00 |
| 35.00                                  | 02040 | NEONATAL INTENSIVE CARE UNIT        |                                                                 |                    |                     | 2,578,116  | 0                                                               | 35.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                   |                                                                 |                    |                     | 392,207    | 0                                                               | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                   |                                                                 |                    |                     | 0          | 0                                                               | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                         |                                                                 |                    |                     | 0          | 0                                                               | 42.00 |
| 43.00                                  | 04300 | NURSERY                             |                                                                 |                    |                     | 855,804    | 0                                                               | 43.00 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY            |                                                                 |                    |                     | 0          | 0                                                               | 44.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                     |                                                                 |                    |                     |            |                                                                 |       |
| 50.00                                  | 05000 | OPERATING ROOM                      |                                                                 |                    |                     | 8,499,906  | 0                                                               | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                       |                                                                 |                    |                     | 193,346    | 0                                                               | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM          |                                                                 |                    |                     | 2,599,300  | 0                                                               | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                      |                                                                 |                    |                     | 657,270    | 0                                                               | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                |                                                                 |                    |                     | 3,857,082  | 0                                                               | 54.00 |
| 54.01                                  | 05401 | ULTRASOUND                          |                                                                 |                    |                     | 789,175    | 0                                                               | 54.01 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC               |                                                                 |                    |                     | 1,985,331  | 0                                                               | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                        |                                                                 |                    |                     | 465,681    | 0                                                               | 56.00 |
| 57.00                                  | 05700 | CT SCAN                             |                                                                 |                    |                     | 366,653    | 0                                                               | 57.00 |
| 58.00                                  | 05800 | MRI                                 |                                                                 |                    |                     | 827,862    | 0                                                               | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION             |                                                                 |                    |                     | 948,603    | 0                                                               | 59.00 |
| 60.00                                  | 06000 | LABORATORY                          |                                                                 |                    |                     | 4,304,743  | 0                                                               | 60.00 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL |                                                                 |                    |                     | 343,026    | 0                                                               | 62.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                 |                                                                 |                    |                     | 1,330,323  | 0                                                               | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                    |                                                                 |                    |                     | 2,414,900  | 0                                                               | 66.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                   |                                                                 |                    |                     | 1,224,635  | 0                                                               | 69.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT |                                                                 |                    |                     | 1,640,945  | 0                                                               | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS      |                                                                 |                    |                     | 2,036,293  | 0                                                               | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS           |                                                                 |                    |                     | 5,271,204  | 0                                                               | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                      |                                                                 |                    |                     | 197,411    | 0                                                               | 74.00 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)             |                                                                 |                    |                     | 1,311,993  | 0                                                               | 75.00 |
| 76.00                                  | 03020 | CARDIAC REHAB                       |                                                                 |                    |                     | 160,856    | 0                                                               | 76.00 |
| 76.01                                  | 03030 | GI LAB                              |                                                                 |                    |                     | 1,811,502  | 0                                                               | 76.01 |
| 76.02                                  | 03040 | ECT                                 |                                                                 |                    |                     | 40,484     | 0                                                               | 76.02 |
| 76.03                                  | 03050 | OP PSYCH                            |                                                                 |                    |                     | 301,330    | 0                                                               | 76.03 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                     |                                                                 |                    |                     |            |                                                                 |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                 |                                                                 |                    |                     | 0          | 0                                                               | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER   |                                                                 |                    |                     | 0          | 0                                                               | 89.00 |
| 90.00                                  | 09000 | CLINIC                              |                                                                 |                    |                     | 2,093,062  | 0                                                               | 90.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description         |       |                                        | INTERNS &<br>RESIDENTS                | PARAMED ED<br>PRGM | RADIOLOGY<br>SCHOOL | Subtotal   | Intern &<br>Residents Cost<br>& Post<br>Stepdown<br>Adjustments |        |
|---------------------------------|-------|----------------------------------------|---------------------------------------|--------------------|---------------------|------------|-----------------------------------------------------------------|--------|
|                                 |       |                                        | SERVICES-OTHER<br>PRGM COSTS<br>APPRV |                    |                     |            |                                                                 |        |
|                                 |       |                                        | 22.00                                 | 23.00              | 23.01               | 24.00      | 25.00                                                           |        |
| 90.01                           | 09001 | HYPERBARIC/OP WOUND                    |                                       |                    |                     | 116,404    | 0                                                               | 90.01  |
| 91.00                           | 09100 | EMERGENCY                              |                                       |                    |                     | 2,223,798  | 0                                                               | 91.00  |
| 91.02                           | 09101 | NATURAL FAMILY PLANNING                |                                       |                    |                     | 0          | 0                                                               | 91.02  |
| 91.03                           | 09102 | PAIN THERAPY CENTER                    |                                       |                    |                     | 0          | 0                                                               | 91.03  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                                       |                    |                     |            | 0                                                               | 92.00  |
| 92.01                           | 09201 | AMBULATORY CARE UNIT                   |                                       |                    |                     | 261,815    | 0                                                               | 92.01  |
| OTHER REIMBURSABLE COST CENTERS |       |                                        |                                       |                    |                     |            |                                                                 |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                     |                                       |                    |                     | 0          | 0                                                               | 95.00  |
| 99.10                           | 09910 | CORF                                   |                                       |                    |                     | 0          | 0                                                               | 99.10  |
| 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 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117) | 0                                     | 0                  | 0                   | 72,396,971 | 0                                                               | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                        |                                       |                    |                     |            |                                                                 |        |
| 190.00                          | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN      |                                       |                    |                     | 327,820    | 0                                                               | 190.00 |
| 190.01                          | 19001 | VENDING MACHINES                       |                                       |                    |                     | 0          | 0                                                               | 190.01 |
| 190.02                          | 19002 | VISITOR MEALS                          |                                       |                    |                     | 0          | 0                                                               | 190.02 |
| 191.00                          | 19100 | RESEARCH                               |                                       |                    |                     | 52,703     | 0                                                               | 191.00 |
| 192.00                          | 19200 | PHYSICIANS PRIVATE OFFICES             |                                       |                    |                     | 128,173    | 0                                                               | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                        |                                       |                    |                     | 122,693    | 0                                                               | 193.00 |
| 193.01                          | 19301 | MEALS ON WHEELS                        |                                       |                    |                     | 3,287      | 0                                                               | 193.01 |
| 193.03                          | 19303 | CONVENT                                |                                       |                    |                     | 0          | 0                                                               | 193.03 |
| 193.06                          | 19306 | VACANT SPACE                           |                                       |                    |                     | 135,693    | 0                                                               | 193.06 |
| 193.07                          | 19307 | SALES & SERVICE-PHYSICIAN PRACTICE     |                                       |                    |                     | 0          | 0                                                               | 193.07 |
| 194.00                          | 07950 | NEIGHBORHOOD MINISTRIES                |                                       |                    |                     | 156,101    | 0                                                               | 194.00 |
| 194.01                          | 07951 | HOSPICE                                |                                       |                    |                     | 0          | 0                                                               | 194.01 |
| 194.02                          | 07952 | SHARED SERVICES                        |                                       |                    |                     | 0          | 0                                                               | 194.02 |
| 194.03                          | 07953 | MERCY                                  |                                       |                    |                     | 5,554,581  | 0                                                               | 194.03 |
| 194.04                          | 07954 | SJMH SHARED SERVICES                   |                                       |                    |                     | 0          | 0                                                               | 194.04 |
| 194.06                          | 07956 | OTHER NONREIMBURSABLE                  |                                       |                    |                     | 0          | 0                                                               | 194.06 |
| 194.08                          | 07958 | REHAB HOSPITAL                         |                                       |                    |                     | 15,688     | 0                                                               | 194.08 |
| 194.09                          | 07960 | MERCY SAFEWATCH                        |                                       |                    |                     | 0          | 0                                                               | 194.09 |
| 200.00                          |       | Cross Foot Adjustments                 | 493,146                               | 26,566             | 5,826               | 810,798    | 0                                                               | 200.00 |
| 201.00                          |       | Negative Cost Centers                  | 0                                     | 0                  | 0                   | 0          | 0                                                               | 201.00 |
| 202.00                          |       | TOTAL (sum lines 118 through 201)      | 493,146                               | 26,566             | 5,826               | 79,704,508 | 0                                                               | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description                       |       | Total                                |       |
|-----------------------------------------------|-------|--------------------------------------|-------|
|                                               |       | 26.00                                |       |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                      |       |
| 1.00                                          | 00100 | CAP REL COSTS-BLDG & FIXT            | 1.00  |
| 1.01                                          | 00101 | OTHER BUILDING-MOB                   | 1.01  |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP            | 2.00  |
| 2.01                                          | 00201 | NEW CAP REL COSTS-MVBLE EQUIP-MOB    | 2.01  |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT         | 4.00  |
| 5.02                                          | 00500 | PURCHASING RECEIVING AND STORES      | 5.02  |
| 5.03                                          | 00550 | ADMITTING                            | 5.03  |
| 5.04                                          | 00560 | OTHER ADMINISTRATIVE AND GENERAL     | 5.04  |
| 6.00                                          | 00600 | MAINTENANCE & REPAIRS                | 6.00  |
| 7.00                                          | 00700 | OPERATION OF PLANT                   | 7.00  |
| 7.01                                          | 00701 | OTHER BUILDING-MOB                   | 7.01  |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE              | 8.00  |
| 9.00                                          | 00900 | HOUSEKEEPING                         | 9.00  |
| 9.01                                          | 00901 | HOUSEKEEPING-MED CENTER              | 9.01  |
| 9.02                                          | 00902 | HOUSEKEEPING-MOB                     | 9.02  |
| 10.00                                         | 01000 | DIETARY                              | 10.00 |
| 11.00                                         | 01100 | CAFETERIA                            | 11.00 |
| 13.00                                         | 01300 | NURSING ADMINISTRATION               | 13.00 |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY            | 14.00 |
| 15.00                                         | 01500 | PHARMACY                             | 15.00 |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY            | 16.00 |
| 17.00                                         | 01700 | SOCIAL SERVICE                       | 17.00 |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRV  | 21.00 |
| 22.00                                         | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV  | 22.00 |
| 23.00                                         | 02300 | PARAMED ED PRGM                      | 23.00 |
| 23.01                                         | 02301 | RADIOLOGY SCHOOL                     | 23.01 |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                      |       |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                  | 30.00 |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                  | 31.00 |
| 32.00                                         | 03200 | CORONARY CARE UNIT                   | 32.00 |
| 33.00                                         | 03300 | BURN INTENSIVE CARE UNIT             | 33.00 |
| 34.00                                         | 03400 | SURGICAL INTENSIVE CARE UNIT         | 34.00 |
| 35.00                                         | 02040 | NEONATAL INTENSIVE CARE UNIT         | 35.00 |
| 40.00                                         | 04000 | SUBPROVIDER - IPF                    | 40.00 |
| 41.00                                         | 04100 | SUBPROVIDER - IRF                    | 41.00 |
| 42.00                                         | 04200 | SUBPROVIDER                          | 42.00 |
| 43.00                                         | 04300 | NURSERY                              | 43.00 |
| 44.00                                         | 04400 | SKILLED NURSING FACILITY             | 44.00 |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                      |       |
| 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 |
| 54.01                                         | 05401 | ULTRASOUND                           | 54.01 |
| 55.00                                         | 05500 | RADIOLOGY-THERAPEUTIC                | 55.00 |
| 56.00                                         | 05600 | RADIOISOTOPE                         | 56.00 |
| 57.00                                         | 05700 | CT SCAN                              | 57.00 |
| 58.00                                         | 05800 | MRI                                  | 58.00 |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION              | 59.00 |
| 60.00                                         | 06000 | LABORATORY                           | 60.00 |
| 62.00                                         | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL  | 62.00 |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                  | 65.00 |
| 66.00                                         | 06600 | PHYSICAL THERAPY                     | 66.00 |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                    | 69.00 |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT  | 71.00 |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 72.00 |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS            | 73.00 |
| 74.00                                         | 07400 | RENAL DIALYSIS                       | 74.00 |
| 75.00                                         | 07500 | ASC (NON-DISTINCT PART)              | 75.00 |
| 76.00                                         | 03020 | CARDIAC REHAB                        | 76.00 |
| 76.01                                         | 03030 | GI LAB                               | 76.01 |
| 76.02                                         | 03040 | ECT                                  | 76.02 |
| 76.03                                         | 03050 | OP PSYCH                             | 76.03 |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                      |       |
| 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 | HYPERBARIC/OP WOUND                  | 90.01 |
| 91.00                                         | 09100 | EMERGENCY                            | 91.00 |
| 91.02                                         | 09101 | NATURAL FAMILY PLANNING              | 91.02 |
| 91.03                                         | 09102 | PAIN THERAPY CENTER                  | 91.03 |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 92.00 |
| 92.01                                         | 09201 | AMBULATORY CARE UNIT                 | 92.01 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description |                                 |                                        | Total      |        |
|-------------------------|---------------------------------|----------------------------------------|------------|--------|
|                         |                                 |                                        | 26.00      |        |
|                         | OTHER REIMBURSABLE COST CENTERS |                                        |            |        |
| 95.00                   | 09500                           | AMBULANCE SERVICES                     | 0          | 95.00  |
| 99.10                   | 09910                           | CORF                                   | 0          | 99.10  |
|                         | SPECIAL PURPOSE COST CENTERS    |                                        |            |        |
| 109.00                  | 10900                           | PANCREAS ACQUISITION                   | 0          | 109.00 |
| 110.00                  | 11000                           | INTESTINAL ACQUISITION                 | 0          | 110.00 |
| 111.00                  | 11100                           | ISLET ACQUISITION                      | 0          | 111.00 |
| 118.00                  |                                 | SUBTOTALS (SUM OF LINES 1 through 117) | 72,396,971 | 118.00 |
|                         | NONREIMBURSABLE COST CENTERS    |                                        |            |        |
| 190.00                  | 19000                           | GIFT FLOWER COFFEE SHOP & CANTEEN      | 327,820    | 190.00 |
| 190.01                  | 19001                           | VENDING MACHINES                       | 0          | 190.01 |
| 190.02                  | 19002                           | VISITOR MEALS                          | 0          | 190.02 |
| 191.00                  | 19100                           | RESEARCH                               | 52,703     | 191.00 |
| 192.00                  | 19200                           | PHYSICIANS PRIVATE OFFICES             | 128,173    | 192.00 |
| 193.00                  | 19300                           | NONPAID WORKERS                        | 122,693    | 193.00 |
| 193.01                  | 19301                           | MEALS ON WHEELS                        | 3,287      | 193.01 |
| 193.03                  | 19303                           | CONVENT                                | 0          | 193.03 |
| 193.06                  | 19306                           | VACANT SPACE                           | 135,693    | 193.06 |
| 193.07                  | 19307                           | SALES & SERVICE-PHYSICIAN PRACTICE     | 0          | 193.07 |
| 194.00                  | 07950                           | NEIGHBORHOOD MINISTRIES                | 156,101    | 194.00 |
| 194.01                  | 07951                           | HOSPICE                                | 0          | 194.01 |
| 194.02                  | 07952                           | SHARED SERVICES                        | 0          | 194.02 |
| 194.03                  | 07953                           | MERCY                                  | 5,554,581  | 194.03 |
| 194.04                  | 07954                           | SJMH SHARED SERVICES                   | 0          | 194.04 |
| 194.06                  | 07956                           | OTHER NONREIMBURSABLE                  | 0          | 194.06 |
| 194.08                  | 07958                           | REHAB HOSPITAL                         | 15,688     | 194.08 |
| 194.09                  | 07960                           | MERCY SAFEWATCH                        | 0          | 194.09 |
| 200.00                  |                                 | Cross Foot Adjustments                 | 810,798    | 200.00 |
| 201.00                  |                                 | Negative Cost Centers                  | 0          | 201.00 |
| 202.00                  |                                 | TOTAL (sum lines 118 through 201)      | 79,704,508 | 202.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet B-1

Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description                |       | CAPITAL RELATED COSTS               |                                        |                               |                                          | EMPLOYEE<br>BENEFITS<br>DEPARTMENT<br>(GROSS SALA<br>RIE) |             |
|----------------------------------------|-------|-------------------------------------|----------------------------------------|-------------------------------|------------------------------------------|-----------------------------------------------------------|-------------|
|                                        |       | BLDG & FIXT<br>(SQUARE FEET)        | OTHER<br>BUILDING-MOB<br>(SQUARE FEET) | MVBLE EQUIP<br>(DOLLAR VALUE) | NEW MVBLE<br>EQUIP-MOB<br>(DOLLAR VALUE) |                                                           |             |
|                                        |       | 1.00                                | 1.01                                   | 2.00                          | 2.01                                     | 4.00                                                      |             |
| GENERAL SERVICE COST CENTERS           |       |                                     |                                        |                               |                                          |                                                           |             |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT           | 1,785,363                              |                               |                                          |                                                           | 1.00        |
| 1.01                                   | 00101 | OTHER BUILDING-MOB                  | 0                                      | 468,212                       |                                          |                                                           | 1.01        |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP           |                                        | 17,990,018                    |                                          |                                                           | 2.00        |
| 2.01                                   | 00201 | NEW CAP REL COSTS-MVBLE EQUIP-MOB   |                                        | 0                             | 2,868,491                                |                                                           | 2.01        |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT        | 11,099                                 | 849                           | 2,312                                    | 177                                                       | 354,460,409 |
| 5.02                                   | 00590 | PURCHASING RECEIVING AND STORES     | 0                                      | 0                             | 0                                        | 0                                                         | 5.02        |
| 5.03                                   | 00550 | ADMITTING                           | 5,446                                  | 2,844                         | 2,933                                    | 1,531                                                     | 3,546,367   |
| 5.04                                   | 00560 | OTHER ADMINISTRATIVE AND GENERAL    | 103,075                                | 15,504                        | 552,477                                  | 83,101                                                    | 19,583,894  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS               | 244,889                                | 0                             | 383,062                                  | 0                                                         | 2,776,817   |
| 7.00                                   | 00700 | OPERATION OF PLANT                  | 6,568                                  | 0                             | 90,251                                   | 0                                                         | 1,711,481   |
| 7.01                                   | 00701 | OTHER BUILDING-MOB                  | 0                                      | 0                             | 0                                        | 15,770                                                    | 0           |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE             | 9,523                                  | 0                             | 17,705                                   | 0                                                         | 655,204     |
| 9.00                                   | 00900 | HOUSEKEEPING                        | 17,771                                 | 0                             | 79,136                                   | 0                                                         | 6,658,757   |
| 9.01                                   | 00901 | HOUSEKEEPING-MED CENTER             | 0                                      | 0                             | 0                                        | 0                                                         | 0           |
| 9.02                                   | 00902 | HOUSEKEEPING-MOB                    | 0                                      | 0                             | 0                                        | 0                                                         | 0           |
| 10.00                                  | 01000 | DIETARY                             | 40,946                                 | 3,950                         | 136,245                                  | 13,143                                                    | 7,545,739   |
| 11.00                                  | 01100 | CAFETERIA                           | 0                                      | 0                             | 0                                        | 0                                                         | 0           |
| 13.00                                  | 01300 | NURSING ADMINISTRATION              | 12,676                                 | 0                             | 833,713                                  | 0                                                         | 3,577,545   |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY           | 24,373                                 | 0                             | 288,074                                  | 0                                                         | 3,607,660   |
| 15.00                                  | 01500 | PHARMACY                            | 16,538                                 | 483                           | 730,969                                  | 21,348                                                    | 9,552,896   |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY           | 4,857                                  | 0                             | 0                                        | 0                                                         | 2,063       |
| 17.00                                  | 01700 | SOCIAL SERVICE                      | 4,786                                  | 0                             | 0                                        | 0                                                         | 0           |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV | 981                                    | 0                             | 46,664                                   | 0                                                         | 5,670,031   |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV | 6,734                                  | 7,962                         | 25,642                                   | 30,320                                                    | 5,474,548   |
| 23.00                                  | 02300 | PARAMED ED PRGM                     | 906                                    | 0                             | 1,778                                    | 0                                                         | 223,713     |
| 23.01                                  | 02301 | RADIOLOGY SCHOOL                    | 0                                      | 0                             | 518                                      | 0                                                         | 209,876     |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                     |                                        |                               |                                          |                                                           |             |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                 | 423,952                                | 3,701                         | 2,329,296                                | 20,334                                                    | 94,614,283  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                 | 41,645                                 | 1,199                         | 556,074                                  | 16,010                                                    | 17,668,361  |
| 32.00                                  | 03200 | CORONARY CARE UNIT                  | 877                                    | 0                             | 133,686                                  | 0                                                         | 3,562,257   |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT            | 9,006                                  | 0                             | 110,194                                  | 0                                                         | 2,407,264   |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT        | 0                                      | 0                             | 0                                        | 0                                                         | 0           |
| 35.00                                  | 02040 | NEONATAL INTENSIVE CARE UNIT        | 64,555                                 | 0                             | 518,849                                  | 0                                                         | 16,171,603  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                   | 12,882                                 | 0                             | 25,151                                   | 0                                                         | 2,653,761   |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                   | 0                                      | 0                             | 0                                        | 0                                                         | 0           |
| 42.00                                  | 04200 | SUBPROVIDER                         | 0                                      | 0                             | 0                                        | 0                                                         | 0           |
| 43.00                                  | 04300 | NURSERY                             | 34,120                                 | 356                           | 472                                      | 5                                                         | 3,415,600   |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY            | 0                                      | 0                             | 0                                        | 0                                                         | 0           |
| ANCILLARY SERVICE COST CENTERS         |       |                                     |                                        |                               |                                          |                                                           |             |
| 50.00                                  | 05000 | OPERATING ROOM                      | 88,370                                 | 0                             | 4,035,189                                | 0                                                         | 17,535,128  |
| 51.00                                  | 05100 | RECOVERY ROOM                       | 5,669                                  | 0                             | 891                                      | 0                                                         | 2,120,899   |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM          | 69,835                                 | 0                             | 601,805                                  | 0                                                         | 12,298,366  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                      | 4,808                                  | 0                             | 399,467                                  | 0                                                         | 568,155     |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                | 25,223                                 | 44,305                        | 730,738                                  | 1,283,564                                                 | 8,940,189   |
| 54.01                                  | 05401 | ULTRASOUND                          | 12,765                                 | 4,744                         | 182,443                                  | 67,799                                                    | 2,138,602   |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC               | 31,796                                 | 9,188                         | 726,850                                  | 210,036                                                   | 2,314,861   |
| 56.00                                  | 05600 | RADIOISOTOPE                        | 14,855                                 | 3,403                         | 56,177                                   | 12,869                                                    | 946,308     |
| 57.00                                  | 05700 | CT SCAN                             | 6,871                                  | 0                             | 152,304                                  | 0                                                         | 1,036,279   |
| 58.00                                  | 05800 | MRI                                 | 11,257                                 | 0                             | 500,782                                  | 0                                                         | 814,618     |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION             | 20,863                                 | 0                             | 423,311                                  | 0                                                         | 2,341,396   |
| 60.00                                  | 06000 | LABORATORY                          | 40,437                                 | 8,556                         | 1,002,151                                | 212,043                                                   | 13,437,169  |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL | 8,157                                  | 0                             | 70,512                                   | 0                                                         | 1,506,091   |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                 | 15,172                                 | 6,074                         | 310,743                                  | 124,404                                                   | 8,480,206   |
| 66.00                                  | 06600 | PHYSICAL THERAPY                    | 12,692                                 | 59,234                        | 33,615                                   | 156,881                                                   | 14,977,085  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                   | 22,640                                 | 7,902                         | 265,765                                  | 92,760                                                    | 6,195,093   |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 0                                      | 0                             | 0                                        | 0                                                         | 0           |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS      | 0                                      | 0                             | 0                                        | 0                                                         | 0           |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS           | 0                                      | 0                             | 0                                        | 0                                                         | 0           |
| 74.00                                  | 07400 | RENAL DIALYSIS                      | 3,512                                  | 0                             | 66,915                                   | 0                                                         | 1,103,777   |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)             | 25,604                                 | 17,836                        | 166,682                                  | 116,112                                                   | 4,585,390   |
| 76.00                                  | 03020 | CARDIAC REHAB                       | 5,164                                  | 0                             | 25,978                                   | 0                                                         | 827,007     |
| 76.01                                  | 03030 | GI LAB                              | 20,679                                 | 6,040                         | 440,910                                  | 128,785                                                   | 4,041,724   |
| 76.02                                  | 03040 | ECT                                 | 1,649                                  | 0                             | 3,042                                    | 0                                                         | 109,711     |
| 76.03                                  | 03050 | OP PSYCH                            | 14,055                                 | 0                             | 5,702                                    | 0                                                         | 570,638     |
| OUTPATIENT SERVICE COST CENTERS        |       |                                     |                                        |                               |                                          |                                                           |             |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                 | 0                                      | 0                             | 0                                        | 0                                                         | 0           |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER   | 0                                      | 0                             | 0                                        | 0                                                         | 0           |
| 90.00                                  | 09000 | CLINIC                              | 31,746                                 | 13,093                        | 466,331                                  | 192,329                                                   | 7,880,481   |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet B-1

Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description         |       |                                                        | CAPITAL RELATED COSTS        |                                        |                               |                                          | EMPLOYEE<br>BENEFITS<br>DEPARTMENT<br>(GROSS SALA<br>RIE) |        |
|---------------------------------|-------|--------------------------------------------------------|------------------------------|----------------------------------------|-------------------------------|------------------------------------------|-----------------------------------------------------------|--------|
|                                 |       |                                                        | BLDG & FIXT<br>(SQUARE FEET) | OTHER<br>BUILDING-MOB<br>(SQUARE FEET) | MVBLE EQUIP<br>(DOLLAR VALUE) | NEW MVBLE<br>EQUIP-MOB<br>(DOLLAR VALUE) |                                                           |        |
|                                 |       |                                                        | 1.00                         | 1.01                                   | 2.00                          | 2.01                                     | 4.00                                                      |        |
| 90.01                           | 09001 | HYPERBARIC/OP WOUND                                    | 0                            | 4,328                                  | 0                             | 16,133                                   | 1,340,385                                                 | 90.01  |
| 91.00                           | 09100 | EMERGENCY                                              | 46,877                       | 5,794                                  | 406,246                       | 50,212                                   | 22,258,057                                                | 91.00  |
| 91.02                           | 09101 | NATURAL FAMILY PLANNING                                | 0                            | 0                                      | 0                             | 0                                        | 0                                                         | 91.02  |
| 91.03                           | 09102 | PAIN THERAPY CENTER                                    | 0                            | 0                                      | 0                             | 0                                        | 0                                                         | 91.03  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART                    |                              |                                        |                               |                                          |                                                           | 92.00  |
| 92.01                           | 09201 | AMBULATORY CARE UNIT                                   | 8,696                        | 0                                      | 40,165                        | 0                                        | 919,378                                                   | 92.01  |
| OTHER REIMBURSABLE COST CENTERS |       |                                                        |                              |                                        |                               |                                          |                                                           |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                                     | 0                            | 0                                      | 0                             | 0                                        | 0                                                         | 95.00  |
| 99.10                           | 09910 | CORF                                                   | 0                            | 0                                      | 0                             | 0                                        | 0                                                         | 99.10  |
| 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 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117)                 | 1,647,597                    | 227,345                                | 17,979,915                    | 2,865,666                                | 350,576,713                                               | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                                        |                              |                                        |                               |                                          |                                                           |        |
| 190.00                          | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN                      | 8,188                        | 634                                    | 253                           | 20                                       | 233,082                                                   | 190.00 |
| 190.01                          | 19001 | VENDING MACHINES                                       | 0                            | 0                                      | 0                             | 0                                        | 0                                                         | 190.01 |
| 190.02                          | 19002 | VISITOR MEALS                                          | 0                            | 0                                      | 0                             | 0                                        | 0                                                         | 190.02 |
| 191.00                          | 19100 | RESEARCH                                               | 0                            | 2,396                                  | 0                             | 1,359                                    | 515,993                                                   | 191.00 |
| 192.00                          | 19200 | PHYSICIANS PRIVATE OFFICES                             | 4,380                        | 0                                      | 3,193                         | 0                                        | 1,082,912                                                 | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                                        | 5,348                        | 0                                      | 5,916                         | 0                                        | 181,182                                                   | 193.00 |
| 193.01                          | 19301 | MEALS ON WHEELS                                        | 0                            | 0                                      | 0                             | 0                                        | 0                                                         | 193.01 |
| 193.03                          | 19303 | CONVENT                                                | 0                            | 0                                      | 0                             | 0                                        | 0                                                         | 193.03 |
| 193.06                          | 19306 | VACANT SPACE                                           | 0                            | 9,924                                  | 0                             | 0                                        | 0                                                         | 193.06 |
| 193.07                          | 19307 | SALES & SERVICE-PHYSICIAN PRACTICE                     | 0                            | 0                                      | 0                             | 0                                        | 0                                                         | 193.07 |
| 194.00                          | 07950 | NEIGHBORHOOD MINISTRIES                                | 2,303                        | 0                                      | 0                             | 0                                        | 139,163                                                   | 194.00 |
| 194.01                          | 07951 | HOSPICE                                                | 0                            | 0                                      | 0                             | 0                                        | 0                                                         | 194.01 |
| 194.02                          | 07952 | SHARED SERVICES                                        | 0                            | 0                                      | 0                             | 0                                        | 0                                                         | 194.02 |
| 194.03                          | 07953 | MERCY                                                  | 116,775                      | 227,913                                | 741                           | 1,446                                    | 1,731,314                                                 | 194.03 |
| 194.04                          | 07954 | SJMH SHARED SERVICES                                   | 0                            | 0                                      | 0                             | 0                                        | 0                                                         | 194.04 |
| 194.06                          | 07956 | OTHER NONREIMBURSABLE                                  | 0                            | 0                                      | 0                             | 0                                        | 0                                                         | 194.06 |
| 194.08                          | 07958 | REHAB HOSPITAL                                         | 772                          | 0                                      | 0                             | 0                                        | 50                                                        | 194.08 |
| 194.09                          | 07960 | MERCY SAFEWATCH                                        | 0                            | 0                                      | 0                             | 0                                        | 0                                                         | 194.09 |
| 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)             | 27,436,669                   | 5,539,986                              | 18,971,881                    | 3,518,102                                | 73,314,298                                                | 202.00 |
| 203.00                          |       | Unit cost multiplier (Wkst. B, Part I)                 | 15.367558                    | 11.832217                              | 1.054578                      | 1.226464                                 | 0.206834                                                  | 203.00 |
| 204.00                          |       | Cost to be allocated (per Wkst. B, Part II)            |                              |                                        |                               |                                          | 183,266                                                   | 204.00 |
| 205.00                          |       | Unit cost multiplier (Wkst. B, Part II)                |                              |                                        |                               |                                          | 0.000517                                                  | 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: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet B-1

Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description                       |       | PURCHASING<br>RECEIVING AND<br>STORES<br>(PURCHASING G) | ADMITTING<br>(GROSS REVE<br>UE) | Reconciliation | OTHER<br>ADMINISTRATIVE<br>AND GENERAL<br>(ACCUM. COST) | MAINTENANCE &<br>REPAIRS<br>(SQUARE FEET) |       |
|-----------------------------------------------|-------|---------------------------------------------------------|---------------------------------|----------------|---------------------------------------------------------|-------------------------------------------|-------|
|                                               |       | 5.02                                                    | 5.03                            | 5A.04          | 5.04                                                    | 6.00                                      |       |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                                         |                                 |                |                                                         |                                           |       |
| 1.00                                          | 00100 | CAP REL COSTS-BLDG & FIXT                               |                                 |                |                                                         |                                           | 1.00  |
| 1.01                                          | 00101 | OTHER BUILDING-MOB                                      |                                 |                |                                                         |                                           | 1.01  |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP                               |                                 |                |                                                         |                                           | 2.00  |
| 2.01                                          | 00201 | NEW CAP REL COSTS-MVBLE EQUIP-MOB                       |                                 |                |                                                         |                                           | 2.01  |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT                            |                                 |                |                                                         |                                           | 4.00  |
| 5.02                                          | 00590 | PURCHASING RECEIVING AND STORES                         | 29,838,857                      |                |                                                         |                                           | 5.02  |
| 5.03                                          | 00550 | ADMITTING                                               | 52,401                          | 4,598,001,888  |                                                         |                                           | 5.03  |
| 5.04                                          | 00560 | OTHER ADMINISTRATIVE AND GENERAL                        | 1,116,314                       | 0              | -216,359,487                                            | 799,218,711                               | 5.04  |
| 6.00                                          | 00600 | MAINTENANCE & REPAIRS                                   | 23,215                          | 0              | 0                                                       | 13,187,402                                | 6.00  |
| 7.00                                          | 00700 | OPERATION OF PLANT                                      | 42,355                          | 0              | 0                                                       | 24,459,030                                | 7.00  |
| 7.01                                          | 00701 | OTHER BUILDING-MOB                                      | 0                               | 0              | 0                                                       | 2,549,159                                 | 7.01  |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE                                 | 319,587                         | 0              | 0                                                       | 4,530,533                                 | 8.00  |
| 9.00                                          | 00900 | HOUSEKEEPING                                            | 730,073                         | 0              | 0                                                       | 10,977,806                                | 9.00  |
| 9.01                                          | 00901 | HOUSEKEEPING-MED CENTER                                 | 0                               | 0              | 0                                                       | 0                                         | 9.01  |
| 9.02                                          | 00902 | HOUSEKEEPING-MOB                                        | 0                               | 0              | 0                                                       | 0                                         | 9.02  |
| 10.00                                         | 01000 | DIETARY                                                 | 5,202,383                       | 0              | 0                                                       | 10,692,204                                | 10.00 |
| 11.00                                         | 01100 | CAFETERIA                                               | 0                               | 0              | 0                                                       | 0                                         | 11.00 |
| 13.00                                         | 01300 | NURSING ADMINISTRATION                                  | 39,647                          | 0              | 0                                                       | 5,582,529                                 | 13.00 |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY                               | 90,170                          | 0              | 0                                                       | 5,072,949                                 | 14.00 |
| 15.00                                         | 01500 | PHARMACY                                                | 359,044                         | 0              | 0                                                       | 14,562,610                                | 15.00 |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY                               | 30                              | 0              | 0                                                       | 1,494,629                                 | 16.00 |
| 17.00                                         | 01700 | SOCIAL SERVICE                                          | 0                               | 0              | 0                                                       | 73,639                                    | 17.00 |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRV                     | 5,839                           | 0              | 0                                                       | 8,020,740                                 | 21.00 |
| 22.00                                         | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV                     | 26,947                          | 0              | 0                                                       | 7,236,502                                 | 22.00 |
| 23.00                                         | 02300 | PARAMED ED PRGM                                         | 3,065                           | 0              | 0                                                       | 246,902                                   | 23.00 |
| 23.01                                         | 02301 | RADIOLOGY SCHOOL                                        | 2,510                           | 0              | 0                                                       | 195,361                                   | 23.01 |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                                         |                                 |                |                                                         |                                           |       |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                                     | 1,108,028                       | 355,170,815    | 0                                                       | 112,402,100                               | 30.00 |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                                     | 145,746                         | 94,763,135     | 0                                                       | 26,362,812                                | 31.00 |
| 32.00                                         | 03200 | CORONARY CARE UNIT                                      | 39,846                          | 13,930,335     | 0                                                       | 5,030,290                                 | 32.00 |
| 33.00                                         | 03300 | BURN INTENSIVE CARE UNIT                                | 31,702                          | 12,627,186     | 0                                                       | 3,456,615                                 | 33.00 |
| 34.00                                         | 03400 | SURGICAL INTENSIVE CARE UNIT                            | 0                               | 0              | 0                                                       | 0                                         | 34.00 |
| 35.00                                         | 02040 | NEONATAL INTENSIVE CARE UNIT                            | 248,646                         | 139,796,034    | 0                                                       | 22,235,129                                | 35.00 |
| 40.00                                         | 04000 | SUBPROVIDER - IPF                                       | 34,078                          | 10,711,071     | 0                                                       | 2,878,185                                 | 40.00 |
| 41.00                                         | 04100 | SUBPROVIDER - IRF                                       | 0                               | 0              | 0                                                       | 0                                         | 41.00 |
| 42.00                                         | 04200 | SUBPROVIDER                                             | 0                               | 0              | 0                                                       | 0                                         | 42.00 |
| 43.00                                         | 04300 | NURSERY                                                 | 114,283                         | 19,174,779     | 0                                                       | 5,535,338                                 | 43.00 |
| 44.00                                         | 04400 | SKILLED NURSING FACILITY                                | 0                               | 0              | 0                                                       | 0                                         | 44.00 |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                                         |                                 |                |                                                         |                                           |       |
| 50.00                                         | 05000 | OPERATING ROOM                                          | 1,257,196                       | 303,073,460    | 0                                                       | 32,266,072                                | 50.00 |
| 51.00                                         | 05100 | RECOVERY ROOM                                           | 7,188                           | 65,997,450     | 0                                                       | 2,761,562                                 | 51.00 |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM                              | 137,640                         | 54,459,797     | 0                                                       | 17,335,212                                | 52.00 |
| 53.00                                         | 05300 | ANESTHESIOLOGY                                          | 17,801                          | 100,359,248    | 0                                                       | 5,284,504                                 | 53.00 |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                                    | 137,600                         | 112,135,518    | 0                                                       | 15,173,505                                | 54.00 |
| 54.01                                         | 05401 | ULTRASOUND                                              | 17,669                          | 62,462,780     | 0                                                       | 3,343,478                                 | 54.01 |
| 55.00                                         | 05500 | RADIOLOGY-THERAPEUTIC                                   | 25,016                          | 119,771,864    | 0                                                       | 7,684,244                                 | 55.00 |
| 56.00                                         | 05600 | RADIOISOTOPE                                            | 124,676                         | 45,896,375     | 0                                                       | 1,731,892                                 | 56.00 |
| 57.00                                         | 05700 | CT SCAN                                                 | 81,793                          | 241,477,948    | 0                                                       | 2,004,919                                 | 57.00 |
| 58.00                                         | 05800 | MRI                                                     | 26,387                          | 106,329,958    | 0                                                       | 2,601,458                                 | 58.00 |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION                                 | 92,958                          | 101,128,301    | 0                                                       | 2,264,323                                 | 59.00 |
| 60.00                                         | 06000 | LABORATORY                                              | 14,339,309                      | 451,101,475    | 0                                                       | 59,980,857                                | 60.00 |
| 62.00                                         | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL                     | 2,176,536                       | 28,569,229     | 0                                                       | 4,018,327                                 | 62.00 |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                                     | 194,126                         | 79,089,688     | 0                                                       | 10,797,529                                | 65.00 |
| 66.00                                         | 06600 | PHYSICAL THERAPY                                        | 150,424                         | 75,843,343     | 0                                                       | 19,210,915                                | 66.00 |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                                       | 104,583                         | 167,004,546    | 0                                                       | 8,338,621                                 | 69.00 |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT                     | 0                               | 224,195,419    | 0                                                       | 48,467,134                                | 71.00 |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENTS                          | 0                               | 135,486,400    | 0                                                       | 60,346,516                                | 72.00 |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS                               | 0                               | 1,077,591,158  | 0                                                       | 146,701,306                               | 73.00 |
| 74.00                                         | 07400 | RENAL DIALYSIS                                          | 9,886                           | 10,014,798     | 0                                                       | 1,551,866                                 | 74.00 |
| 75.00                                         | 07500 | ASC (NON-DISTINCT PART)                                 | 84,479                          | 29,066,699     | 0                                                       | 6,569,665                                 | 75.00 |
| 76.00                                         | 03020 | CARDIAC REHAB                                           | 7,745                           | 2,554,347      | 0                                                       | 1,134,143                                 | 76.00 |
| 76.01                                         | 03030 | GI LAB                                                  | 115,478                         | 95,005,931     | 0                                                       | 6,906,151                                 | 76.01 |
| 76.02                                         | 03040 | ECT                                                     | 1,618                           | 1,069,336      | 0                                                       | 151,948                                   | 76.02 |
| 76.03                                         | 03050 | OP PSYCH                                                | 5,738                           | 6,901,520      | 0                                                       | 527,733                                   | 76.03 |
| <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                                                  | 395,336                         | 20,909,794     | 0                                                       | 12,439,013                                | 90.00 |
| 90.01                                         | 09001 | HYPERBARIC/OP WOUND                                     | 35,249                          | 4,599,376      | 0                                                       | 1,320,653                                 | 90.01 |
| 91.00                                         | 09100 | EMERGENCY                                               | 431,735                         | 221,603,253    | 0                                                       | 19,335,287                                | 91.00 |
| 91.02                                         | 09101 | NATURAL FAMILY PLANNING                                 | 0                               | 0              | 0                                                       | 0                                         | 91.02 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet B-1

Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description         |       |                                                        | PURCHASING<br>RECEIVING AND<br>STORES<br>(PURCHASING G) | ADMITTING<br>(GROSS REVE<br>UE) | Reconciliation | OTHER<br>ADMINISTRATIVE<br>AND GENERAL<br>(ACCUM. COST) | MAINTENANCE &<br>REPAIRS<br>(SQUARE FEET) |        |
|---------------------------------|-------|--------------------------------------------------------|---------------------------------------------------------|---------------------------------|----------------|---------------------------------------------------------|-------------------------------------------|--------|
|                                 |       |                                                        | 5.02                                                    | 5.03                            | 5A.04          | 5.04                                                    | 6.00                                      |        |
| 91.03                           | 09102 | PAIN THERAPY CENTER                                    | 0                                                       | 0                               | 0              | 0                                                       | 0                                         | 91.03  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART                    |                                                         |                                 |                |                                                         |                                           | 92.00  |
| 92.01                           | 09201 | AMBULATORY CARE UNIT                                   | 14,212                                                  | 5,254,036                       | 0              | 1,363,978                                               | 8,696                                     | 92.01  |
| OTHER REIMBURSABLE COST CENTERS |       |                                                        |                                                         |                                 |                |                                                         |                                           |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                                     | 0                                                       | 0                               | 0              | 0                                                       | 0                                         | 95.00  |
| 99.10                           | 09910 | CORF                                                   | 0                                                       | 0                               | 0              | 0                                                       | 0                                         | 99.10  |
| 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 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117)                 | 29,728,287                                              | 4,595,126,402                   | -216,359,487   | 788,395,275                                             | 1,283,088                                 | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                                        |                                                         |                                 |                |                                                         |                                           |        |
| 190.00                          | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN                      | 2,245                                                   | 0                               | 0              | 1,124,734                                               | 8,188                                     | 190.00 |
| 190.01                          | 19001 | VENDING MACHINES                                       | 0                                                       | 0                               | 0              | 0                                                       | 0                                         | 190.01 |
| 190.02                          | 19002 | VISITOR MEALS                                          | 0                                                       | 0                               | 0              | 0                                                       | 0                                         | 190.02 |
| 191.00                          | 19100 | RESEARCH                                               | 0                                                       | 0                               | 0              | 721,061                                                 | 0                                         | 191.00 |
| 192.00                          | 19200 | PHYSICIANS PRIVATE OFFICES                             | 9,888                                                   | 2,875,486                       | 0              | 1,402,018                                               | 4,380                                     | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                                        | 19,454                                                  | 0                               | 0              | 376,230                                                 | 5,348                                     | 193.00 |
| 193.01                          | 19301 | MEALS ON WHEELS                                        | 0                                                       | 0                               | 0              | 0                                                       | 0                                         | 193.01 |
| 193.03                          | 19303 | CONVENT                                                | 0                                                       | 0                               | 0              | 0                                                       | 0                                         | 193.03 |
| 193.06                          | 19306 | VACANT SPACE                                           | 0                                                       | 0                               | 0              | 117,423                                                 | 0                                         | 193.06 |
| 193.07                          | 19307 | SALES & SERVICE-PHYSICIAN PRACTICE                     | 0                                                       | 0                               | 0              | 0                                                       | 0                                         | 193.07 |
| 194.00                          | 07950 | NEIGHBORHOOD MINISTRIES                                | 2,043                                                   | 0                               | 0              | 314,418                                                 | 2,303                                     | 194.00 |
| 194.01                          | 07951 | HOSPICE                                                | 0                                                       | 0                               | 0              | 0                                                       | 0                                         | 194.01 |
| 194.02                          | 07952 | SHARED SERVICES                                        | 0                                                       | 0                               | 0              | 0                                                       | 0                                         | 194.02 |
| 194.03                          | 07953 | MERCY                                                  | 74,989                                                  | 0                               | 0              | 6,755,631                                               | 116,775                                   | 194.03 |
| 194.04                          | 07954 | SJMH SHARED SERVICES                                   | 0                                                       | 0                               | 0              | 0                                                       | 0                                         | 194.04 |
| 194.06                          | 07956 | OTHER NONREIMBURSABLE                                  | 0                                                       | 0                               | 0              | 0                                                       | 0                                         | 194.06 |
| 194.08                          | 07958 | REHAB HOSPITAL                                         | 1,951                                                   | 0                               | 0              | 11,921                                                  | 772                                       | 194.08 |
| 194.09                          | 07960 | MERCY SAFEWATCH                                        | 0                                                       | 0                               | 0              | 0                                                       | 0                                         | 194.09 |
| 200.00                          |       | Cross Foot Adjustments                                 |                                                         |                                 |                |                                                         |                                           | 200.00 |
| 201.00                          |       | Negative Cost Centers                                  |                                                         |                                 |                |                                                         |                                           | 201.00 |
| 202.00                          |       | Cost to be allocated (per Wkst. B, Part I)             | 0                                                       | 4,421,176                       |                | 216,359,487                                             | 16,757,416                                | 202.00 |
| 203.00                          |       | Unit cost multiplier (Wkst. B, Part I)                 | 0.000000                                                | 0.000962                        |                | 0.270714                                                | 11.793904                                 | 203.00 |
| 204.00                          |       | Cost to be allocated (per Wkst. B, Part II)            | 0                                                       | 124,147                         |                | 20,023,796                                              | 4,510,046                                 | 204.00 |
| 205.00                          |       | Unit cost multiplier (Wkst. B, Part II)                | 0.000000                                                | 0.000027                        |                | 0.025054                                                | 3.174180                                  | 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: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet B-1

Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description                       |       | OPERATION OF PLANT<br>(SQUARE FEET) | OTHER BUILDING-MOB<br>(SQUARE FEET) | LAUNDRY & LINEN SERVICE<br>(POUNDS LAUNDRY) | HOUSEKEEPING<br>(HOURS OF SERVICE) | HOUSEKEEPING-MED CENTER<br>(SQUARE FEET) |       |
|-----------------------------------------------|-------|-------------------------------------|-------------------------------------|---------------------------------------------|------------------------------------|------------------------------------------|-------|
|                                               |       | 7.00                                | 7.01                                | 8.00                                        | 9.00                               | 9.01                                     |       |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                     |                                     |                                             |                                    |                                          |       |
| 1.00                                          | 00100 | CAP REL COSTS-BLDG & FIXT           |                                     |                                             |                                    |                                          | 1.00  |
| 1.01                                          | 00101 | OTHER BUILDING-MOB                  |                                     |                                             |                                    |                                          | 1.01  |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP           |                                     |                                             |                                    |                                          | 2.00  |
| 2.01                                          | 00201 | NEW CAP REL COSTS-MVBLE EQUIP-MOB   |                                     |                                             |                                    |                                          | 2.01  |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT        |                                     |                                             |                                    |                                          | 4.00  |
| 5.02                                          | 00590 | PURCHASING RECEIVING AND STORES     |                                     |                                             |                                    |                                          | 5.02  |
| 5.03                                          | 00550 | ADMITTING                           |                                     |                                             |                                    |                                          | 5.03  |
| 5.04                                          | 00560 | OTHER ADMINISTRATIVE AND GENERAL    |                                     |                                             |                                    |                                          | 5.04  |
| 6.00                                          | 00600 | MAINTENANCE & REPAIRS               |                                     |                                             |                                    |                                          | 6.00  |
| 7.00                                          | 00700 | OPERATION OF PLANT                  | 1,414,286                           |                                             |                                    |                                          | 7.00  |
| 7.01                                          | 00701 | OTHER BUILDING-MOB                  | 0                                   | 449,015                                     |                                    |                                          | 7.01  |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE             | 9,523                               | 0                                           | 205,327                            |                                          | 8.00  |
| 9.00                                          | 00900 | HOUSEKEEPING                        | 17,771                              | 0                                           | 2                                  | 350,450                                  | 9.00  |
| 9.01                                          | 00901 | HOUSEKEEPING-MED CENTER             | 0                                   | 0                                           | 0                                  | 303,489                                  | 9.01  |
| 9.02                                          | 00902 | HOUSEKEEPING-MOB                    | 0                                   | 0                                           | 0                                  | 46,961                                   | 9.02  |
| 10.00                                         | 01000 | DIETARY                             | 40,946                              | 3,950                                       | 0                                  | 0                                        | 10.00 |
| 11.00                                         | 01100 | CAFETERIA                           | 0                                   | 0                                           | 0                                  | 0                                        | 11.00 |
| 13.00                                         | 01300 | NURSING ADMINISTRATION              | 12,676                              | 0                                           | 0                                  | 0                                        | 13.00 |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY           | 24,373                              | 0                                           | 11                                 | 0                                        | 14.00 |
| 15.00                                         | 01500 | PHARMACY                            | 16,538                              | 483                                         | 0                                  | 0                                        | 15.00 |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY           | 4,857                               | 0                                           | 0                                  | 0                                        | 16.00 |
| 17.00                                         | 01700 | SOCIAL SERVICE                      | 4,786                               | 0                                           | 0                                  | 0                                        | 17.00 |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRV | 981                                 | 0                                           | 91                                 | 0                                        | 21.00 |
| 22.00                                         | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV | 6,734                               | 7,962                                       | 0                                  | 0                                        | 22.00 |
| 23.00                                         | 02300 | PARAMED ED PRGM                     | 906                                 | 0                                           | 0                                  | 0                                        | 23.00 |
| 23.01                                         | 02301 | RADIOLOGY SCHOOL                    | 0                                   | 0                                           | 0                                  | 0                                        | 23.01 |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                     |                                     |                                             |                                    |                                          |       |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                 | 423,952                             | 3,701                                       | 109,784                            | 0                                        | 30.00 |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                 | 41,645                              | 1,199                                       | 15,170                             | 0                                        | 31.00 |
| 32.00                                         | 03200 | CORONARY CARE UNIT                  | 877                                 | 0                                           | 8,192                              | 0                                        | 32.00 |
| 33.00                                         | 03300 | BURN INTENSIVE CARE UNIT            | 9,006                               | 0                                           | 4,453                              | 0                                        | 33.00 |
| 34.00                                         | 03400 | SURGICAL INTENSIVE CARE UNIT        | 0                                   | 0                                           | 0                                  | 0                                        | 34.00 |
| 35.00                                         | 02040 | NEONATAL INTENSIVE CARE UNIT        | 64,555                              | 0                                           | 6,791                              | 0                                        | 35.00 |
| 40.00                                         | 04000 | SUBPROVIDER - IPF                   | 12,882                              | 0                                           | 0                                  | 0                                        | 40.00 |
| 41.00                                         | 04100 | SUBPROVIDER - IRF                   | 0                                   | 0                                           | 0                                  | 0                                        | 41.00 |
| 42.00                                         | 04200 | SUBPROVIDER                         | 0                                   | 0                                           | 0                                  | 0                                        | 42.00 |
| 43.00                                         | 04300 | NURSERY                             | 34,120                              | 356                                         | 0                                  | 0                                        | 43.00 |
| 44.00                                         | 04400 | SKILLED NURSING FACILITY            | 0                                   | 0                                           | 0                                  | 0                                        | 44.00 |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                     |                                     |                                             |                                    |                                          |       |
| 50.00                                         | 05000 | OPERATING ROOM                      | 88,370                              | 0                                           | 6,561                              | 0                                        | 50.00 |
| 51.00                                         | 05100 | RECOVERY ROOM                       | 5,669                               | 0                                           | 1,230                              | 0                                        | 51.00 |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM          | 69,835                              | 0                                           | 13,837                             | 0                                        | 52.00 |
| 53.00                                         | 05300 | ANESTHESIOLOGY                      | 4,808                               | 0                                           | 0                                  | 0                                        | 53.00 |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                | 25,223                              | 44,305                                      | 2,120                              | 0                                        | 54.00 |
| 54.01                                         | 05401 | ULTRASOUND                          | 12,765                              | 4,744                                       | 2,021                              | 0                                        | 54.01 |
| 55.00                                         | 05500 | RADIOLOGY-THERAPEUTIC               | 31,796                              | 9,188                                       | 0                                  | 0                                        | 55.00 |
| 56.00                                         | 05600 | RADIOISOTOPE                        | 14,855                              | 3,403                                       | 609                                | 0                                        | 56.00 |
| 57.00                                         | 05700 | CT SCAN                             | 6,871                               | 0                                           | 1,850                              | 0                                        | 57.00 |
| 58.00                                         | 05800 | MRI                                 | 11,257                              | 0                                           | 1,388                              | 0                                        | 58.00 |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION             | 20,863                              | 0                                           | 3,118                              | 0                                        | 59.00 |
| 60.00                                         | 06000 | LABORATORY                          | 40,437                              | 8,556                                       | 11                                 | 0                                        | 60.00 |
| 62.00                                         | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL | 8,157                               | 0                                           | 167                                | 0                                        | 62.00 |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                 | 15,172                              | 6,074                                       | 686                                | 0                                        | 65.00 |
| 66.00                                         | 06600 | PHYSICAL THERAPY                    | 12,692                              | 59,234                                      | 9                                  | 0                                        | 66.00 |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                   | 22,640                              | 7,902                                       | 1,549                              | 0                                        | 69.00 |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 0                                   | 0                                           | 0                                  | 0                                        | 71.00 |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENTS      | 0                                   | 0                                           | 0                                  | 0                                        | 72.00 |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS           | 0                                   | 0                                           | 0                                  | 0                                        | 73.00 |
| 74.00                                         | 07400 | RENAL DIALYSIS                      | 3,512                               | 0                                           | 1,516                              | 0                                        | 74.00 |
| 75.00                                         | 07500 | ASC (NON-DISTINCT PART)             | 25,604                              | 17,836                                      | 5,197                              | 0                                        | 75.00 |
| 76.00                                         | 03020 | CARDIAC REHAB                       | 5,164                               | 0                                           | 52                                 | 0                                        | 76.00 |
| 76.01                                         | 03030 | GI LAB                              | 20,679                              | 6,040                                       | 2,679                              | 0                                        | 76.01 |
| 76.02                                         | 03040 | ECT                                 | 1,649                               | 0                                           | 180                                | 0                                        | 76.02 |
| 76.03                                         | 03050 | OP PSYCH                            | 14,055                              | 0                                           | 0                                  | 0                                        | 76.03 |
| <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                              | 31,746                              | 13,093                                      | 147                                | 0                                        | 90.00 |
| 90.01                                         | 09001 | HYPERBARIC/OP WOUND                 | 0                                   | 4,328                                       | 0                                  | 0                                        | 90.01 |
| 91.00                                         | 09100 | EMERGENCY                           | 46,877                              | 5,794                                       | 14,049                             | 0                                        | 91.00 |
| 91.02                                         | 09101 | NATURAL FAMILY PLANNING             | 0                                   | 0                                           | 0                                  | 0                                        | 91.02 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet B-1

Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description         |       |                                                        | OPERATION OF<br>PLANT<br>(SQUARE FEET) | OTHER<br>BUILDING-MOB<br>(SQUARE FEET) | LAUNDRY &<br>LINEN SERVICE<br>(POUNDS LAU<br>NDRY) | HOUSEKEEPING<br>(HOURS OF<br>SERVICE) | HOUSEKEEPING-M<br>ED CENTER<br>(SQUARE FEET) |        |
|---------------------------------|-------|--------------------------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------------------|---------------------------------------|----------------------------------------------|--------|
|                                 |       |                                                        | 7.00                                   | 7.01                                   | 8.00                                               | 9.00                                  | 9.01                                         |        |
| 91.03                           | 09102 | PAIN THERAPY CENTER                                    | 0                                      | 0                                      | 0                                                  | 0                                     | 0                                            | 91.03  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART                    |                                        |                                        |                                                    |                                       |                                              | 92.00  |
| 92.01                           | 09201 | AMBULATORY CARE UNIT                                   | 8,696                                  | 0                                      | 1,727                                              | 0                                     | 8,696                                        | 92.01  |
| OTHER REIMBURSABLE COST CENTERS |       |                                                        |                                        |                                        |                                                    |                                       |                                              |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                                     | 0                                      | 0                                      | 0                                                  | 0                                     | 0                                            | 95.00  |
| 99.10                           | 09910 | CORF                                                   | 0                                      | 0                                      | 0                                                  | 0                                     | 0                                            | 99.10  |
| 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 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117)                 | 1,276,520                              | 208,148                                | 205,197                                            | 350,450                               | 1,249,226                                    | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                                        |                                        |                                        |                                                    |                                       |                                              |        |
| 190.00                          | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN                      | 8,188                                  | 634                                    | 0                                                  | 0                                     | 8,188                                        | 190.00 |
| 190.01                          | 19001 | VENDING MACHINES                                       | 0                                      | 0                                      | 0                                                  | 0                                     | 0                                            | 190.01 |
| 190.02                          | 19002 | VISITOR MEALS                                          | 0                                      | 0                                      | 0                                                  | 0                                     | 0                                            | 190.02 |
| 191.00                          | 19100 | RESEARCH                                               | 0                                      | 2,396                                  | 0                                                  | 0                                     | 0                                            | 191.00 |
| 192.00                          | 19200 | PHYSICIANS PRIVATE OFFICES                             | 4,380                                  | 0                                      | 130                                                | 0                                     | 4,380                                        | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                                        | 5,348                                  | 0                                      | 0                                                  | 0                                     | 5,348                                        | 193.00 |
| 193.01                          | 19301 | MEALS ON WHEELS                                        | 0                                      | 0                                      | 0                                                  | 0                                     | 0                                            | 193.01 |
| 193.03                          | 19303 | CONVENT                                                | 0                                      | 0                                      | 0                                                  | 0                                     | 0                                            | 193.03 |
| 193.06                          | 19306 | VACANT SPACE                                           | 0                                      | 9,924                                  | 0                                                  | 0                                     | 0                                            | 193.06 |
| 193.07                          | 19307 | SALES & SERVICE-PHYSICIAN PRACTICE                     | 0                                      | 0                                      | 0                                                  | 0                                     | 0                                            | 193.07 |
| 194.00                          | 07950 | NEIGHBORHOOD MINISTRIES                                | 2,303                                  | 0                                      | 0                                                  | 0                                     | 2,303                                        | 194.00 |
| 194.01                          | 07951 | HOSPICE                                                | 0                                      | 0                                      | 0                                                  | 0                                     | 0                                            | 194.01 |
| 194.02                          | 07952 | SHARED SERVICES                                        | 0                                      | 0                                      | 0                                                  | 0                                     | 0                                            | 194.02 |
| 194.03                          | 07953 | MERCY                                                  | 116,775                                | 227,913                                | 0                                                  | 0                                     | 116,775                                      | 194.03 |
| 194.04                          | 07954 | SJMH SHARED SERVICES                                   | 0                                      | 0                                      | 0                                                  | 0                                     | 0                                            | 194.04 |
| 194.06                          | 07956 | OTHER NONREIMBURSABLE                                  | 0                                      | 0                                      | 0                                                  | 0                                     | 0                                            | 194.06 |
| 194.08                          | 07958 | REHAB HOSPITAL                                         | 772                                    | 0                                      | 0                                                  | 0                                     | 772                                          | 194.08 |
| 194.09                          | 07960 | MERCY SAFEWATCH                                        | 0                                      | 0                                      | 0                                                  | 0                                     | 0                                            | 194.09 |
| 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)             | 31,157,894                             | 3,239,252                              | 6,079,125                                          | 14,550,810                            | 12,600,972                                   | 202.00 |
| 203.00                          |       | Unit cost multiplier (Wkst. B, Part I)                 | 22.030830                              | 7.214129                               | 29.607041                                          | 41.520360                             | 9.085108                                     | 203.00 |
| 204.00                          |       | Cost to be allocated (per Wkst. B, Part II)            | 1,344,150                              | 598,615                                | 318,142                                            | 708,334                               | 613,416                                      | 204.00 |
| 205.00                          |       | Unit cost multiplier (Wkst. B, Part II)                | 0.950409                               | 1.333174                               | 1.549441                                           | 2.021213                              | 0.442264                                     | 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: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet B-1

Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description                |       |                                     | HOUSEKEEPING-M<br>OB<br>(SQUARE FEET) | DIETARY<br>(MEALS SERVED) | CAFETERIA<br>(MEALS SERVED) | NURSING<br>ADMINISTRATION<br>(DIRECT NRS<br>ING) | CENTRAL<br>SERVICES &<br>SUPPLY<br>(COSTED<br>REQUIS.) |       |
|----------------------------------------|-------|-------------------------------------|---------------------------------------|---------------------------|-----------------------------|--------------------------------------------------|--------------------------------------------------------|-------|
|                                        |       |                                     | 9.02                                  | 10.00                     | 11.00                       | 13.00                                            | 14.00                                                  |       |
| GENERAL SERVICE COST CENTERS           |       |                                     |                                       |                           |                             |                                                  |                                                        |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT           |                                       |                           |                             |                                                  |                                                        | 1.00  |
| 1.01                                   | 00101 | OTHER BUILDING-MOB                  |                                       |                           |                             |                                                  |                                                        | 1.01  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP           |                                       |                           |                             |                                                  |                                                        | 2.00  |
| 2.01                                   | 00201 | NEW CAP REL COSTS-MVBLE EQUIP-MOB   |                                       |                           |                             |                                                  |                                                        | 2.01  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT        |                                       |                           |                             |                                                  |                                                        | 4.00  |
| 5.02                                   | 00590 | PURCHASING RECEIVING AND STORES     |                                       |                           |                             |                                                  |                                                        | 5.02  |
| 5.03                                   | 00550 | ADMITTING                           |                                       |                           |                             |                                                  |                                                        | 5.03  |
| 5.04                                   | 00560 | OTHER ADMINISTRATIVE AND GENERAL    |                                       |                           |                             |                                                  |                                                        | 5.04  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS               |                                       |                           |                             |                                                  |                                                        | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                  |                                       |                           |                             |                                                  |                                                        | 7.00  |
| 7.01                                   | 00701 | OTHER BUILDING-MOB                  |                                       |                           |                             |                                                  |                                                        | 7.01  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE             |                                       |                           |                             |                                                  |                                                        | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                        |                                       |                           |                             |                                                  |                                                        | 9.00  |
| 9.01                                   | 00901 | HOUSEKEEPING-MED CENTER             |                                       |                           |                             |                                                  |                                                        | 9.01  |
| 9.02                                   | 00902 | HOUSEKEEPING-MOB                    | 449,015                               |                           |                             |                                                  |                                                        | 9.02  |
| 10.00                                  | 01000 | DIETARY                             | 3,950                                 | 2,027,371                 |                             |                                                  |                                                        | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                           | 0                                     | 844,950                   | 8,531,627                   |                                                  |                                                        | 11.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION              | 0                                     | 0                         | 91,918                      | 5,259,068                                        |                                                        | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY           | 0                                     | 0                         | 192,666                     | 0                                                | 108,467,636                                            | 14.00 |
| 15.00                                  | 01500 | PHARMACY                            | 483                                   | 0                         | 221,316                     | 0                                                | 0                                                      | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY           | 0                                     | 0                         | 183                         | 0                                                | 0                                                      | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                      | 0                                     | 0                         | 0                           | 0                                                | 0                                                      | 17.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV | 0                                     | 0                         | 196,252                     | 0                                                | 0                                                      | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV | 7,962                                 | 0                         | 63,613                      | 0                                                | 0                                                      | 22.00 |
| 23.00                                  | 02300 | PARAMED ED PRGM                     | 0                                     | 0                         | 5,161                       | 0                                                | 0                                                      | 23.00 |
| 23.01                                  | 02301 | RADIOLOGY SCHOOL                    | 0                                     | 0                         | 4,342                       | 0                                                | 0                                                      | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                     |                                       |                           |                             |                                                  |                                                        |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                 | 3,701                                 | 818,015                   | 2,479,638                   | 2,479,638                                        | 0                                                      | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                 | 1,199                                 | 104,845                   | 409,075                     | 409,075                                          | 0                                                      | 31.00 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                  | 0                                     | 22,013                    | 109,087                     | 109,087                                          | 0                                                      | 32.00 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT            | 0                                     | 15,366                    | 72,902                      | 72,902                                           | 0                                                      | 33.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT        | 0                                     | 0                         | 0                           | 0                                                | 0                                                      | 34.00 |
| 35.00                                  | 02040 | NEONATAL INTENSIVE CARE UNIT        | 0                                     | 0                         | 482,854                     | 482,854                                          | 0                                                      | 35.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                   | 0                                     | 19,660                    | 65,865                      | 65,865                                           | 0                                                      | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                   | 0                                     | 0                         | 0                           | 0                                                | 0                                                      | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                         | 0                                     | 0                         | 0                           | 0                                                | 0                                                      | 42.00 |
| 43.00                                  | 04300 | NURSERY                             | 356                                   | 0                         | 94,042                      | 94,042                                           | 0                                                      | 43.00 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY            | 0                                     | 0                         | 0                           | 0                                                | 0                                                      | 44.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                     |                                       |                           |                             |                                                  |                                                        |       |
| 50.00                                  | 05000 | OPERATING ROOM                      | 0                                     | 0                         | 501,877                     | 501,877                                          | 0                                                      | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                       | 0                                     | 0                         | 54,916                      | 0                                                | 0                                                      | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM          | 0                                     | 0                         | 349,814                     | 349,814                                          | 0                                                      | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                      | 0                                     | 0                         | 29,031                      | 0                                                | 0                                                      | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                | 44,305                                | 0                         | 279,593                     | 0                                                | 0                                                      | 54.00 |
| 54.01                                  | 05401 | ULTRASOUND                          | 4,744                                 | 0                         | 57,699                      | 57,699                                           | 0                                                      | 54.01 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC               | 9,188                                 | 0                         | 63,662                      | 0                                                | 0                                                      | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                        | 3,403                                 | 0                         | 25,426                      | 0                                                | 0                                                      | 56.00 |
| 57.00                                  | 05700 | CT SCAN                             | 0                                     | 0                         | 30,098                      | 0                                                | 0                                                      | 57.00 |
| 58.00                                  | 05800 | MRI                                 | 0                                     | 0                         | 25,823                      | 0                                                | 0                                                      | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION             | 0                                     | 0                         | 56,986                      | 56,986                                           | 0                                                      | 59.00 |
| 60.00                                  | 06000 | LABORATORY                          | 8,556                                 | 0                         | 541,283                     | 0                                                | 0                                                      | 60.00 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL | 0                                     | 0                         | 43,254                      | 0                                                | 0                                                      | 62.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                 | 6,074                                 | 0                         | 244,612                     | 0                                                | 0                                                      | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                    | 59,234                                | 0                         | 439,445                     | 0                                                | 0                                                      | 66.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                   | 7,902                                 | 0                         | 141,226                     | 141,226                                          | 0                                                      | 69.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 0                                     | 0                         | 0                           | 0                                                | 48,251,458                                             | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS      | 0                                     | 0                         | 0                           | 0                                                | 60,216,178                                             | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS           | 0                                     | 0                         | 0                           | 0                                                | 0                                                      | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                      | 0                                     | 0                         | 25,785                      | 25,785                                           | 0                                                      | 74.00 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)             | 17,836                                | 0                         | 131,376                     | 0                                                | 0                                                      | 75.00 |
| 76.00                                  | 03020 | CARDIAC REHAB                       | 0                                     | 0                         | 22,845                      | 0                                                | 0                                                      | 76.00 |
| 76.01                                  | 03030 | GI LAB                              | 6,040                                 | 0                         | 133,270                     | 0                                                | 0                                                      | 76.01 |
| 76.02                                  | 03040 | ECT                                 | 0                                     | 0                         | 3,185                       | 0                                                | 0                                                      | 76.02 |
| 76.03                                  | 03050 | OP PSYCH                            | 0                                     | 0                         | 19,448                      | 0                                                | 0                                                      | 76.03 |
| 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                              | 13,093                                | 0                         | 239,178                     | 0                                                | 0                                                      | 90.00 |
| 90.01                                  | 09001 | HYPERBARIC/OP WOUND                 | 4,328                                 | 0                         | 30,059                      | 0                                                | 0                                                      | 90.01 |
| 91.00                                  | 09100 | EMERGENCY                           | 5,794                                 | 0                         | 387,065                     | 387,065                                          | 0                                                      | 91.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet B-1

Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description         |       |                                                        | HOUSEKEEPING-M<br>OB<br>(SQUARE FEET) | DIETARY<br>(MEALS SERVED) | CAFETERIA<br>(MEALS SERVED) | NURSING<br>ADMINISTRATION<br>(DIRECT NRS<br>ING) | CENTRAL<br>SERVICES &<br>SUPPLY<br>(COSTED<br>REQUIS.) |        |
|---------------------------------|-------|--------------------------------------------------------|---------------------------------------|---------------------------|-----------------------------|--------------------------------------------------|--------------------------------------------------------|--------|
|                                 |       |                                                        | 9.02                                  | 10.00                     | 11.00                       | 13.00                                            | 14.00                                                  |        |
| 91.02                           | 09101 | NATURAL FAMILY PLANNING                                | 0                                     | 0                         | 0                           | 0                                                | 0                                                      | 91.02  |
| 91.03                           | 09102 | PAIN THERAPY CENTER                                    | 0                                     | 0                         | 0                           | 0                                                | 0                                                      | 91.03  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART                    |                                       |                           |                             |                                                  |                                                        | 92.00  |
| 92.01                           | 09201 | AMBULATORY CARE UNIT                                   | 0                                     | 0                         | 25,153                      | 25,153                                           | 0                                                      | 92.01  |
| OTHER REIMBURSABLE COST CENTERS |       |                                                        |                                       |                           |                             |                                                  |                                                        |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                                     | 0                                     | 0                         | 0                           | 0                                                | 0                                                      | 95.00  |
| 99.10                           | 09910 | CORF                                                   | 0                                     | 0                         | 0                           | 0                                                | 0                                                      | 99.10  |
| 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 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117)                 | 208,148                               | 1,824,849                 | 8,391,023                   | 5,259,068                                        | 108,467,636                                            | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                                        |                                       |                           |                             |                                                  |                                                        |        |
| 190.00                          | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN                      | 634                                   | 197,398                   | 13,910                      | 0                                                | 0                                                      | 190.00 |
| 190.01                          | 19001 | VENDING MACHINES                                       | 0                                     | 0                         | 0                           | 0                                                | 0                                                      | 190.01 |
| 190.02                          | 19002 | VISITOR MEALS                                          | 0                                     | 0                         | 0                           | 0                                                | 0                                                      | 190.02 |
| 191.00                          | 19100 | RESEARCH                                               | 2,396                                 | 0                         | 10,292                      | 0                                                | 0                                                      | 191.00 |
| 192.00                          | 19200 | PHYSICIANS PRIVATE OFFICES                             | 0                                     | 0                         | 22,744                      | 0                                                | 0                                                      | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                                        | 0                                     | 0                         | 5,096                       | 0                                                | 0                                                      | 193.00 |
| 193.01                          | 19301 | MEALS ON WHEELS                                        | 0                                     | 5,124                     | 0                           | 0                                                | 0                                                      | 193.01 |
| 193.03                          | 19303 | CONVENT                                                | 0                                     | 0                         | 0                           | 0                                                | 0                                                      | 193.03 |
| 193.06                          | 19306 | VACANT SPACE                                           | 9,924                                 | 0                         | 0                           | 0                                                | 0                                                      | 193.06 |
| 193.07                          | 19307 | SALES & SERVICE-PHYSICIAN PRACTICE                     | 0                                     | 0                         | 0                           | 0                                                | 0                                                      | 193.07 |
| 194.00                          | 07950 | NEIGHBORHOOD MINISTRIES                                | 0                                     | 0                         | 5,309                       | 0                                                | 0                                                      | 194.00 |
| 194.01                          | 07951 | HOSPICE                                                | 0                                     | 0                         | 0                           | 0                                                | 0                                                      | 194.01 |
| 194.02                          | 07952 | SHARED SERVICES                                        | 0                                     | 0                         | 0                           | 0                                                | 0                                                      | 194.02 |
| 194.03                          | 07953 | MERCY                                                  | 227,913                               | 0                         | 83,253                      | 0                                                | 0                                                      | 194.03 |
| 194.04                          | 07954 | SJMH SHARED SERVICES                                   | 0                                     | 0                         | 0                           | 0                                                | 0                                                      | 194.04 |
| 194.06                          | 07956 | OTHER NONREIMBURSABLE                                  | 0                                     | 0                         | 0                           | 0                                                | 0                                                      | 194.06 |
| 194.08                          | 07958 | REHAB HOSPITAL                                         | 0                                     | 0                         | 0                           | 0                                                | 0                                                      | 194.08 |
| 194.09                          | 07960 | MERCY SAFEWATCH                                        | 0                                     | 0                         | 0                           | 0                                                | 0                                                      | 194.09 |
| 200.00                          |       | Cross Foot Adjustments                                 |                                       |                           |                             |                                                  |                                                        | 200.00 |
| 201.00                          |       | Negative Cost Centers                                  |                                       |                           |                             |                                                  |                                                        | 201.00 |
| 202.00                          |       | Cost to be allocated (per Wkst. B, Part I)             | 1,949,838                             | 15,389,368                | 6,413,848                   | 7,706,825                                        | 7,637,275                                              | 202.00 |
| 203.00                          |       | Unit cost multiplier (Wkst. B, Part I)                 | 4.342479                              | 7.590800                  | 0.751773                    | 1.465436                                         | 0.070411                                               | 203.00 |
| 204.00                          |       | Cost to be allocated (per Wkst. B, Part II)            | 94,918                                | 1,300,655                 | 542,076                     | 1,279,458                                        | 930,878                                                | 204.00 |
| 205.00                          |       | Unit cost multiplier (Wkst. B, Part II)                | 0.211392                              | 0.641548                  | 0.063537                    | 0.243286                                         | 0.008582                                               | 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: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet B-1

Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description                |       |                                     | PHARMACY<br>(COSTED<br>REQUIS.) | MEDICAL<br>RECORDS &<br>LIBRARY<br>(TIME SPENT) | SOCIAL SERVICE<br>(TOTAL PATIENT<br>DAYS) | INTERNS & RESIDENTS                                          |                                                             |       |
|----------------------------------------|-------|-------------------------------------|---------------------------------|-------------------------------------------------|-------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|-------|
|                                        |       |                                     |                                 |                                                 |                                           | SERVICES-SALAR<br>Y & FRINGES<br>APPRV<br>(ASSIGNED<br>TIME) | SERVICES-OTHER<br>PRGM COSTS<br>APPRV<br>(ASSIGNED<br>TIME) |       |
|                                        |       |                                     | 15.00                           | 16.00                                           | 17.00                                     | 21.00                                                        | 22.00                                                       |       |
| GENERAL SERVICE COST CENTERS           |       |                                     |                                 |                                                 |                                           |                                                              |                                                             |       |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT           |                                 |                                                 |                                           |                                                              |                                                             | 1.00  |
| 1.01                                   | 00101 | OTHER BUILDING-MOB                  |                                 |                                                 |                                           |                                                              |                                                             | 1.01  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP           |                                 |                                                 |                                           |                                                              |                                                             | 2.00  |
| 2.01                                   | 00201 | NEW CAP REL COSTS-MVBLE EQUIP-MOB   |                                 |                                                 |                                           |                                                              |                                                             | 2.01  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT        |                                 |                                                 |                                           |                                                              |                                                             | 4.00  |
| 5.02                                   | 00590 | PURCHASING RECEIVING AND STORES     |                                 |                                                 |                                           |                                                              |                                                             | 5.02  |
| 5.03                                   | 00550 | ADMITTING                           |                                 |                                                 |                                           |                                                              |                                                             | 5.03  |
| 5.04                                   | 00560 | OTHER ADMINISTRATIVE AND GENERAL    |                                 |                                                 |                                           |                                                              |                                                             | 5.04  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS               |                                 |                                                 |                                           |                                                              |                                                             | 6.00  |
| 7.00                                   | 00700 | OPERATION OF PLANT                  |                                 |                                                 |                                           |                                                              |                                                             | 7.00  |
| 7.01                                   | 00701 | OTHER BUILDING-MOB                  |                                 |                                                 |                                           |                                                              |                                                             | 7.01  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE             |                                 |                                                 |                                           |                                                              |                                                             | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                        |                                 |                                                 |                                           |                                                              |                                                             | 9.00  |
| 9.01                                   | 00901 | HOUSEKEEPING-MED CENTER             |                                 |                                                 |                                           |                                                              |                                                             | 9.01  |
| 9.02                                   | 00902 | HOUSEKEEPING-MOB                    |                                 |                                                 |                                           |                                                              |                                                             | 9.02  |
| 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                            | 100                             |                                                 |                                           |                                                              |                                                             | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY           | 0                               | 4,598,001,888                                   |                                           |                                                              |                                                             | 16.00 |
| 17.00                                  | 01700 | SOCIAL SERVICE                      | 0                               | 0                                               | 237,463                                   |                                                              |                                                             | 17.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV | 0                               | 0                                               | 0                                         | 190,495                                                      |                                                             | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV | 0                               | 0                                               | 0                                         |                                                              | 190,495                                                     | 22.00 |
| 23.00                                  | 02300 | PARAMED ED PRGM                     | 0                               | 0                                               | 0                                         |                                                              |                                                             | 23.00 |
| 23.01                                  | 02301 | RADIOLOGY SCHOOL                    | 0                               | 0                                               | 0                                         |                                                              |                                                             | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                     |                                 |                                                 |                                           |                                                              |                                                             |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                 | 0                               | 355,170,815                                     | 174,707                                   | 92,162                                                       | 92,162                                                      | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                 | 0                               | 94,763,135                                      | 21,648                                    | 12,994                                                       | 12,994                                                      | 31.00 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                  | 0                               | 13,930,335                                      | 4,228                                     | 9,940                                                        | 9,940                                                       | 32.00 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT            | 0                               | 12,627,186                                      | 3,171                                     | 0                                                            | 0                                                           | 33.00 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT        | 0                               | 0                                               | 0                                         | 0                                                            | 0                                                           | 34.00 |
| 35.00                                  | 02040 | NEONATAL INTENSIVE CARE UNIT        | 0                               | 139,796,034                                     | 29,648                                    | 0                                                            | 0                                                           | 35.00 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                   | 0                               | 10,711,071                                      | 4,061                                     | 2,371                                                        | 2,371                                                       | 40.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                   | 0                               | 0                                               | 0                                         | 0                                                            | 0                                                           | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                         | 0                               | 0                                               | 0                                         | 0                                                            | 0                                                           | 42.00 |
| 43.00                                  | 04300 | NURSERY                             | 0                               | 19,174,779                                      | 0                                         | 1,402                                                        | 1,402                                                       | 43.00 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY            | 0                               | 0                                               | 0                                         | 0                                                            | 0                                                           | 44.00 |
| ANCILLARY SERVICE COST CENTERS         |       |                                     |                                 |                                                 |                                           |                                                              |                                                             |       |
| 50.00                                  | 05000 | OPERATING ROOM                      | 0                               | 303,073,460                                     | 0                                         | 25,651                                                       | 25,651                                                      | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                       | 0                               | 65,997,450                                      | 0                                         | 0                                                            | 0                                                           | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM          | 0                               | 54,459,797                                      | 0                                         | 15,727                                                       | 15,727                                                      | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                      | 0                               | 100,359,248                                     | 0                                         | 7,138                                                        | 7,138                                                       | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                | 0                               | 112,135,518                                     | 0                                         | 271                                                          | 271                                                         | 54.00 |
| 54.01                                  | 05401 | ULTRASOUND                          | 0                               | 62,462,780                                      | 0                                         | 2,907                                                        | 2,907                                                       | 54.01 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC               | 0                               | 119,771,864                                     | 0                                         | 0                                                            | 0                                                           | 55.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                        | 0                               | 45,896,375                                      | 0                                         | 0                                                            | 0                                                           | 56.00 |
| 57.00                                  | 05700 | CT SCAN                             | 0                               | 241,477,948                                     | 0                                         | 0                                                            | 0                                                           | 57.00 |
| 58.00                                  | 05800 | MRI                                 | 0                               | 106,329,958                                     | 0                                         | 0                                                            | 0                                                           | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION             | 0                               | 101,128,301                                     | 0                                         | 0                                                            | 0                                                           | 59.00 |
| 60.00                                  | 06000 | LABORATORY                          | 0                               | 451,101,475                                     | 0                                         | 0                                                            | 0                                                           | 60.00 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL | 0                               | 28,569,229                                      | 0                                         | 0                                                            | 0                                                           | 62.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                 | 0                               | 79,089,688                                      | 0                                         | 1,017                                                        | 1,017                                                       | 65.00 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                    | 0                               | 75,843,343                                      | 0                                         | 1,095                                                        | 1,095                                                       | 66.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                   | 0                               | 167,004,546                                     | 0                                         | 0                                                            | 0                                                           | 69.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 0                               | 224,195,419                                     | 0                                         | 0                                                            | 0                                                           | 71.00 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS      | 0                               | 135,486,400                                     | 0                                         | 0                                                            | 0                                                           | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS           | 100                             | 1,077,591,158                                   | 0                                         | 0                                                            | 0                                                           | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                      | 0                               | 10,014,798                                      | 0                                         | 0                                                            | 0                                                           | 74.00 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)             | 0                               | 29,066,699                                      | 0                                         | 0                                                            | 0                                                           | 75.00 |
| 76.00                                  | 03020 | CARDIAC REHAB                       | 0                               | 2,554,347                                       | 0                                         | 0                                                            | 0                                                           | 76.00 |
| 76.01                                  | 03030 | GI LAB                              | 0                               | 95,005,931                                      | 0                                         | 1,294                                                        | 1,294                                                       | 76.01 |
| 76.02                                  | 03040 | ECT                                 | 0                               | 1,069,336                                       | 0                                         | 0                                                            | 0                                                           | 76.02 |
| 76.03                                  | 03050 | OP PSYCH                            | 0                               | 6,901,520                                       | 0                                         | 0                                                            | 0                                                           | 76.03 |
| 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                               | 20,909,794                                      | 0                                         | 4,640                                                        | 4,640                                                       | 90.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet B-1

Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description         |       |                                                        | PHARMACY<br>(COSTED<br>REQUIS.) | MEDICAL<br>RECORDS &<br>LIBRARY<br>(TIME SPENT) | SOCIAL SERVICE<br>(TOTAL PATIENT<br>DAYS) | INTERNS & RESIDENTS                                          |                                                             |        |
|---------------------------------|-------|--------------------------------------------------------|---------------------------------|-------------------------------------------------|-------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|--------|
|                                 |       |                                                        |                                 |                                                 |                                           | SERVICES-SALAR<br>Y & FRINGES<br>APPRV<br>(ASSIGNED<br>TIME) | SERVICES-OTHER<br>PRGM COSTS<br>APPRV<br>(ASSIGNED<br>TIME) |        |
|                                 |       |                                                        | 15.00                           | 16.00                                           | 17.00                                     | 21.00                                                        | 22.00                                                       |        |
| 90.01                           | 09001 | HYPERBARIC/OP WOUND                                    | 0                               | 4,599,376                                       | 0                                         | 0                                                            | 0                                                           | 90.01  |
| 91.00                           | 09100 | EMERGENCY                                              | 0                               | 221,603,253                                     | 0                                         | 6,099                                                        | 6,099                                                       | 91.00  |
| 91.02                           | 09101 | NATURAL FAMILY PLANNING                                | 0                               | 0                                               | 0                                         | 0                                                            | 0                                                           | 91.02  |
| 91.03                           | 09102 | PAIN THERAPY CENTER                                    | 0                               | 0                                               | 0                                         | 0                                                            | 0                                                           | 91.03  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART                    |                                 |                                                 |                                           |                                                              |                                                             | 92.00  |
| 92.01                           | 09201 | AMBULATORY CARE UNIT                                   | 0                               | 5,254,036                                       | 0                                         | 0                                                            | 0                                                           | 92.01  |
| OTHER REIMBURSABLE COST CENTERS |       |                                                        |                                 |                                                 |                                           |                                                              |                                                             |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                                     | 0                               | 0                                               | 0                                         | 0                                                            | 0                                                           | 95.00  |
| 99.10                           | 09910 | CORF                                                   | 0                               | 0                                               | 0                                         | 0                                                            | 0                                                           | 99.10  |
| 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 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117)                 | 100                             | 4,595,126,402                                   | 237,463                                   | 184,708                                                      | 184,708                                                     | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                                        |                                 |                                                 |                                           |                                                              |                                                             |        |
| 190.00                          | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN                      | 0                               | 0                                               | 0                                         | 0                                                            | 0                                                           | 190.00 |
| 190.01                          | 19001 | VENDING MACHINES                                       | 0                               | 0                                               | 0                                         | 0                                                            | 0                                                           | 190.01 |
| 190.02                          | 19002 | VISITOR MEALS                                          | 0                               | 0                                               | 0                                         | 0                                                            | 0                                                           | 190.02 |
| 191.00                          | 19100 | RESEARCH                                               | 0                               | 0                                               | 0                                         | 0                                                            | 0                                                           | 191.00 |
| 192.00                          | 19200 | PHYSICIANS PRIVATE OFFICES                             | 0                               | 2,875,486                                       | 0                                         | 5,787                                                        | 5,787                                                       | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                                        | 0                               | 0                                               | 0                                         | 0                                                            | 0                                                           | 193.00 |
| 193.01                          | 19301 | MEALS ON WHEELS                                        | 0                               | 0                                               | 0                                         | 0                                                            | 0                                                           | 193.01 |
| 193.03                          | 19303 | CONVENT                                                | 0                               | 0                                               | 0                                         | 0                                                            | 0                                                           | 193.03 |
| 193.06                          | 19306 | VACANT SPACE                                           | 0                               | 0                                               | 0                                         | 0                                                            | 0                                                           | 193.06 |
| 193.07                          | 19307 | SALES & SERVICE-PHYSICIAN PRACTICE                     | 0                               | 0                                               | 0                                         | 0                                                            | 0                                                           | 193.07 |
| 194.00                          | 07950 | NEIGHBORHOOD MINISTRIES                                | 0                               | 0                                               | 0                                         | 0                                                            | 0                                                           | 194.00 |
| 194.01                          | 07951 | HOSPICE                                                | 0                               | 0                                               | 0                                         | 0                                                            | 0                                                           | 194.01 |
| 194.02                          | 07952 | SHARED SERVICES                                        | 0                               | 0                                               | 0                                         | 0                                                            | 0                                                           | 194.02 |
| 194.03                          | 07953 | MERCY                                                  | 0                               | 0                                               | 0                                         | 0                                                            | 0                                                           | 194.03 |
| 194.04                          | 07954 | SJMH SHARED SERVICES                                   | 0                               | 0                                               | 0                                         | 0                                                            | 0                                                           | 194.04 |
| 194.06                          | 07956 | OTHER NONREIMBURSABLE                                  | 0                               | 0                                               | 0                                         | 0                                                            | 0                                                           | 194.06 |
| 194.08                          | 07958 | REHAB HOSPITAL                                         | 0                               | 0                                               | 0                                         | 0                                                            | 0                                                           | 194.08 |
| 194.09                          | 07960 | MERCY SAFEWATCH                                        | 0                               | 0                                               | 0                                         | 0                                                            | 0                                                           | 194.09 |
| 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)             | 19,386,516                      | 2,107,797                                       | 298,941                                   | 10,384,392                                                   | 9,624,316                                                   | 202.00 |
| 203.00                          |       | Unit cost multiplier (Wkst. B, Part I)                 | 193,865.160000                  | 0.000458                                        | 1.258895                                  | 54.512675                                                    | 50.522670                                                   | 203.00 |
| 204.00                          |       | Cost to be allocated (per Wkst. B, Part II)            | 1,534,290                       | 134,280                                         | 97,252                                    | 285,260                                                      | 493,146                                                     | 204.00 |
| 205.00                          |       | Unit cost multiplier (Wkst. B, Part II)                | 15,342.900000                   | 0.000029                                        | 0.409546                                  | 1.497467                                                     | 2.588761                                                    | 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: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet B-1

Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description                       |       | PARAMED ED<br>PRGM<br>(ASSIGNED<br>TIME) | RADIOLOGY<br>SCHOOL<br>(ASSIGNED<br>TIME) |       |
|-----------------------------------------------|-------|------------------------------------------|-------------------------------------------|-------|
|                                               |       | 23.00                                    | 23.01                                     |       |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                          |                                           |       |
| 1.00                                          | 00100 | CAP REL COSTS-BLDG & FIXT                |                                           | 1.00  |
| 1.01                                          | 00101 | OTHER BUILDING-MOB                       |                                           | 1.01  |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP                |                                           | 2.00  |
| 2.01                                          | 00201 | NEW CAP REL COSTS-MVBLE EQUIP-MOB        |                                           | 2.01  |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT             |                                           | 4.00  |
| 5.02                                          | 00590 | PURCHASING RECEIVING AND STORES          |                                           | 5.02  |
| 5.03                                          | 00550 | ADMITTING                                |                                           | 5.03  |
| 5.04                                          | 00560 | OTHER ADMINISTRATIVE AND GENERAL         |                                           | 5.04  |
| 6.00                                          | 00600 | MAINTENANCE & REPAIRS                    |                                           | 6.00  |
| 7.00                                          | 00700 | OPERATION OF PLANT                       |                                           | 7.00  |
| 7.01                                          | 00701 | OTHER BUILDING-MOB                       |                                           | 7.01  |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE                  |                                           | 8.00  |
| 9.00                                          | 00900 | HOUSEKEEPING                             |                                           | 9.00  |
| 9.01                                          | 00901 | HOUSEKEEPING-MED CENTER                  |                                           | 9.01  |
| 9.02                                          | 00902 | HOUSEKEEPING-MOB                         |                                           | 9.02  |
| 10.00                                         | 01000 | DIETARY                                  |                                           | 10.00 |
| 11.00                                         | 01100 | CAFETERIA                                |                                           | 11.00 |
| 13.00                                         | 01300 | NURSING ADMINISTRATION                   |                                           | 13.00 |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY                |                                           | 14.00 |
| 15.00                                         | 01500 | PHARMACY                                 |                                           | 15.00 |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY                |                                           | 16.00 |
| 17.00                                         | 01700 | SOCIAL SERVICE                           |                                           | 17.00 |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRV      |                                           | 21.00 |
| 22.00                                         | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV      |                                           | 22.00 |
| 23.00                                         | 02300 | PARAMED ED PRGM                          | 100                                       | 23.00 |
| 23.01                                         | 02301 | RADIOLOGY SCHOOL                         | 100                                       | 23.01 |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                          |                                           |       |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                      | 0                                         | 30.00 |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                      | 0                                         | 31.00 |
| 32.00                                         | 03200 | CORONARY CARE UNIT                       | 0                                         | 32.00 |
| 33.00                                         | 03300 | BURN INTENSIVE CARE UNIT                 | 0                                         | 33.00 |
| 34.00                                         | 03400 | SURGICAL INTENSIVE CARE UNIT             | 0                                         | 34.00 |
| 35.00                                         | 02040 | NEONATAL INTENSIVE CARE UNIT             | 0                                         | 35.00 |
| 40.00                                         | 04000 | SUBPROVIDER - IPF                        | 0                                         | 40.00 |
| 41.00                                         | 04100 | SUBPROVIDER - IRF                        | 0                                         | 41.00 |
| 42.00                                         | 04200 | SUBPROVIDER                              | 0                                         | 42.00 |
| 43.00                                         | 04300 | NURSERY                                  | 0                                         | 43.00 |
| 44.00                                         | 04400 | SKILLED NURSING FACILITY                 | 0                                         | 44.00 |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                          |                                           |       |
| 50.00                                         | 05000 | OPERATING ROOM                           | 0                                         | 50.00 |
| 51.00                                         | 05100 | RECOVERY ROOM                            | 0                                         | 51.00 |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM               | 0                                         | 52.00 |
| 53.00                                         | 05300 | ANESTHESIOLOGY                           | 0                                         | 53.00 |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                     | 100                                       | 54.00 |
| 54.01                                         | 05401 | ULTRASOUND                               | 0                                         | 54.01 |
| 55.00                                         | 05500 | RADIOLOGY-THERAPEUTIC                    | 0                                         | 55.00 |
| 56.00                                         | 05600 | RADIOISOTOPE                             | 0                                         | 56.00 |
| 57.00                                         | 05700 | CT SCAN                                  | 0                                         | 57.00 |
| 58.00                                         | 05800 | MRI                                      | 0                                         | 58.00 |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION                  | 0                                         | 59.00 |
| 60.00                                         | 06000 | LABORATORY                               | 0                                         | 60.00 |
| 62.00                                         | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL      | 0                                         | 62.00 |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                      | 0                                         | 65.00 |
| 66.00                                         | 06600 | PHYSICAL THERAPY                         | 0                                         | 66.00 |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                        | 0                                         | 69.00 |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT      | 0                                         | 71.00 |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENTS           | 0                                         | 72.00 |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS                | 0                                         | 73.00 |
| 74.00                                         | 07400 | RENAL DIALYSIS                           | 0                                         | 74.00 |
| 75.00                                         | 07500 | ASC (NON-DISTINCT PART)                  | 0                                         | 75.00 |
| 76.00                                         | 03020 | CARDIAC REHAB                            | 0                                         | 76.00 |
| 76.01                                         | 03030 | GI LAB                                   | 0                                         | 76.01 |
| 76.02                                         | 03040 | ECT                                      | 0                                         | 76.02 |
| 76.03                                         | 03050 | OP PSYCH                                 | 0                                         | 76.03 |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                          |                                           |       |
| 88.00                                         | 08800 | RURAL HEALTH CLINIC                      | 0                                         | 88.00 |
| 89.00                                         | 08900 | FEDERALLY QUALIFIED HEALTH CENTER        | 0                                         | 89.00 |
| 90.00                                         | 09000 | CLINIC                                   | 0                                         | 90.00 |
| 90.01                                         | 09001 | HYPERBARIC/OP WOUND                      | 0                                         | 90.01 |
| 91.00                                         | 09100 | EMERGENCY                                | 100                                       | 91.00 |
| 91.02                                         | 09101 | NATURAL FAMILY PLANNING                  | 0                                         | 91.02 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet B-1

Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description         |       |                                                        | PARAMED ED<br>PRGM<br>(ASSIGNED<br>TIME) | RADIOLOGY<br>SCHOOL<br>(ASSIGNED<br>TIME) |        |
|---------------------------------|-------|--------------------------------------------------------|------------------------------------------|-------------------------------------------|--------|
|                                 |       |                                                        | 23.00                                    | 23.01                                     |        |
| 91.03                           | 09102 | PAIN THERAPY CENTER                                    | 0                                        | 0                                         | 91.03  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART                    |                                          |                                           | 92.00  |
| 92.01                           | 09201 | AMBULATORY CARE UNIT                                   | 0                                        | 0                                         | 92.01  |
| OTHER REIMBURSABLE COST CENTERS |       |                                                        |                                          |                                           |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                                     | 0                                        | 0                                         | 95.00  |
| 99.10                           | 09910 | CORF                                                   | 0                                        | 0                                         | 99.10  |
| 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 |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117)                 | 100                                      | 100                                       | 118.00 |
| NONREIMBURSABLE COST CENTERS    |       |                                                        |                                          |                                           |        |
| 190.00                          | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN                      | 0                                        | 0                                         | 190.00 |
| 190.01                          | 19001 | VENDING MACHINES                                       | 0                                        | 0                                         | 190.01 |
| 190.02                          | 19002 | VISITOR MEALS                                          | 0                                        | 0                                         | 190.02 |
| 191.00                          | 19100 | RESEARCH                                               | 0                                        | 0                                         | 191.00 |
| 192.00                          | 19200 | PHYSICIANS PRIVATE OFFICES                             | 0                                        | 0                                         | 192.00 |
| 193.00                          | 19300 | NONPAID WORKERS                                        | 0                                        | 0                                         | 193.00 |
| 193.01                          | 19301 | MEALS ON WHEELS                                        | 0                                        | 0                                         | 193.01 |
| 193.03                          | 19303 | CONVENT                                                | 0                                        | 0                                         | 193.03 |
| 193.06                          | 19306 | VACANT SPACE                                           | 0                                        | 0                                         | 193.06 |
| 193.07                          | 19307 | SALES & SERVICE-PHYSICIAN PRACTICE                     | 0                                        | 0                                         | 193.07 |
| 194.00                          | 07950 | NEIGHBORHOOD MINISTRIES                                | 0                                        | 0                                         | 194.00 |
| 194.01                          | 07951 | HOSPICE                                                | 0                                        | 0                                         | 194.01 |
| 194.02                          | 07952 | SHARED SERVICES                                        | 0                                        | 0                                         | 194.02 |
| 194.03                          | 07953 | MERCY                                                  | 0                                        | 0                                         | 194.03 |
| 194.04                          | 07954 | SJMH SHARED SERVICES                                   | 0                                        | 0                                         | 194.04 |
| 194.06                          | 07956 | OTHER NONREIMBURSABLE                                  | 0                                        | 0                                         | 194.06 |
| 194.08                          | 07958 | REHAB HOSPITAL                                         | 0                                        | 0                                         | 194.08 |
| 194.09                          | 07960 | MERCY SAFEWATCH                                        | 0                                        | 0                                         | 194.09 |
| 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)             | 356,498                                  | 251,512                                   | 202.00 |
| 203.00                          |       | Unit cost multiplier (Wkst. B, Part I)                 | 3,564.980000                             | 2,515.120000                              | 203.00 |
| 204.00                          |       | Cost to be allocated (per Wkst. B, Part II)            | 26,566                                   | 5,826                                     | 204.00 |
| 205.00                          |       | Unit cost multiplier (Wkst. B, Part II)                | 265.660000                               | 58.260000                                 | 205.00 |
| 206.00                          |       | NAHE adjustment amount to be allocated (per Wkst. B-2) | 0                                        | 0                                         | 206.00 |
| 207.00                          |       | NAHE unit cost multiplier (Wkst. D, Parts III and IV)  | 0.000000                                 | 0.000000                                  | 207.00 |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet C  
Part I  
Date/Time Prepared:  
11/29/2021 1:59 pm

|                                        |       |                                      | Title XVIII                                         | Hospital              | PPS                 |             |
|----------------------------------------|-------|--------------------------------------|-----------------------------------------------------|-----------------------|---------------------|-------------|
| Cost Center Description                |       |                                      | Total Cost<br>(from Wkst. B,<br>Part I, col.<br>26) | Therapy Limit<br>Adj. | Costs               |             |
|                                        |       |                                      |                                                     |                       | Total Costs         | Total Costs |
|                                        |       |                                      |                                                     |                       | RCE<br>Disallowance |             |
|                                        |       |                                      | 1.00                                                | 2.00                  | 3.00                | 4.00        |
|                                        |       |                                      |                                                     |                       |                     | 5.00        |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                                                     |                       |                     |             |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 176,405,658                                         |                       | 176,405,658         | 534,113     |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 37,523,087                                          |                       | 37,523,087          | 41,822      |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   | 7,092,901                                           |                       | 7,092,901           | 0           |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             | 5,198,709                                           |                       | 5,198,709           | 0           |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT         | 0                                                   |                       | 0                   | 0           |
| 35.00                                  | 02040 | NEONATAL INTENSIVE CARE UNIT         | 32,397,535                                          |                       | 32,397,535          | 20,250      |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                    | 4,515,404                                           |                       | 4,515,404           | 2,494       |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                                                   |                       | 0                   | 0           |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                                                   |                       | 0                   | 0           |
| 43.00                                  | 04300 | NURSERY                              | 8,719,322                                           |                       | 8,719,322           | 0           |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             | 0                                                   |                       | 0                   | 0           |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                                                     |                       |                     |             |
| 50.00                                  | 05000 | OPERATING ROOM                       | 46,238,718                                          |                       | 46,238,718          | 12,206      |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 3,860,339                                           |                       | 3,860,339           | 0           |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 26,234,933                                          |                       | 26,234,933          | 6,869       |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 6,989,193                                           |                       | 6,989,193           | 0           |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 21,451,344                                          |                       | 21,451,344          | 25          |
| 54.01                                  | 05401 | ULTRASOUND                           | 5,067,548                                           |                       | 5,067,548           | 0           |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 11,337,734                                          |                       | 11,337,734          | 738,478     |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 2,935,658                                           |                       | 2,935,658           | 0           |
| 57.00                                  | 05700 | CT SCAN                              | 3,030,510                                           |                       | 3,030,510           | 0           |
| 58.00                                  | 05800 | MRI                                  | 3,897,952                                           |                       | 3,897,952           | 0           |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 4,037,517                                           |                       | 4,037,517           | 0           |
| 60.00                                  | 06000 | LABORATORY                           | 78,666,391                                          |                       | 78,666,391          | 0           |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL  | 5,506,705                                           |                       | 5,506,705           | 0           |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 14,682,220                                          | 0                     | 14,682,220          | 0           |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 26,006,099                                          | 0                     | 26,006,099          | 279,914     |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 12,094,278                                          |                       | 12,094,278          | 17,661      |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT  | 65,087,981                                          |                       | 65,087,981          | 0           |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 80,985,058                                          |                       | 80,985,058          | 0           |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 206,297,160                                         |                       | 206,297,160         | 0           |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 2,229,318                                           |                       | 2,229,318           | 0           |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 9,918,897                                           |                       | 9,918,897           | 0           |
| 76.00                                  | 03020 | CARDIAC REHAB                        | 1,682,641                                           |                       | 1,682,641           | 0           |
| 76.01                                  | 03030 | GI LAB                               | 9,955,897                                           |                       | 9,955,897           | 229         |
| 76.02                                  | 03040 | ECT                                  | 272,053                                             |                       | 272,053             | 0           |
| 76.03                                  | 03050 | OP PSYCH                             | 1,291,476                                           |                       | 1,291,476           | 0           |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                                                     |                       |                     |             |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                                                   |                       | 0                   | 0           |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                                   |                       | 0                   | 0           |
| 90.00                                  | 09000 | CLINIC                               | 17,513,692                                          |                       | 17,513,692          | 43,767      |
| 90.01                                  | 09001 | HYPERBARIC/OP WOUND                  | 1,752,894                                           |                       | 1,752,894           | 0           |
| 91.00                                  | 09100 | EMERGENCY                            | 28,380,209                                          |                       | 28,380,209          | 215,139     |
| 91.02                                  | 09101 | NATURAL FAMILY PLANNING              | 0                                                   |                       | 0                   | 0           |
| 91.03                                  | 09102 | PAIN THERAPY CENTER                  | 0                                                   |                       | 0                   | 0           |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 15,997,244                                          |                       | 15,997,244          | 0           |
| 92.01                                  | 09201 | AMBULATORY CARE UNIT                 | 2,215,676                                           |                       | 2,215,676           | 0           |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                                                     |                       |                     |             |
| 95.00                                  | 09500 | AMBULANCE SERVICES                   | 0                                                   |                       | 0                   | 0           |
| 99.10                                  | 09910 | CORF                                 | 0                                                   |                       | 0                   | 0           |
| SPECIAL PURPOSE COST CENTERS           |       |                                      |                                                     |                       |                     |             |
| 109.00                                 | 10900 | PANCREAS ACQUISITION                 | 0                                                   |                       | 0                   | 0           |
| 110.00                                 | 11000 | INTESTINAL ACQUISITION               | 0                                                   |                       | 0                   | 0           |
| 111.00                                 | 11100 | ISLET ACQUISITION                    | 0                                                   |                       | 0                   | 0           |
| 200.00                                 |       | Subtotal (see instructions)          | 987,469,951                                         | 0                     | 987,469,951         | 1,912,967   |
| 201.00                                 |       | Less Observation Beds                | 15,997,244                                          |                       | 15,997,244          | 0           |
| 202.00                                 |       | Total (see instructions)             | 971,472,707                                         | 0                     | 971,472,707         | 1,912,967   |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet C  
Part I  
Date/Time Prepared:  
11/29/2021 1:59 pm

|                                        |       |                                      | Title XVIII   |               | Hospital                | PPS                 |                       |
|----------------------------------------|-------|--------------------------------------|---------------|---------------|-------------------------|---------------------|-----------------------|
| Cost Center Description                |       |                                      | Charges       |               |                         | Cost or Other Ratio | TEFRA Inpatient Ratio |
|                                        |       |                                      | Inpatient     | Outpatient    | Total (col. 6 + col. 7) |                     |                       |
|                                        |       |                                      | 6.00          | 7.00          | 8.00                    | 9.00                | 10.00                 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |               |               |                         |                     |                       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 326,820,170   |               | 326,820,170             |                     | 30.00                 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 93,815,737    |               | 93,815,737              |                     | 31.00                 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   | 13,930,335    |               | 13,930,335              |                     | 32.00                 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             | 12,627,186    |               | 12,627,186              |                     | 33.00                 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT         | 0             |               | 0                       |                     | 34.00                 |
| 35.00                                  | 02040 | NEONATAL INTENSIVE CARE UNIT         | 139,796,034   |               | 139,796,034             |                     | 35.00                 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                    | 4,193,700     |               | 4,193,700               |                     | 40.00                 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0             |               | 0                       |                     | 41.00                 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0             |               | 0                       |                     | 42.00                 |
| 43.00                                  | 04300 | NURSERY                              | 18,343,065    |               | 18,343,065              |                     | 43.00                 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             | 0             |               | 0                       |                     | 44.00                 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |               |               |                         |                     |                       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 135,085,581   | 167,981,797   | 303,067,378             | 0.152569            | 50.00                 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 16,079,710    | 49,917,740    | 65,997,450              | 0.058492            | 51.00                 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 54,085,764    | 371,194       | 54,456,958              | 0.481755            | 52.00                 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 41,956,350    | 58,402,899    | 100,359,249             | 0.069642            | 53.00                 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 29,267,940    | 82,867,577    | 112,135,517             | 0.191298            | 54.00                 |
| 54.01                                  | 05401 | ULTRASOUND                           | 7,572,827     | 54,887,985    | 62,460,812              | 0.081132            | 54.01                 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 3,048,937     | 116,722,927   | 119,771,864             | 0.094661            | 55.00                 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 6,237,248     | 39,659,127    | 45,896,375              | 0.063963            | 56.00                 |
| 57.00                                  | 05700 | CT SCAN                              | 92,382,084    | 149,095,864   | 241,477,948             | 0.012550            | 57.00                 |
| 58.00                                  | 05800 | MRI                                  | 23,314,892    | 83,015,066    | 106,329,958             | 0.036659            | 58.00                 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 33,117,040    | 68,011,261    | 101,128,301             | 0.039925            | 59.00                 |
| 60.00                                  | 06000 | LABORATORY                           | 214,156,532   | 236,944,942   | 451,101,474             | 0.174387            | 60.00                 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL  | 20,929,280    | 7,639,949     | 28,569,229              | 0.192750            | 62.00                 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 57,339,877    | 21,749,811    | 79,089,688              | 0.185640            | 65.00                 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 27,346,443    | 44,873,874    | 72,220,317              | 0.360094            | 66.00                 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 61,967,860    | 102,889,374   | 164,857,234             | 0.073362            | 69.00                 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT  | 122,657,590   | 101,537,829   | 224,195,419             | 0.290318            | 71.00                 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 78,688,698    | 56,797,702    | 135,486,400             | 0.597736            | 72.00                 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 183,342,416   | 894,248,742   | 1,077,591,158           | 0.191443            | 73.00                 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 9,749,188     | 265,610       | 10,014,798              | 0.222602            | 74.00                 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 2,592,805     | 26,473,894    | 29,066,699              | 0.341246            | 75.00                 |
| 76.00                                  | 03020 | CARDIAC REHAB                        | 478,785       | 2,075,562     | 2,554,347               | 0.658736            | 76.00                 |
| 76.01                                  | 03030 | GI LAB                               | 7,247,820     | 87,758,111    | 95,005,931              | 0.104792            | 76.01                 |
| 76.02                                  | 03040 | ECT                                  | 347,786       | 721,550       | 1,069,336               | 0.254413            | 76.02                 |
| 76.03                                  | 03050 | OP PSYCH                             | 3,669         | 6,897,851     | 6,901,520               | 0.187129            | 76.03                 |
| 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                               | 295,507       | 17,415,131    | 17,710,638              | 0.988880            | 90.00                 |
| 90.01                                  | 09001 | HYPERBARIC/OP WOUND                  | 14,000        | 2,931,916     | 2,945,916               | 0.595025            | 90.01                 |
| 91.00                                  | 09100 | EMERGENCY                            | 66,327,425    | 101,769,541   | 168,096,966             | 0.168832            | 91.00                 |
| 91.02                                  | 09101 | NATURAL FAMILY PLANNING              | 0             | 0             | 0                       | 0.000000            | 91.02                 |
| 91.03                                  | 09102 | PAIN THERAPY CENTER                  | 0             | 0             | 0                       | 0.000000            | 91.03                 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 15,796,341    | 38,070,310    | 53,866,651              | 0.296979            | 92.00                 |
| 92.01                                  | 09201 | AMBULATORY CARE UNIT                 | 452,644       | 4,801,392     | 5,254,036               | 0.421709            | 92.01                 |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |               |               |                         |                     |                       |
| 95.00                                  | 09500 | AMBULANCE SERVICES                   | 0             | 0             | 0                       | 0.000000            | 95.00                 |
| 99.10                                  | 09910 | CORF                                 | 0             | 0             | 0                       |                     | 99.10                 |
| 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                |
| 200.00                                 |       | Subtotal (see instructions)          | 1,921,409,266 | 2,626,796,528 | 4,548,205,794           |                     | 200.00                |
| 201.00                                 |       | Less Observation Beds                |               |               |                         |                     | 201.00                |
| 202.00                                 |       | Total (see instructions)             | 1,921,409,266 | 2,626,796,528 | 4,548,205,794           |                     | 202.00                |

| COMPUTATION OF RATIO OF COSTS TO CHARGES |       |                                      | Provider CCN: 26-0020  | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet C<br>Part I<br>Date/Time Prepared:<br>11/29/2021 1:59 pm |
|------------------------------------------|-------|--------------------------------------|------------------------|---------------------------------------------|--------------------------------------------------------------------|
| Cost Center Description                  |       |                                      | PPS Inpatient<br>Ratio | Title XVIII                                 | Hospital                                                           |
|                                          |       |                                      | 11.00                  |                                             | PPS                                                                |
| INPATIENT ROUTINE SERVICE COST CENTERS   |       |                                      |                        |                                             |                                                                    |
| 30.00                                    | 03000 | ADULTS & PEDIATRICS                  |                        |                                             | 30.00                                                              |
| 31.00                                    | 03100 | INTENSIVE CARE UNIT                  |                        |                                             | 31.00                                                              |
| 32.00                                    | 03200 | CORONARY CARE UNIT                   |                        |                                             | 32.00                                                              |
| 33.00                                    | 03300 | BURN INTENSIVE CARE UNIT             |                        |                                             | 33.00                                                              |
| 34.00                                    | 03400 | SURGICAL INTENSIVE CARE UNIT         |                        |                                             | 34.00                                                              |
| 35.00                                    | 02040 | NEONATAL INTENSIVE CARE UNIT         |                        |                                             | 35.00                                                              |
| 40.00                                    | 04000 | SUBPROVIDER - IPF                    |                        |                                             | 40.00                                                              |
| 41.00                                    | 04100 | SUBPROVIDER - IRF                    |                        |                                             | 41.00                                                              |
| 42.00                                    | 04200 | SUBPROVIDER                          |                        |                                             | 42.00                                                              |
| 43.00                                    | 04300 | NURSERY                              |                        |                                             | 43.00                                                              |
| 44.00                                    | 04400 | SKILLED NURSING FACILITY             |                        |                                             | 44.00                                                              |
| ANCILLARY SERVICE COST CENTERS           |       |                                      |                        |                                             |                                                                    |
| 50.00                                    | 05000 | OPERATING ROOM                       | 0.152609               |                                             | 50.00                                                              |
| 51.00                                    | 05100 | RECOVERY ROOM                        | 0.058492               |                                             | 51.00                                                              |
| 52.00                                    | 05200 | DELIVERY ROOM & LABOR ROOM           | 0.481882               |                                             | 52.00                                                              |
| 53.00                                    | 05300 | ANESTHESIOLOGY                       | 0.069642               |                                             | 53.00                                                              |
| 54.00                                    | 05400 | RADIOLOGY-DIAGNOSTIC                 | 0.191299               |                                             | 54.00                                                              |
| 54.01                                    | 05401 | ULTRASOUND                           | 0.081132               |                                             | 54.01                                                              |
| 55.00                                    | 05500 | RADIOLOGY-THERAPEUTIC                | 0.100827               |                                             | 55.00                                                              |
| 56.00                                    | 05600 | RADIOISOTOPE                         | 0.063963               |                                             | 56.00                                                              |
| 57.00                                    | 05700 | CT SCAN                              | 0.012550               |                                             | 57.00                                                              |
| 58.00                                    | 05800 | MRI                                  | 0.036659               |                                             | 58.00                                                              |
| 59.00                                    | 05900 | CARDIAC CATHETERIZATION              | 0.039925               |                                             | 59.00                                                              |
| 60.00                                    | 06000 | LABORATORY                           | 0.174387               |                                             | 60.00                                                              |
| 62.00                                    | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL  | 0.192750               |                                             | 62.00                                                              |
| 65.00                                    | 06500 | RESPIRATORY THERAPY                  | 0.185640               |                                             | 65.00                                                              |
| 66.00                                    | 06600 | PHYSICAL THERAPY                     | 0.363970               |                                             | 66.00                                                              |
| 69.00                                    | 06900 | ELECTROCARDIOLOGY                    | 0.073469               |                                             | 69.00                                                              |
| 71.00                                    | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT  | 0.290318               |                                             | 71.00                                                              |
| 72.00                                    | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 0.597736               |                                             | 72.00                                                              |
| 73.00                                    | 07300 | DRUGS CHARGED TO PATIENTS            | 0.191443               |                                             | 73.00                                                              |
| 74.00                                    | 07400 | RENAL DIALYSIS                       | 0.222602               |                                             | 74.00                                                              |
| 75.00                                    | 07500 | ASC (NON-DISTINCT PART)              | 0.341246               |                                             | 75.00                                                              |
| 76.00                                    | 03020 | CARDIAC REHAB                        | 0.658736               |                                             | 76.00                                                              |
| 76.01                                    | 03030 | GI LAB                               | 0.104795               |                                             | 76.01                                                              |
| 76.02                                    | 03040 | ECT                                  | 0.254413               |                                             | 76.02                                                              |
| 76.03                                    | 03050 | OP PSYCH                             | 0.187129               |                                             | 76.03                                                              |
| 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                               | 0.991351               |                                             | 90.00                                                              |
| 90.01                                    | 09001 | HYPERBARIC/OP WOUND                  | 0.595025               |                                             | 90.01                                                              |
| 91.00                                    | 09100 | EMERGENCY                            | 0.170112               |                                             | 91.00                                                              |
| 91.02                                    | 09101 | NATURAL FAMILY PLANNING              | 0.000000               |                                             | 91.02                                                              |
| 91.03                                    | 09102 | PAIN THERAPY CENTER                  | 0.000000               |                                             | 91.03                                                              |
| 92.00                                    | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0.296979               |                                             | 92.00                                                              |
| 92.01                                    | 09201 | AMBULATORY CARE UNIT                 | 0.421709               |                                             | 92.01                                                              |
| OTHER REIMBURSABLE COST CENTERS          |       |                                      |                        |                                             |                                                                    |
| 95.00                                    | 09500 | AMBULANCE SERVICES                   | 0.000000               |                                             | 95.00                                                              |
| 99.10                                    | 09910 | CORF                                 |                        |                                             | 99.10                                                              |
| 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                                                             |
| 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: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet C  
Part I  
Date/Time Prepared:  
11/29/2021 1:59 pm

|                                        |       |                                      | Title XIX                                           | Hospital              | Cost        |             |
|----------------------------------------|-------|--------------------------------------|-----------------------------------------------------|-----------------------|-------------|-------------|
| Cost Center Description                |       |                                      | Total Cost<br>(from Wkst. B,<br>Part I, col.<br>26) | Therapy Limit<br>Adj. | Total Costs | Total Costs |
|                                        |       |                                      | 1.00                                                | 2.00                  | 3.00        | 4.00        |
|                                        |       |                                      |                                                     |                       |             | 5.00        |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                                                     |                       |             |             |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 176,405,658                                         |                       | 176,405,658 | 534,113     |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 37,523,087                                          |                       | 37,523,087  | 41,822      |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   | 7,092,901                                           |                       | 7,092,901   | 0           |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             | 5,198,709                                           |                       | 5,198,709   | 0           |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT         | 0                                                   |                       | 0           | 0           |
| 35.00                                  | 02040 | NEONATAL INTENSIVE CARE UNIT         | 32,397,535                                          |                       | 32,397,535  | 20,250      |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                    | 4,515,404                                           |                       | 4,515,404   | 2,494       |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                                                   |                       | 0           | 0           |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                                                   |                       | 0           | 0           |
| 43.00                                  | 04300 | NURSERY                              | 8,719,322                                           |                       | 8,719,322   | 0           |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             | 0                                                   |                       | 0           | 0           |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                                                     |                       |             |             |
| 50.00                                  | 05000 | OPERATING ROOM                       | 46,238,718                                          |                       | 46,238,718  | 12,206      |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 3,860,339                                           |                       | 3,860,339   | 0           |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 26,234,933                                          |                       | 26,234,933  | 6,869       |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 6,989,193                                           |                       | 6,989,193   | 0           |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 21,451,344                                          |                       | 21,451,344  | 25          |
| 54.01                                  | 05401 | ULTRASOUND                           | 5,067,548                                           |                       | 5,067,548   | 0           |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 11,337,734                                          |                       | 11,337,734  | 738,478     |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 2,935,658                                           |                       | 2,935,658   | 0           |
| 57.00                                  | 05700 | CT SCAN                              | 3,030,510                                           |                       | 3,030,510   | 0           |
| 58.00                                  | 05800 | MRI                                  | 3,897,952                                           |                       | 3,897,952   | 0           |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 4,037,517                                           |                       | 4,037,517   | 0           |
| 60.00                                  | 06000 | LABORATORY                           | 78,666,391                                          |                       | 78,666,391  | 0           |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL  | 5,506,705                                           |                       | 5,506,705   | 0           |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 14,682,220                                          | 0                     | 14,682,220  | 0           |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 26,006,099                                          | 0                     | 26,006,099  | 279,914     |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 12,094,278                                          |                       | 12,094,278  | 17,661      |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT  | 65,087,981                                          |                       | 65,087,981  | 0           |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 80,985,058                                          |                       | 80,985,058  | 0           |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 206,297,160                                         |                       | 206,297,160 | 0           |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 2,229,318                                           |                       | 2,229,318   | 0           |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 9,918,897                                           |                       | 9,918,897   | 0           |
| 76.00                                  | 03020 | CARDIAC REHAB                        | 1,682,641                                           |                       | 1,682,641   | 0           |
| 76.01                                  | 03030 | GI LAB                               | 9,955,897                                           |                       | 9,955,897   | 229         |
| 76.02                                  | 03040 | ECT                                  | 272,053                                             |                       | 272,053     | 0           |
| 76.03                                  | 03050 | OP PSYCH                             | 1,291,476                                           |                       | 1,291,476   | 0           |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                                                     |                       |             |             |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                                                   |                       | 0           | 0           |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                                   |                       | 0           | 0           |
| 90.00                                  | 09000 | CLINIC                               | 17,513,692                                          |                       | 17,513,692  | 43,767      |
| 90.01                                  | 09001 | HYPERBARIC/OP WOUND                  | 1,752,894                                           |                       | 1,752,894   | 0           |
| 91.00                                  | 09100 | EMERGENCY                            | 28,380,209                                          |                       | 28,380,209  | 215,139     |
| 91.02                                  | 09101 | NATURAL FAMILY PLANNING              | 0                                                   |                       | 0           | 0           |
| 91.03                                  | 09102 | PAIN THERAPY CENTER                  | 0                                                   |                       | 0           | 0           |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 15,997,244                                          |                       | 15,997,244  | 0           |
| 92.01                                  | 09201 | AMBULATORY CARE UNIT                 | 2,215,676                                           |                       | 2,215,676   | 0           |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                                                     |                       |             |             |
| 95.00                                  | 09500 | AMBULANCE SERVICES                   | 0                                                   |                       | 0           | 0           |
| 99.10                                  | 09910 | CORF                                 | 0                                                   |                       | 0           | 0           |
| SPECIAL PURPOSE COST CENTERS           |       |                                      |                                                     |                       |             |             |
| 109.00                                 | 10900 | PANCREAS ACQUISITION                 | 0                                                   |                       | 0           | 0           |
| 110.00                                 | 11000 | INTESTINAL ACQUISITION               | 0                                                   |                       | 0           | 0           |
| 111.00                                 | 11100 | ISLET ACQUISITION                    | 0                                                   |                       | 0           | 0           |
| 200.00                                 |       | Subtotal (see instructions)          | 987,469,951                                         | 0                     | 987,469,951 | 1,912,967   |
| 201.00                                 |       | Less Observation Beds                | 15,997,244                                          |                       | 15,997,244  | 0           |
| 202.00                                 |       | Total (see instructions)             | 971,472,707                                         | 0                     | 971,472,707 | 1,912,967   |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet C  
Part I  
Date/Time Prepared:  
11/29/2021 1:59 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                  | 326,820,170   |               | 326,820,170             |                     | 30.00                 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 93,815,737    |               | 93,815,737              |                     | 31.00                 |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   | 13,930,335    |               | 13,930,335              |                     | 32.00                 |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             | 12,627,186    |               | 12,627,186              |                     | 33.00                 |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT         | 0             |               | 0                       |                     | 34.00                 |
| 35.00                                  | 02040 | NEONATAL INTENSIVE CARE UNIT         | 139,796,034   |               | 139,796,034             |                     | 35.00                 |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                    | 4,193,700     |               | 4,193,700               |                     | 40.00                 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0             |               | 0                       |                     | 41.00                 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0             |               | 0                       |                     | 42.00                 |
| 43.00                                  | 04300 | NURSERY                              | 18,343,065    |               | 18,343,065              |                     | 43.00                 |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             | 0             |               | 0                       |                     | 44.00                 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |               |               |                         |                     |                       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 135,085,581   | 167,981,797   | 303,067,378             | 0.152569            | 50.00                 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 16,079,710    | 49,917,740    | 65,997,450              | 0.058492            | 51.00                 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 54,085,764    | 371,194       | 54,456,958              | 0.481755            | 52.00                 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 41,956,350    | 58,402,899    | 100,359,249             | 0.069642            | 53.00                 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 29,267,940    | 82,867,577    | 112,135,517             | 0.191298            | 54.00                 |
| 54.01                                  | 05401 | ULTRASOUND                           | 7,572,827     | 54,887,985    | 62,460,812              | 0.081132            | 54.01                 |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 3,048,937     | 116,722,927   | 119,771,864             | 0.094661            | 55.00                 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 6,237,248     | 39,659,127    | 45,896,375              | 0.063963            | 56.00                 |
| 57.00                                  | 05700 | CT SCAN                              | 92,382,084    | 149,095,864   | 241,477,948             | 0.012550            | 57.00                 |
| 58.00                                  | 05800 | MRI                                  | 23,314,892    | 83,015,066    | 106,329,958             | 0.036659            | 58.00                 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 33,117,040    | 68,011,261    | 101,128,301             | 0.039925            | 59.00                 |
| 60.00                                  | 06000 | LABORATORY                           | 214,156,532   | 236,944,942   | 451,101,474             | 0.174387            | 60.00                 |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL  | 20,929,280    | 7,639,949     | 28,569,229              | 0.192750            | 62.00                 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 57,339,877    | 21,749,811    | 79,089,688              | 0.185640            | 65.00                 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 27,346,443    | 44,873,874    | 72,220,317              | 0.360094            | 66.00                 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 61,967,860    | 102,889,374   | 164,857,234             | 0.073362            | 69.00                 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT  | 122,657,590   | 101,537,829   | 224,195,419             | 0.290318            | 71.00                 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 78,688,698    | 56,797,702    | 135,486,400             | 0.597736            | 72.00                 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 183,342,416   | 894,248,742   | 1,077,591,158           | 0.191443            | 73.00                 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 9,749,188     | 265,610       | 10,014,798              | 0.222602            | 74.00                 |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 2,592,805     | 26,473,894    | 29,066,699              | 0.341246            | 75.00                 |
| 76.00                                  | 03020 | CARDIAC REHAB                        | 478,785       | 2,075,562     | 2,554,347               | 0.658736            | 76.00                 |
| 76.01                                  | 03030 | GI LAB                               | 7,247,820     | 87,758,111    | 95,005,931              | 0.104792            | 76.01                 |
| 76.02                                  | 03040 | ECT                                  | 347,786       | 721,550       | 1,069,336               | 0.254413            | 76.02                 |
| 76.03                                  | 03050 | OP PSYCH                             | 3,669         | 6,897,851     | 6,901,520               | 0.187129            | 76.03                 |
| 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                               | 295,507       | 17,415,131    | 17,710,638              | 0.988880            | 90.00                 |
| 90.01                                  | 09001 | HYPERBARIC/OP WOUND                  | 14,000        | 2,931,916     | 2,945,916               | 0.595025            | 90.01                 |
| 91.00                                  | 09100 | EMERGENCY                            | 66,327,425    | 101,769,541   | 168,096,966             | 0.168832            | 91.00                 |
| 91.02                                  | 09101 | NATURAL FAMILY PLANNING              | 0             | 0             | 0                       | 0.000000            | 91.02                 |
| 91.03                                  | 09102 | PAIN THERAPY CENTER                  | 0             | 0             | 0                       | 0.000000            | 91.03                 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 15,796,341    | 38,070,310    | 53,866,651              | 0.296979            | 92.00                 |
| 92.01                                  | 09201 | AMBULATORY CARE UNIT                 | 452,644       | 4,801,392     | 5,254,036               | 0.421709            | 92.01                 |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |               |               |                         |                     |                       |
| 95.00                                  | 09500 | AMBULANCE SERVICES                   | 0             | 0             | 0                       | 0.000000            | 95.00                 |
| 99.10                                  | 09910 | CORF                                 | 0             | 0             | 0                       | 0.000000            | 99.10                 |
| 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                |
| 200.00                                 |       | Subtotal (see instructions)          | 1,921,409,266 | 2,626,796,528 | 4,548,205,794           |                     | 200.00                |
| 201.00                                 |       | Less Observation Beds                |               |               |                         |                     | 201.00                |
| 202.00                                 |       | Total (see instructions)             | 1,921,409,266 | 2,626,796,528 | 4,548,205,794           |                     | 202.00                |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet C  
Part I  
Date/Time Prepared:  
11/29/2021 1:59 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  |
| 32.00                                  | 03200 | CORONARY CARE UNIT                   |                        |           |          | 32.00  |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT             |                        |           |          | 33.00  |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT         |                        |           |          | 34.00  |
| 35.00                                  | 02040 | NEONATAL INTENSIVE CARE UNIT         |                        |           |          | 35.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                    |                        |           |          | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    |                        |           |          | 41.00  |
| 42.00                                  | 04200 | SUBPROVIDER                          |                        |           |          | 42.00  |
| 43.00                                  | 04300 | NURSERY                              |                        |           |          | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             |                        |           |          | 44.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                        |           |          |        |
| 50.00                                  | 05000 | OPERATING ROOM                       | 0.000000               |           |          | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 0.000000               |           |          | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0.000000               |           |          | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 0.000000               |           |          | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 0.000000               |           |          | 54.00  |
| 54.01                                  | 05401 | ULTRASOUND                           | 0.000000               |           |          | 54.01  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 0.000000               |           |          | 55.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0.000000               |           |          | 56.00  |
| 57.00                                  | 05700 | CT SCAN                              | 0.000000               |           |          | 57.00  |
| 58.00                                  | 05800 | MRI                                  | 0.000000               |           |          | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0.000000               |           |          | 59.00  |
| 60.00                                  | 06000 | LABORATORY                           | 0.000000               |           |          | 60.00  |
| 62.00                                  | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL  | 0.000000               |           |          | 62.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 0.000000               |           |          | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 0.000000               |           |          | 66.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0.000000               |           |          | 69.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT  | 0.000000               |           |          | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 0.000000               |           |          | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0.000000               |           |          | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0.000000               |           |          | 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 0.000000               |           |          | 75.00  |
| 76.00                                  | 03020 | CARDIAC REHAB                        | 0.000000               |           |          | 76.00  |
| 76.01                                  | 03030 | GI LAB                               | 0.000000               |           |          | 76.01  |
| 76.02                                  | 03040 | ECT                                  | 0.000000               |           |          | 76.02  |
| 76.03                                  | 03050 | OP PSYCH                             | 0.000000               |           |          | 76.03  |
| 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 | HYPERBARIC/OP WOUND                  | 0.000000               |           |          | 90.01  |
| 91.00                                  | 09100 | EMERGENCY                            | 0.000000               |           |          | 91.00  |
| 91.02                                  | 09101 | NATURAL FAMILY PLANNING              | 0.000000               |           |          | 91.02  |
| 91.03                                  | 09102 | PAIN THERAPY CENTER                  | 0.000000               |           |          | 91.03  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0.000000               |           |          | 92.00  |
| 92.01                                  | 09201 | AMBULATORY CARE UNIT                 | 0.000000               |           |          | 92.01  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                        |           |          |        |
| 95.00                                  | 09500 | AMBULANCE SERVICES                   | 0.000000               |           |          | 95.00  |
| 99.10                                  | 09910 | CORF                                 |                        |           |          | 99.10  |
| 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 |
| 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: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet D  
Part I  
Date/Time Prepared:  
11/29/2021 1:59 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          | 16,694,533                                                        | 0                                                            | 16,694,533                                                 | 171,274               | 97.47                         | 30.00  |        |
| 31.00                                  | INTENSIVE CARE UNIT          | 2,662,149                                                         |                                                              | 2,662,149                                                  | 21,648                | 122.97                        | 31.00  |        |
| 32.00                                  | CORONARY CARE UNIT           | 441,920                                                           |                                                              | 441,920                                                    | 4,228                 | 104.52                        | 32.00  |        |
| 33.00                                  | BURN INTENSIVE CARE UNIT     | 497,309                                                           |                                                              | 497,309                                                    | 3,171                 | 156.83                        | 33.00  |        |
| 34.00                                  | SURGICAL INTENSIVE CARE UNIT | 0                                                                 |                                                              | 0                                                          | 0                     | 0.00                          | 34.00  |        |
| 35.00                                  | NEONATAL INTENSIVE CARE UNIT | 2,578,116                                                         |                                                              | 2,578,116                                                  | 29,648                | 86.96                         | 35.00  |        |
| 40.00                                  | SUBPROVIDER - IPF            | 392,207                                                           | 0                                                            | 392,207                                                    | 4,061                 | 96.58                         | 40.00  |        |
| 41.00                                  | SUBPROVIDER - IRF            | 0                                                                 | 0                                                            | 0                                                          | 0                     | 0.00                          | 41.00  |        |
| 42.00                                  | SUBPROVIDER                  | 0                                                                 | 0                                                            | 0                                                          | 0                     | 0.00                          | 42.00  |        |
| 43.00                                  | NURSERY                      | 855,804                                                           |                                                              | 855,804                                                    | 16,606                | 51.54                         | 43.00  |        |
| 44.00                                  | SKILLED NURSING FACILITY     | 0                                                                 |                                                              | 0                                                          | 0                     | 0.00                          | 44.00  |        |
| 200.00                                 | Total (lines 30 through 199) | 24,122,038                                                        |                                                              | 24,122,038                                                 | 250,636               |                               | 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          | 36,516                                                            | 3,559,215                                                    |                                                            |                       |                               |        | 30.00  |
| 31.00                                  | INTENSIVE CARE UNIT          | 4,333                                                             | 532,829                                                      |                                                            |                       |                               |        | 31.00  |
| 32.00                                  | CORONARY CARE UNIT           | 970                                                               | 101,384                                                      |                                                            |                       |                               |        | 32.00  |
| 33.00                                  | BURN INTENSIVE CARE UNIT     | 671                                                               | 105,233                                                      |                                                            |                       |                               |        | 33.00  |
| 34.00                                  | SURGICAL INTENSIVE CARE UNIT | 0                                                                 | 0                                                            |                                                            |                       |                               |        | 34.00  |
| 35.00                                  | NEONATAL INTENSIVE CARE UNIT | 0                                                                 | 0                                                            |                                                            |                       |                               |        | 35.00  |
| 40.00                                  | SUBPROVIDER - IPF            | 1,717                                                             | 165,828                                                      |                                                            |                       |                               |        | 40.00  |
| 41.00                                  | SUBPROVIDER - IRF            | 0                                                                 | 0                                                            |                                                            |                       |                               |        | 41.00  |
| 42.00                                  | SUBPROVIDER                  | 0                                                                 | 0                                                            |                                                            |                       |                               |        | 42.00  |
| 43.00                                  | NURSERY                      | 0                                                                 | 0                                                            |                                                            |                       |                               |        | 43.00  |
| 44.00                                  | SKILLED NURSING FACILITY     | 0                                                                 | 0                                                            |                                                            |                       |                               |        | 44.00  |
| 200.00                                 | Total (lines 30 through 199) | 44,207                                                            | 4,464,489                                                    |                                                            |                       |                               |        | 200.00 |

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet D  
Part II  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description |                                 |                                     | Capital<br>Related Cost<br>(from Wkst. B,<br>Part II, col.<br>26) | Total Charges<br>(from Wkst. C,<br>Part I, col.<br>8) | Title XVIII<br>Ratio of Cost<br>to Charges<br>(col. 1 ÷ col.<br>2) | Hospital<br>Inpatient<br>Program<br>Charges | PPS<br>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                      | 8,499,906                                                         | 303,067,378                                           | 0.028046                                                           | 30,908,392                                  | 866,857                                          | 50.00  |  |
| 51.00                   | 05100                           | RECOVERY ROOM                       | 193,346                                                           | 65,997,450                                            | 0.002930                                                           | 3,050,385                                   | 8,938                                            | 51.00  |  |
| 52.00                   | 05200                           | DELIVERY ROOM & LABOR ROOM          | 2,599,300                                                         | 54,456,958                                            | 0.047731                                                           | 135,562                                     | 6,471                                            | 52.00  |  |
| 53.00                   | 05300                           | ANESTHESIOLOGY                      | 657,270                                                           | 100,359,249                                           | 0.006549                                                           | 7,258,452                                   | 47,536                                           | 53.00  |  |
| 54.00                   | 05400                           | RADIOLOGY-DIAGNOSTIC                | 3,857,082                                                         | 112,135,517                                           | 0.034397                                                           | 7,076,464                                   | 243,409                                          | 54.00  |  |
| 54.01                   | 05401                           | ULTRASOUND                          | 789,175                                                           | 62,460,812                                            | 0.012635                                                           | 1,454,203                                   | 18,374                                           | 54.01  |  |
| 55.00                   | 05500                           | RADIOLOGY-THERAPEUTIC               | 1,985,331                                                         | 119,771,864                                           | 0.016576                                                           | 633,840                                     | 10,507                                           | 55.00  |  |
| 56.00                   | 05600                           | RADIOISOTOPE                        | 465,681                                                           | 45,896,375                                            | 0.010146                                                           | 2,167,286                                   | 21,989                                           | 56.00  |  |
| 57.00                   | 05700                           | CT SCAN                             | 366,653                                                           | 241,477,948                                           | 0.001518                                                           | 26,012,407                                  | 39,487                                           | 57.00  |  |
| 58.00                   | 05800                           | MRI                                 | 827,862                                                           | 106,329,958                                           | 0.007786                                                           | 5,647,406                                   | 43,971                                           | 58.00  |  |
| 59.00                   | 05900                           | CARDIAC CATHETERIZATION             | 948,603                                                           | 101,128,301                                           | 0.009380                                                           | 9,625,697                                   | 90,289                                           | 59.00  |  |
| 60.00                   | 06000                           | LABORATORY                          | 4,304,743                                                         | 451,101,474                                           | 0.009543                                                           | 50,234,129                                  | 479,384                                          | 60.00  |  |
| 62.00                   | 06200                           | WHOLE BLOOD & PACKED RED BLOOD CELL | 343,026                                                           | 28,569,229                                            | 0.012007                                                           | 5,520,993                                   | 66,291                                           | 62.00  |  |
| 65.00                   | 06500                           | RESPIRATORY THERAPY                 | 1,330,323                                                         | 79,089,688                                            | 0.016820                                                           | 11,094,735                                  | 186,613                                          | 65.00  |  |
| 66.00                   | 06600                           | PHYSICAL THERAPY                    | 2,414,900                                                         | 72,220,317                                            | 0.033438                                                           | 7,886,630                                   | 263,713                                          | 66.00  |  |
| 69.00                   | 06900                           | ELECTROCARDIOLOGY                   | 1,224,635                                                         | 164,857,234                                           | 0.007428                                                           | 17,764,827                                  | 131,957                                          | 69.00  |  |
| 71.00                   | 07100                           | MEDICAL SUPPLIES CHARGED TO PATIENT | 1,640,945                                                         | 224,195,419                                           | 0.007319                                                           | 28,399,434                                  | 207,855                                          | 71.00  |  |
| 72.00                   | 07200                           | IMPL. DEV. CHARGED TO PATIENTS      | 2,036,293                                                         | 135,486,400                                           | 0.015030                                                           | 22,883,577                                  | 343,940                                          | 72.00  |  |
| 73.00                   | 07300                           | DRUGS CHARGED TO PATIENTS           | 5,271,204                                                         | 1,077,591,158                                         | 0.004892                                                           | 41,240,098                                  | 201,747                                          | 73.00  |  |
| 74.00                   | 07400                           | RENAL DIALYSIS                      | 197,411                                                           | 10,014,798                                            | 0.019712                                                           | 3,914,803                                   | 77,169                                           | 74.00  |  |
| 75.00                   | 07500                           | ASC (NON-DISTINCT PART)             | 1,311,993                                                         | 29,066,699                                            | 0.045137                                                           | 589,027                                     | 26,587                                           | 75.00  |  |
| 76.00                   | 03020                           | CARDIAC REHAB                       | 160,856                                                           | 2,554,347                                             | 0.062973                                                           | 138,972                                     | 8,751                                            | 76.00  |  |
| 76.01                   | 03030                           | GI LAB                              | 1,811,502                                                         | 95,005,931                                            | 0.019067                                                           | 2,058,899                                   | 39,257                                           | 76.01  |  |
| 76.02                   | 03040                           | ECT                                 | 40,484                                                            | 1,069,336                                             | 0.037859                                                           | 65,583                                      | 2,483                                            | 76.02  |  |
| 76.03                   | 03050                           | OP PSYCH                            | 301,330                                                           | 6,901,520                                             | 0.043661                                                           | 0                                           | 0                                                | 76.03  |  |
|                         | 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                              | 2,093,062                                                         | 17,710,638                                            | 0.118181                                                           | 6,869                                       | 812                                              | 90.00  |  |
| 90.01                   | 09001                           | HYPERBARIC/OP WOUND                 | 116,404                                                           | 2,945,916                                             | 0.039514                                                           | 0                                           | 0                                                | 90.01  |  |
| 91.00                   | 09100                           | EMERGENCY                           | 2,223,798                                                         | 168,096,966                                           | 0.013229                                                           | 15,893,277                                  | 210,252                                          | 91.00  |  |
| 91.02                   | 09101                           | NATURAL FAMILY PLANNING             | 0                                                                 | 0                                                     | 0.000000                                                           | 0                                           | 0                                                | 91.02  |  |
| 91.03                   | 09102                           | PAIN THERAPY CENTER                 | 0                                                                 | 0                                                     | 0.000000                                                           | 0                                           | 0                                                | 91.03  |  |
| 92.00                   | 09200                           | OBSERVATION BEDS (NON-DISTINCT PART | 1,509,372                                                         | 53,866,651                                            | 0.028021                                                           | 5,547,016                                   | 155,433                                          | 92.00  |  |
| 92.01                   | 09201                           | AMBULATORY CARE UNIT                | 261,815                                                           | 5,254,036                                             | 0.049831                                                           | 92,623                                      | 4,615                                            | 92.01  |  |
|                         | OTHER REIMBURSABLE COST CENTERS |                                     |                                                                   |                                                       |                                                                    |                                             |                                                  |        |  |
| 95.00                   | 09500                           | AMBULANCE SERVICES                  |                                                                   |                                                       |                                                                    |                                             |                                                  | 95.00  |  |
| 200.00                  |                                 | Total (lines 50 through 199)        | 49,784,305                                                        | 3,938,679,567                                         |                                                                    | 307,301,586                                 | 3,804,687                                        | 200.00 |  |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet D  
Part III  
Date/Time Prepared:  
11/29/2021 1:59 pm

|                                        |       |                              |                                                       | Title XVIII                                          |                                         | Hospital                   |                                  | PPS |        |        |
|----------------------------------------|-------|------------------------------|-------------------------------------------------------|------------------------------------------------------|-----------------------------------------|----------------------------|----------------------------------|-----|--------|--------|
| Cost Center Description                |       |                              | Nursing School Post-Stepdown Adjustments              | Nursing School                                       | Allied Health Post-Stepdown Adjustments | Allied Health Cost         | All Other Medical Education Cost |     |        |        |
|                                        |       |                              | 1A                                                    | 1.00                                                 | 2A                                      | 2.00                       | 3.00                             |     |        |        |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                              |                                                       |                                                      |                                         |                            |                                  |     |        |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS          | 0                                                     | 0                                                    | 0                                       | 0                          | 0                                | 0   | 30.00  |        |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT          | 0                                                     | 0                                                    | 0                                       | 0                          | 0                                | 0   | 31.00  |        |
| 32.00                                  | 03200 | CORONARY CARE UNIT           | 0                                                     | 0                                                    | 0                                       | 0                          | 0                                | 0   | 32.00  |        |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT     | 0                                                     | 0                                                    | 0                                       | 0                          | 0                                | 0   | 33.00  |        |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT | 0                                                     | 0                                                    | 0                                       | 0                          | 0                                | 0   | 34.00  |        |
| 35.00                                  | 02040 | NEONATAL INTENSIVE CARE UNIT | 0                                                     | 0                                                    | 0                                       | 0                          | 0                                | 0   | 35.00  |        |
| 40.00                                  | 04000 | SUBPROVIDER - IPF            | 0                                                     | 0                                                    | 0                                       | 0                          | 0                                | 0   | 40.00  |        |
| 41.00                                  | 04100 | SUBPROVIDER - IRF            | 0                                                     | 0                                                    | 0                                       | 0                          | 0                                | 0   | 41.00  |        |
| 42.00                                  | 04200 | SUBPROVIDER                  | 0                                                     | 0                                                    | 0                                       | 0                          | 0                                | 0   | 42.00  |        |
| 43.00                                  | 04300 | NURSERY                      | 0                                                     | 0                                                    | 0                                       | 0                          | 0                                | 0   | 43.00  |        |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY     | 0                                                     | 0                                                    | 0                                       | 0                          | 0                                | 0   | 44.00  |        |
| 200.00                                 |       | Total (lines 30 through 199) | 0                                                     | 0                                                    | 0                                       | 0                          | 0                                | 0   | 200.00 |        |
| Cost Center Description                |       |                              | Swing-Bed Adjustment Amount (see instructions)        | Total Costs (sum of cols. 1 through 3, minus col. 4) | Total Patient Days                      | Per Diem (col. 5 ÷ col. 6) | Inpatient Program Days           |     |        |        |
|                                        |       |                              | 4.00                                                  | 5.00                                                 | 6.00                                    | 7.00                       | 8.00                             |     |        |        |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                              |                                                       |                                                      |                                         |                            |                                  |     |        |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS          | 0                                                     | 0                                                    | 171,274                                 | 0.00                       | 36,516                           | 0   | 30.00  |        |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT          | 0                                                     | 0                                                    | 21,648                                  | 0.00                       | 4,333                            | 0   | 31.00  |        |
| 32.00                                  | 03200 | CORONARY CARE UNIT           | 0                                                     | 0                                                    | 4,228                                   | 0.00                       | 970                              | 0   | 32.00  |        |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT     | 0                                                     | 0                                                    | 3,171                                   | 0.00                       | 671                              | 0   | 33.00  |        |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT | 0                                                     | 0                                                    | 0                                       | 0.00                       | 0                                | 0   | 34.00  |        |
| 35.00                                  | 02040 | NEONATAL INTENSIVE CARE UNIT | 0                                                     | 0                                                    | 29,648                                  | 0.00                       | 0                                | 0   | 35.00  |        |
| 40.00                                  | 04000 | SUBPROVIDER - IPF            | 0                                                     | 0                                                    | 4,061                                   | 0.00                       | 1,717                            | 0   | 40.00  |        |
| 41.00                                  | 04100 | SUBPROVIDER - IRF            | 0                                                     | 0                                                    | 0                                       | 0.00                       | 0                                | 0   | 41.00  |        |
| 42.00                                  | 04200 | SUBPROVIDER                  | 0                                                     | 0                                                    | 0                                       | 0.00                       | 0                                | 0   | 42.00  |        |
| 43.00                                  | 04300 | NURSERY                      | 0                                                     | 0                                                    | 16,606                                  | 0.00                       | 0                                | 0   | 43.00  |        |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY     | 0                                                     | 0                                                    | 0                                       | 0.00                       | 0                                | 0   | 44.00  |        |
| 200.00                                 |       | Total (lines 30 through 199) | 0                                                     | 0                                                    | 250,636                                 | 0.00                       | 44,207                           | 0   | 200.00 |        |
| Cost Center Description                |       |                              | Inpatient Program Pass-Through Cost (col. 7 x col. 8) |                                                      |                                         |                            |                                  |     |        |        |
|                                        |       |                              | 9.00                                                  |                                                      |                                         |                            |                                  |     |        |        |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                              |                                                       |                                                      |                                         |                            |                                  |     |        |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS          | 0                                                     |                                                      |                                         |                            |                                  |     |        | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT          | 0                                                     |                                                      |                                         |                            |                                  |     |        | 31.00  |
| 32.00                                  | 03200 | CORONARY CARE UNIT           | 0                                                     |                                                      |                                         |                            |                                  |     |        | 32.00  |
| 33.00                                  | 03300 | BURN INTENSIVE CARE UNIT     | 0                                                     |                                                      |                                         |                            |                                  |     |        | 33.00  |
| 34.00                                  | 03400 | SURGICAL INTENSIVE CARE UNIT | 0                                                     |                                                      |                                         |                            |                                  |     |        | 34.00  |
| 35.00                                  | 02040 | NEONATAL INTENSIVE CARE UNIT | 0                                                     |                                                      |                                         |                            |                                  |     |        | 35.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF            | 0                                                     |                                                      |                                         |                            |                                  |     |        | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF            | 0                                                     |                                                      |                                         |                            |                                  |     |        | 41.00  |
| 42.00                                  | 04200 | SUBPROVIDER                  | 0                                                     |                                                      |                                         |                            |                                  |     |        | 42.00  |
| 43.00                                  | 04300 | NURSERY                      | 0                                                     |                                                      |                                         |                            |                                  |     |        | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY     | 0                                                     |                                                      |                                         |                            |                                  |     |        | 44.00  |
| 200.00                                 |       | Total (lines 30 through 199) | 0                                                     |                                                      |                                         |                            |                                  |     |        | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet D  
Part IV  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description         |       | Title XVIII                          |                                                |                | Hospital                                      |               | PPS     |        |
|---------------------------------|-------|--------------------------------------|------------------------------------------------|----------------|-----------------------------------------------|---------------|---------|--------|
|                                 |       | Non Physician<br>Anesthetist<br>Cost | Nursing School<br>Post-Stepdown<br>Adjustments | Nursing School | Allied Health<br>Post-Stepdown<br>Adjustments | Allied Health |         |        |
|                                 |       | 1.00                                 | 2A                                             | 2.00           | 3A                                            | 3.00          |         |        |
| ANCILLARY SERVICE COST CENTERS  |       |                                      |                                                |                |                                               |               |         |        |
| 50.00                           | 05000 | OPERATING ROOM                       | 0                                              | 0              | 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             | 251,512 | 54.00  |
| 54.01                           | 05401 | ULTRASOUND                           | 0                                              | 0              | 0                                             | 0             | 0       | 54.01  |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC                | 0                                              | 0              | 0                                             | 0             | 0       | 55.00  |
| 56.00                           | 05600 | RADIOISOTOPE                         | 0                                              | 0              | 0                                             | 0             | 0       | 56.00  |
| 57.00                           | 05700 | CT SCAN                              | 0                                              | 0              | 0                                             | 0             | 0       | 57.00  |
| 58.00                           | 05800 | MRI                                  | 0                                              | 0              | 0                                             | 0             | 0       | 58.00  |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION              | 0                                              | 0              | 0                                             | 0             | 0       | 59.00  |
| 60.00                           | 06000 | LABORATORY                           | 0                                              | 0              | 0                                             | 0             | 0       | 60.00  |
| 62.00                           | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL  | 0                                              | 0              | 0                                             | 0             | 0       | 62.00  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                  | 0                                              | 0              | 0                                             | 0             | 0       | 65.00  |
| 66.00                           | 06600 | PHYSICAL THERAPY                     | 0                                              | 0              | 0                                             | 0             | 0       | 66.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                    | 0                                              | 0              | 0                                             | 0             | 0       | 69.00  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT  | 0                                              | 0              | 0                                             | 0             | 0       | 71.00  |
| 72.00                           | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 0                                              | 0              | 0                                             | 0             | 0       | 72.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS            | 0                                              | 0              | 0                                             | 0             | 0       | 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                       | 0                                              | 0              | 0                                             | 0             | 0       | 74.00  |
| 75.00                           | 07500 | ASC (NON-DISTINCT PART)              | 0                                              | 0              | 0                                             | 0             | 0       | 75.00  |
| 76.00                           | 03020 | CARDIAC REHAB                        | 0                                              | 0              | 0                                             | 0             | 0       | 76.00  |
| 76.01                           | 03030 | GI LAB                               | 0                                              | 0              | 0                                             | 0             | 0       | 76.01  |
| 76.02                           | 03040 | ECT                                  | 0                                              | 0              | 0                                             | 0             | 0       | 76.02  |
| 76.03                           | 03050 | OP PSYCH                             | 0                                              | 0              | 0                                             | 0             | 0       | 76.03  |
| 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 | HYPERBARIC/OP WOUND                  | 0                                              | 0              | 0                                             | 0             | 0       | 90.01  |
| 91.00                           | 09100 | EMERGENCY                            | 0                                              | 0              | 0                                             | 0             | 356,498 | 91.00  |
| 91.02                           | 09101 | NATURAL FAMILY PLANNING              | 0                                              | 0              | 0                                             | 0             | 0       | 91.02  |
| 91.03                           | 09102 | PAIN THERAPY CENTER                  | 0                                              | 0              | 0                                             | 0             | 0       | 91.03  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                                              | 0              | 0                                             | 0             | 0       | 92.00  |
| 92.01                           | 09201 | AMBULATORY CARE UNIT                 | 0                                              | 0              | 0                                             | 0             | 0       | 92.01  |
| OTHER REIMBURSABLE COST CENTERS |       |                                      |                                                |                |                                               |               |         |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                   | 0                                              | 0              | 0                                             | 0             | 0       | 95.00  |
| 200.00                          |       | Total (lines 50 through 199)         | 0                                              | 0              | 0                                             | 0             | 608,010 | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                      | Provider CCN: 26-0020                  |                                                   | Period:<br>From 07/01/2020<br>To 06/30/2021                  |                                                       | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/29/2021 1:59 pm          |        |
|----------------------------------------------------------------------------------|-------|--------------------------------------|----------------------------------------|---------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|--------|
|                                                                                  |       |                                      | Title XVIII                            |                                                   | Hospital                                                     |                                                       | PPS                                                                          |        |
| Cost Center Description                                                          |       |                                      | All Other<br>Medical<br>Education Cost | Total Cost<br>(sum of cols.<br>1, 2, 3, and<br>4) | Total<br>Outpatient<br>Cost (sum of<br>cols. 2, 3,<br>and 4) | Total Charges<br>(from wkst. C,<br>Part I, col.<br>8) | Ratio of Cost<br>to Charges<br>(col. 5 ÷ col.<br>7)<br>(see<br>instructions) |        |
|                                                                                  |       |                                      | 4.00                                   | 5.00                                              | 6.00                                                         | 7.00                                                  | 8.00                                                                         |        |
| ANCILLARY SERVICE COST CENTERS                                                   |       |                                      |                                        |                                                   |                                                              |                                                       |                                                                              |        |
| 50.00                                                                            | 05000 | OPERATING ROOM                       | 0                                      | 0                                                 | 0                                                            | 303,067,378                                           | 0.000000                                                                     | 50.00  |
| 51.00                                                                            | 05100 | RECOVERY ROOM                        | 0                                      | 0                                                 | 0                                                            | 65,997,450                                            | 0.000000                                                                     | 51.00  |
| 52.00                                                                            | 05200 | DELIVERY ROOM & LABOR ROOM           | 0                                      | 0                                                 | 0                                                            | 54,456,958                                            | 0.000000                                                                     | 52.00  |
| 53.00                                                                            | 05300 | ANESTHESIOLOGY                       | 0                                      | 0                                                 | 0                                                            | 100,359,249                                           | 0.000000                                                                     | 53.00  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                 | 0                                      | 251,512                                           | 251,512                                                      | 112,135,517                                           | 0.002243                                                                     | 54.00  |
| 54.01                                                                            | 05401 | ULTRASOUND                           | 0                                      | 0                                                 | 0                                                            | 62,460,812                                            | 0.000000                                                                     | 54.01  |
| 55.00                                                                            | 05500 | RADIOLOGY-THERAPEUTIC                | 0                                      | 0                                                 | 0                                                            | 119,771,864                                           | 0.000000                                                                     | 55.00  |
| 56.00                                                                            | 05600 | RADIOISOTOPE                         | 0                                      | 0                                                 | 0                                                            | 45,896,375                                            | 0.000000                                                                     | 56.00  |
| 57.00                                                                            | 05700 | CT SCAN                              | 0                                      | 0                                                 | 0                                                            | 241,477,948                                           | 0.000000                                                                     | 57.00  |
| 58.00                                                                            | 05800 | MRI                                  | 0                                      | 0                                                 | 0                                                            | 106,329,958                                           | 0.000000                                                                     | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION              | 0                                      | 0                                                 | 0                                                            | 101,128,301                                           | 0.000000                                                                     | 59.00  |
| 60.00                                                                            | 06000 | LABORATORY                           | 0                                      | 0                                                 | 0                                                            | 451,101,474                                           | 0.000000                                                                     | 60.00  |
| 62.00                                                                            | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL  | 0                                      | 0                                                 | 0                                                            | 28,569,229                                            | 0.000000                                                                     | 62.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                  | 0                                      | 0                                                 | 0                                                            | 79,089,688                                            | 0.000000                                                                     | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                     | 0                                      | 0                                                 | 0                                                            | 72,220,317                                            | 0.000000                                                                     | 66.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                    | 0                                      | 0                                                 | 0                                                            | 164,857,234                                           | 0.000000                                                                     | 69.00  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT  | 0                                      | 0                                                 | 0                                                            | 224,195,419                                           | 0.000000                                                                     | 71.00  |
| 72.00                                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 0                                      | 0                                                 | 0                                                            | 135,486,400                                           | 0.000000                                                                     | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS            | 0                                      | 0                                                 | 0                                                            | 1,077,591,158                                         | 0.000000                                                                     | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                       | 0                                      | 0                                                 | 0                                                            | 10,014,798                                            | 0.000000                                                                     | 74.00  |
| 75.00                                                                            | 07500 | ASC (NON-DISTINCT PART)              | 0                                      | 0                                                 | 0                                                            | 29,066,699                                            | 0.000000                                                                     | 75.00  |
| 76.00                                                                            | 03020 | CARDIAC REHAB                        | 0                                      | 0                                                 | 0                                                            | 2,554,347                                             | 0.000000                                                                     | 76.00  |
| 76.01                                                                            | 03030 | GI LAB                               | 0                                      | 0                                                 | 0                                                            | 95,005,931                                            | 0.000000                                                                     | 76.01  |
| 76.02                                                                            | 03040 | ECT                                  | 0                                      | 0                                                 | 0                                                            | 1,069,336                                             | 0.000000                                                                     | 76.02  |
| 76.03                                                                            | 03050 | OP PSYCH                             | 0                                      | 0                                                 | 0                                                            | 6,901,520                                             | 0.000000                                                                     | 76.03  |
| OUTPATIENT SERVICE COST CENTERS                                                  |       |                                      |                                        |                                                   |                                                              |                                                       |                                                                              |        |
| 88.00                                                                            | 08800 | RURAL HEALTH CLINIC                  | 0                                      | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 88.00  |
| 89.00                                                                            | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                      | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 89.00  |
| 90.00                                                                            | 09000 | CLINIC                               | 0                                      | 0                                                 | 0                                                            | 17,710,638                                            | 0.000000                                                                     | 90.00  |
| 90.01                                                                            | 09001 | HYPERBARIC/OP WOUND                  | 0                                      | 0                                                 | 0                                                            | 2,945,916                                             | 0.000000                                                                     | 90.01  |
| 91.00                                                                            | 09100 | EMERGENCY                            | 0                                      | 356,498                                           | 356,498                                                      | 168,096,966                                           | 0.002121                                                                     | 91.00  |
| 91.02                                                                            | 09101 | NATURAL FAMILY PLANNING              | 0                                      | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 91.02  |
| 91.03                                                                            | 09102 | PAIN THERAPY CENTER                  | 0                                      | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 91.03  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                                      | 0                                                 | 0                                                            | 53,866,651                                            | 0.000000                                                                     | 92.00  |
| 92.01                                                                            | 09201 | AMBULATORY CARE UNIT                 | 0                                      | 0                                                 | 0                                                            | 5,254,036                                             | 0.000000                                                                     | 92.01  |
| OTHER REIMBURSABLE COST CENTERS                                                  |       |                                      |                                        |                                                   |                                                              |                                                       |                                                                              |        |
| 95.00                                                                            | 09500 | AMBULANCE SERVICES                   | 0                                      | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 95.00  |
| 200.00                                                                           |       | Total (lines 50 through 199)         | 0                                      | 608,010                                           | 608,010                                                      | 3,938,679,567                                         |                                                                              | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet D  
Part IV  
Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description         |                                            | Title XVIII                                                       |                                 |                                                                     | Hospital                         |                                                                      | PPS    |  |
|---------------------------------|--------------------------------------------|-------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------|--------|--|
|                                 |                                            | 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                                                          | 30,908,392                      | 0                                                                   | 26,134,340                       | 0                                                                    | 50.00  |  |
| 51.00                           | 05100 RECOVERY ROOM                        | 0.000000                                                          | 3,050,385                       | 0                                                                   | 6,839,331                        | 0                                                                    | 51.00  |  |
| 52.00                           | 05200 DELIVERY ROOM & LABOR ROOM           | 0.000000                                                          | 135,562                         | 0                                                                   | 3,119                            | 0                                                                    | 52.00  |  |
| 53.00                           | 05300 ANESTHESIOLOGY                       | 0.000000                                                          | 7,258,452                       | 0                                                                   | 7,698,659                        | 0                                                                    | 53.00  |  |
| 54.00                           | 05400 RADIOLOGY-DIAGNOSTIC                 | 0.002243                                                          | 7,076,464                       | 15,873                                                              | 7,699,292                        | 17,270                                                               | 54.00  |  |
| 54.01                           | 05401 ULTRASOUND                           | 0.000000                                                          | 1,454,203                       | 0                                                                   | 2,629,243                        | 0                                                                    | 54.01  |  |
| 55.00                           | 05500 RADIOLOGY-THERAPEUTIC                | 0.000000                                                          | 633,840                         | 0                                                                   | 26,192,308                       | 0                                                                    | 55.00  |  |
| 56.00                           | 05600 RADIOISOTOPE                         | 0.000000                                                          | 2,167,286                       | 0                                                                   | 11,119,362                       | 0                                                                    | 56.00  |  |
| 57.00                           | 05700 CT SCAN                              | 0.000000                                                          | 26,012,407                      | 0                                                                   | 28,119,209                       | 0                                                                    | 57.00  |  |
| 58.00                           | 05800 MRI                                  | 0.000000                                                          | 5,647,406                       | 0                                                                   | 12,915,173                       | 0                                                                    | 58.00  |  |
| 59.00                           | 05900 CARDIAC CATHETERIZATION              | 0.000000                                                          | 9,625,697                       | 0                                                                   | 16,490,426                       | 0                                                                    | 59.00  |  |
| 60.00                           | 06000 LABORATORY                           | 0.000000                                                          | 50,234,129                      | 0                                                                   | 13,384,091                       | 0                                                                    | 60.00  |  |
| 62.00                           | 06200 WHOLE BLOOD & PACKED RED BLOOD CELL  | 0.000000                                                          | 5,520,993                       | 0                                                                   | 542,804                          | 0                                                                    | 62.00  |  |
| 65.00                           | 06500 RESPIRATORY THERAPY                  | 0.000000                                                          | 11,094,735                      | 0                                                                   | 2,220,475                        | 0                                                                    | 65.00  |  |
| 66.00                           | 06600 PHYSICAL THERAPY                     | 0.000000                                                          | 7,886,630                       | 0                                                                   | 321,139                          | 0                                                                    | 66.00  |  |
| 69.00                           | 06900 ELECTROCARDIOLOGY                    | 0.000000                                                          | 17,764,827                      | 0                                                                   | 18,887,529                       | 0                                                                    | 69.00  |  |
| 71.00                           | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT  | 0.000000                                                          | 28,399,434                      | 0                                                                   | 16,822,041                       | 0                                                                    | 71.00  |  |
| 72.00                           | 07200 IMPL. DEV. CHARGED TO PATIENTS       | 0.000000                                                          | 22,883,577                      | 0                                                                   | 11,127,187                       | 0                                                                    | 72.00  |  |
| 73.00                           | 07300 DRUGS CHARGED TO PATIENTS            | 0.000000                                                          | 41,240,098                      | 0                                                                   | 137,641,637                      | 0                                                                    | 73.00  |  |
| 74.00                           | 07400 RENAL DIALYSIS                       | 0.000000                                                          | 3,914,803                       | 0                                                                   | 133,087                          | 0                                                                    | 74.00  |  |
| 75.00                           | 07500 ASC (NON-DISTINCT PART)              | 0.000000                                                          | 589,027                         | 0                                                                   | 4,110,993                        | 0                                                                    | 75.00  |  |
| 76.00                           | 03020 CARDIAC REHAB                        | 0.000000                                                          | 138,972                         | 0                                                                   | 654,250                          | 0                                                                    | 76.00  |  |
| 76.01                           | 03030 GI LAB                               | 0.000000                                                          | 2,058,899                       | 0                                                                   | 12,556,476                       | 0                                                                    | 76.01  |  |
| 76.02                           | 03040 ECT                                  | 0.000000                                                          | 65,583                          | 0                                                                   | 193,263                          | 0                                                                    | 76.02  |  |
| 76.03                           | 03050 OP PSYCH                             | 0.000000                                                          | 0                               | 0                                                                   | 830,339                          | 0                                                                    | 76.03  |  |
| 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                                                          | 6,869                           | 0                                                                   | 1,462,323                        | 0                                                                    | 90.00  |  |
| 90.01                           | 09001 HYPERBARIC/OP WOUND                  | 0.000000                                                          | 0                               | 0                                                                   | 477,144                          | 0                                                                    | 90.01  |  |
| 91.00                           | 09100 EMERGENCY                            | 0.002121                                                          | 15,893,277                      | 33,710                                                              | 9,612,668                        | 20,388                                                               | 91.00  |  |
| 91.02                           | 09101 NATURAL FAMILY PLANNING              | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 91.02  |  |
| 91.03                           | 09102 PAIN THERAPY CENTER                  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 91.03  |  |
| 92.00                           | 09200 OBSERVATION BEDS (NON-DISTINCT PART) | 0.000000                                                          | 5,547,016                       | 0                                                                   | 3,772,911                        | 0                                                                    | 92.00  |  |
| 92.01                           | 09201 AMBULATORY CARE UNIT                 | 0.000000                                                          | 92,623                          | 0                                                                   | 648,360                          | 0                                                                    | 92.01  |  |
| OTHER REIMBURSABLE COST CENTERS |                                            |                                                                   |                                 |                                                                     |                                  |                                                                      |        |  |
| 95.00                           | 09500 AMBULANCE SERVICES                   |                                                                   |                                 |                                                                     |                                  |                                                                      | 95.00  |  |
| 200.00                          | Total (lines 50 through 199)               |                                                                   | 307,301,586                     | 49,583                                                              | 381,239,179                      | 37,658                                                               | 200.00 |  |

| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST |       |                                                       |                                                                | Provider CCN: 26-0020                     |                                                                              | Period:<br>From 07/01/2020<br>To 06/30/2021                                      |                             | Worksheet D<br>Part V<br>Date/Time Prepared:<br>11/29/2021 1:59 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                                        | 0.152569                                                       | 26,134,340                                | 0                                                                            | 0                                                                                | 3,987,290                   | 50.00                                                              |  |
| 51.00                                                            | 05100 | RECOVERY ROOM                                         | 0.058492                                                       | 6,839,331                                 | 0                                                                            | 0                                                                                | 400,046                     | 51.00                                                              |  |
| 52.00                                                            | 05200 | DELIVERY ROOM & LABOR ROOM                            | 0.481755                                                       | 3,119                                     | 0                                                                            | 0                                                                                | 1,503                       | 52.00                                                              |  |
| 53.00                                                            | 05300 | ANESTHESIOLOGY                                        | 0.069642                                                       | 7,698,659                                 | 0                                                                            | 0                                                                                | 536,150                     | 53.00                                                              |  |
| 54.00                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                                  | 0.191298                                                       | 7,699,292                                 | 0                                                                            | 0                                                                                | 1,472,859                   | 54.00                                                              |  |
| 54.01                                                            | 05401 | ULTRASOUND                                            | 0.081132                                                       | 2,629,243                                 | 0                                                                            | 0                                                                                | 213,316                     | 54.01                                                              |  |
| 55.00                                                            | 05500 | RADIOLOGY-THERAPEUTIC                                 | 0.094661                                                       | 26,192,308                                | 0                                                                            | 0                                                                                | 2,479,390                   | 55.00                                                              |  |
| 56.00                                                            | 05600 | RADIOISOTOPE                                          | 0.063963                                                       | 11,119,362                                | 0                                                                            | 0                                                                                | 711,228                     | 56.00                                                              |  |
| 57.00                                                            | 05700 | CT SCAN                                               | 0.012550                                                       | 28,119,209                                | 0                                                                            | 0                                                                                | 352,896                     | 57.00                                                              |  |
| 58.00                                                            | 05800 | MRI                                                   | 0.036659                                                       | 12,915,173                                | 0                                                                            | 0                                                                                | 473,457                     | 58.00                                                              |  |
| 59.00                                                            | 05900 | CARDIAC CATHETERIZATION                               | 0.039925                                                       | 16,490,426                                | 0                                                                            | 0                                                                                | 658,380                     | 59.00                                                              |  |
| 60.00                                                            | 06000 | LABORATORY                                            | 0.174387                                                       | 13,384,091                                | 0                                                                            | 0                                                                                | 2,334,011                   | 60.00                                                              |  |
| 62.00                                                            | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL                   | 0.192750                                                       | 542,804                                   | 0                                                                            | 0                                                                                | 104,625                     | 62.00                                                              |  |
| 65.00                                                            | 06500 | RESPIRATORY THERAPY                                   | 0.185640                                                       | 2,220,475                                 | 0                                                                            | 0                                                                                | 412,209                     | 65.00                                                              |  |
| 66.00                                                            | 06600 | PHYSICAL THERAPY                                      | 0.360094                                                       | 321,139                                   | 0                                                                            | 0                                                                                | 115,640                     | 66.00                                                              |  |
| 69.00                                                            | 06900 | ELECTROCARDIOLOGY                                     | 0.073362                                                       | 18,887,529                                | 0                                                                            | 0                                                                                | 1,385,627                   | 69.00                                                              |  |
| 71.00                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT                   | 0.290318                                                       | 16,822,041                                | 90                                                                           | 0                                                                                | 4,883,741                   | 71.00                                                              |  |
| 72.00                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS                        | 0.597736                                                       | 11,127,187                                | 36,901                                                                       | 0                                                                                | 6,651,120                   | 72.00                                                              |  |
| 73.00                                                            | 07300 | DRUGS CHARGED TO PATIENTS                             | 0.191443                                                       | 137,641,637                               | 1,470                                                                        | 182,179                                                                          | 26,350,528                  | 73.00                                                              |  |
| 74.00                                                            | 07400 | RENAL DIALYSIS                                        | 0.222602                                                       | 133,087                                   | 0                                                                            | 0                                                                                | 29,625                      | 74.00                                                              |  |
| 75.00                                                            | 07500 | ASC (NON-DISTINCT PART)                               | 0.341246                                                       | 4,110,993                                 | 0                                                                            | 0                                                                                | 1,402,860                   | 75.00                                                              |  |
| 76.00                                                            | 03020 | CARDIAC REHAB                                         | 0.658736                                                       | 654,250                                   | 0                                                                            | 0                                                                                | 430,978                     | 76.00                                                              |  |
| 76.01                                                            | 03030 | GI LAB                                                | 0.104792                                                       | 12,556,476                                | 0                                                                            | 0                                                                                | 1,315,818                   | 76.01                                                              |  |
| 76.02                                                            | 03040 | ECT                                                   | 0.254413                                                       | 193,263                                   | 0                                                                            | 0                                                                                | 49,169                      | 76.02                                                              |  |
| 76.03                                                            | 03050 | OP PSYCH                                              | 0.187129                                                       | 830,339                                   | 0                                                                            | 0                                                                                | 155,381                     | 76.03                                                              |  |
| 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                                                | 0.988880                                                       | 1,462,323                                 | 0                                                                            | 367                                                                              | 1,446,062                   | 90.00                                                              |  |
| 90.01                                                            | 09001 | HYPERBARIC/OP WOUND                                   | 0.595025                                                       | 477,144                                   | 0                                                                            | 0                                                                                | 283,913                     | 90.01                                                              |  |
| 91.00                                                            | 09100 | EMERGENCY                                             | 0.168832                                                       | 9,612,668                                 | 0                                                                            | 0                                                                                | 1,622,926                   | 91.00                                                              |  |
| 91.02                                                            | 09101 | NATURAL FAMILY PLANNING                               | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 91.02                                                              |  |
| 91.03                                                            | 09102 | PAIN THERAPY CENTER                                   | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 91.03                                                              |  |
| 92.00                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART                   | 0.296979                                                       | 3,772,911                                 | 0                                                                            | 0                                                                                | 1,120,475                   | 92.00                                                              |  |
| 92.01                                                            | 09201 | AMBULATORY CARE UNIT                                  | 0.421709                                                       | 648,360                                   | 0                                                                            | 0                                                                                | 273,419                     | 92.01                                                              |  |
| OTHER REIMBURSABLE COST CENTERS                                  |       |                                                       |                                                                |                                           |                                                                              |                                                                                  |                             |                                                                    |  |
| 95.00                                                            | 09500 | AMBULANCE SERVICES                                    | 0.000000                                                       |                                           | 0                                                                            |                                                                                  |                             | 95.00                                                              |  |
| 200.00                                                           |       | Subtotal (see instructions)                           |                                                                | 381,239,179                               | 38,461                                                                       | 182,546                                                                          | 61,654,642                  | 200.00                                                             |  |
| 201.00                                                           |       | Less PBP Clinic Lab. Services-Program<br>Only Charges |                                                                |                                           | 0                                                                            | 0                                                                                |                             | 201.00                                                             |  |
| 202.00                                                           |       | Net Charges (line 200 - line 201)                     |                                                                | 381,239,179                               | 38,461                                                                       | 182,546                                                                          | 61,654,642                  | 202.00                                                             |  |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet D  
Part V  
Date/Time Prepared:  
11/29/2021 1:59 pm

|                                 |       |                                                    | Title XVIII                                                   |                                                                   | Hospital | PPS    |
|---------------------------------|-------|----------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------|----------|--------|
| Cost Center Description         |       |                                                    | Costs                                                         |                                                                   |          |        |
|                                 |       |                                                    | Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) | Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) |          |        |
|                                 |       |                                                    | 6.00                                                          | 7.00                                                              |          |        |
| ANCILLARY SERVICE COST CENTERS  |       |                                                    |                                                               |                                                                   |          |        |
| 50.00                           | 05000 | OPERATING ROOM                                     | 0                                                             | 0                                                                 |          | 50.00  |
| 51.00                           | 05100 | RECOVERY ROOM                                      | 0                                                             | 0                                                                 |          | 51.00  |
| 52.00                           | 05200 | DELIVERY ROOM & LABOR ROOM                         | 0                                                             | 0                                                                 |          | 52.00  |
| 53.00                           | 05300 | ANESTHESIOLOGY                                     | 0                                                             | 0                                                                 |          | 53.00  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                               | 0                                                             | 0                                                                 |          | 54.00  |
| 54.01                           | 05401 | ULTRASOUND                                         | 0                                                             | 0                                                                 |          | 54.01  |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC                              | 0                                                             | 0                                                                 |          | 55.00  |
| 56.00                           | 05600 | RADIOISOTOPE                                       | 0                                                             | 0                                                                 |          | 56.00  |
| 57.00                           | 05700 | CT SCAN                                            | 0                                                             | 0                                                                 |          | 57.00  |
| 58.00                           | 05800 | MRI                                                | 0                                                             | 0                                                                 |          | 58.00  |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION                            | 0                                                             | 0                                                                 |          | 59.00  |
| 60.00                           | 06000 | LABORATORY                                         | 0                                                             | 0                                                                 |          | 60.00  |
| 62.00                           | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL                | 0                                                             | 0                                                                 |          | 62.00  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                                | 0                                                             | 0                                                                 |          | 65.00  |
| 66.00                           | 06600 | PHYSICAL THERAPY                                   | 0                                                             | 0                                                                 |          | 66.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                                  | 0                                                             | 0                                                                 |          | 69.00  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT                | 26                                                            | 0                                                                 |          | 71.00  |
| 72.00                           | 07200 | IMPL. DEV. CHARGED TO PATIENTS                     | 22,057                                                        | 0                                                                 |          | 72.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS                          | 281                                                           | 34,877                                                            |          | 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                                     | 0                                                             | 0                                                                 |          | 74.00  |
| 75.00                           | 07500 | ASC (NON-DISTINCT PART)                            | 0                                                             | 0                                                                 |          | 75.00  |
| 76.00                           | 03020 | CARDIAC REHAB                                      | 0                                                             | 0                                                                 |          | 76.00  |
| 76.01                           | 03030 | GI LAB                                             | 0                                                             | 0                                                                 |          | 76.01  |
| 76.02                           | 03040 | ECT                                                | 0                                                             | 0                                                                 |          | 76.02  |
| 76.03                           | 03050 | OP PSYCH                                           | 0                                                             | 0                                                                 |          | 76.03  |
| 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                                                             | 363                                                               |          | 90.00  |
| 90.01                           | 09001 | HYPERBARIC/OP WOUND                                | 0                                                             | 0                                                                 |          | 90.01  |
| 91.00                           | 09100 | EMERGENCY                                          | 0                                                             | 0                                                                 |          | 91.00  |
| 91.02                           | 09101 | NATURAL FAMILY PLANNING                            | 0                                                             | 0                                                                 |          | 91.02  |
| 91.03                           | 09102 | PAIN THERAPY CENTER                                | 0                                                             | 0                                                                 |          | 91.03  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)               | 0                                                             | 0                                                                 |          | 92.00  |
| 92.01                           | 09201 | AMBULATORY CARE UNIT                               | 0                                                             | 0                                                                 |          | 92.01  |
| OTHER REIMBURSABLE COST CENTERS |       |                                                    |                                                               |                                                                   |          |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                                 | 0                                                             |                                                                   |          | 95.00  |
| 200.00                          |       | Subtotal (see instructions)                        | 22,364                                                        | 35,240                                                            |          | 200.00 |
| 201.00                          |       | Less PBP Clinic Lab. Services-Program Only Charges | 0                                                             |                                                                   |          | 201.00 |
| 202.00                          |       | Net Charges (line 200 - line 201)                  | 22,364                                                        | 35,240                                                            |          | 202.00 |

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0020

Period:

Worksheet D

Component CCN: 26-S020

From 07/01/2020

Part II

To 06/30/2021

Date/Time Prepared:  
11/29/2021 1:59 pm

Title XVIII

Subprovider -  
IPF

PPS

| Cost Center Description         |                                            | Capital<br>Related Cost<br>(from Wkst. B,<br>Part II, col.<br>26) | Total Charges<br>(from Wkst. C,<br>Part I, col.<br>8) | Ratio of Cost<br>to Charges<br>(col. 1 ÷ col.<br>2) | Inpatient<br>Program<br>Charges | Capital Costs<br>(column 3 x<br>column 4) |        |
|---------------------------------|--------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------|---------------------------------|-------------------------------------------|--------|
|                                 |                                            | 1.00                                                              | 2.00                                                  | 3.00                                                | 4.00                            | 5.00                                      |        |
| ANCILLARY SERVICE COST CENTERS  |                                            |                                                                   |                                                       |                                                     |                                 |                                           |        |
| 50.00                           | 05000 OPERATING ROOM                       | 8,499,906                                                         | 303,067,378                                           | 0.028046                                            | 0                               | 0                                         | 50.00  |
| 51.00                           | 05100 RECOVERY ROOM                        | 193,346                                                           | 65,997,450                                            | 0.002930                                            | 16,487                          | 48                                        | 51.00  |
| 52.00                           | 05200 DELIVERY ROOM & LABOR ROOM           | 2,599,300                                                         | 54,456,958                                            | 0.047731                                            | 39                              | 2                                         | 52.00  |
| 53.00                           | 05300 ANESTHESIOLOGY                       | 657,270                                                           | 100,359,249                                           | 0.006549                                            | 29,991                          | 196                                       | 53.00  |
| 54.00                           | 05400 RADIOLOGY-DIAGNOSTIC                 | 3,857,082                                                         | 112,135,517                                           | 0.034397                                            | 8,767                           | 302                                       | 54.00  |
| 54.01                           | 05401 ULTRASOUND                           | 789,175                                                           | 62,460,812                                            | 0.012635                                            | 3,182                           | 40                                        | 54.01  |
| 55.00                           | 05500 RADIOLOGY-THERAPEUTIC                | 1,985,331                                                         | 119,771,864                                           | 0.016576                                            | 0                               | 0                                         | 55.00  |
| 56.00                           | 05600 RADIOISOTOPE                         | 465,681                                                           | 45,896,375                                            | 0.010146                                            | 5,312                           | 54                                        | 56.00  |
| 57.00                           | 05700 CT SCAN                              | 366,653                                                           | 241,477,948                                           | 0.001518                                            | 79,239                          | 120                                       | 57.00  |
| 58.00                           | 05800 MRI                                  | 827,862                                                           | 106,329,958                                           | 0.007786                                            | 3,162                           | 25                                        | 58.00  |
| 59.00                           | 05900 CARDIAC CATHETERIZATION              | 948,603                                                           | 101,128,301                                           | 0.009380                                            | 0                               | 0                                         | 59.00  |
| 60.00                           | 06000 LABORATORY                           | 4,304,743                                                         | 451,101,474                                           | 0.009543                                            | 397,871                         | 3,797                                     | 60.00  |
| 62.00                           | 06200 WHOLE BLOOD & PACKED RED BLOOD CELL  | 343,026                                                           | 28,569,229                                            | 0.012007                                            | 0                               | 0                                         | 62.00  |
| 65.00                           | 06500 RESPIRATORY THERAPY                  | 1,330,323                                                         | 79,089,688                                            | 0.016820                                            | 4,599                           | 77                                        | 65.00  |
| 66.00                           | 06600 PHYSICAL THERAPY                     | 2,414,900                                                         | 72,220,317                                            | 0.033438                                            | 45,665                          | 1,527                                     | 66.00  |
| 69.00                           | 06900 ELECTROCARDIOLOGY                    | 1,224,635                                                         | 164,857,234                                           | 0.007428                                            | 33,603                          | 250                                       | 69.00  |
| 71.00                           | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT  | 1,640,945                                                         | 224,195,419                                           | 0.007319                                            | 19,009                          | 139                                       | 71.00  |
| 72.00                           | 07200 IMPL. DEV. CHARGED TO PATIENTS       | 2,036,293                                                         | 135,486,400                                           | 0.015030                                            | 0                               | 0                                         | 72.00  |
| 73.00                           | 07300 DRUGS CHARGED TO PATIENTS            | 5,271,204                                                         | 1,077,591,158                                         | 0.004892                                            | 244,767                         | 1,197                                     | 73.00  |
| 74.00                           | 07400 RENAL DIALYSIS                       | 197,411                                                           | 10,014,798                                            | 0.019712                                            | 0                               | 0                                         | 74.00  |
| 75.00                           | 07500 ASC (NON-DISTINCT PART)              | 1,311,993                                                         | 29,066,699                                            | 0.045137                                            | 0                               | 0                                         | 75.00  |
| 76.00                           | 03020 CARDIAC REHAB                        | 160,856                                                           | 2,554,347                                             | 0.062973                                            | 0                               | 0                                         | 76.00  |
| 76.01                           | 03030 GI LAB                               | 1,811,502                                                         | 95,005,931                                            | 0.019067                                            | 0                               | 0                                         | 76.01  |
| 76.02                           | 03040 ECT                                  | 40,484                                                            | 1,069,336                                             | 0.037859                                            | 58,907                          | 2,230                                     | 76.02  |
| 76.03                           | 03050 OP PSYCH                             | 301,330                                                           | 6,901,520                                             | 0.043661                                            | 0                               | 0                                         | 76.03  |
| 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                               | 2,093,062                                                         | 17,710,638                                            | 0.118181                                            | 11                              | 1                                         | 90.00  |
| 90.01                           | 09001 HYPERBARIC/OP WOUND                  | 116,404                                                           | 2,945,916                                             | 0.039514                                            | 0                               | 0                                         | 90.01  |
| 91.00                           | 09100 EMERGENCY                            | 2,223,798                                                         | 168,096,966                                           | 0.013229                                            | 322,709                         | 4,269                                     | 91.00  |
| 91.02                           | 09101 NATURAL FAMILY PLANNING              | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 91.02  |
| 91.03                           | 09102 PAIN THERAPY CENTER                  | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 91.03  |
| 92.00                           | 09200 OBSERVATION BEDS (NON-DISTINCT PART) | 0                                                                 | 53,866,651                                            | 0.000000                                            | 0                               | 0                                         | 92.00  |
| 92.01                           | 09201 AMBULATORY CARE UNIT                 | 261,815                                                           | 5,254,036                                             | 0.049831                                            | 494                             | 25                                        | 92.01  |
| OTHER REIMBURSABLE COST CENTERS |                                            |                                                                   |                                                       |                                                     |                                 |                                           |        |
| 95.00                           | 09500 AMBULANCE SERVICES                   |                                                                   |                                                       |                                                     |                                 |                                           | 95.00  |
| 200.00                          | Total (lines 50 through 199)               | 48,274,933                                                        | 3,938,679,567                                         |                                                     | 1,273,814                       | 14,299                                    | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet D  
Part IV  
Date/Time Prepared:  
11/29/2021 1:59 pm

Component CCN: 26-S020

Title XVIII

Subprovider -  
IPF

PPS

| Cost Center Description         |       |                                      | Non Physician<br>Anesthetist<br>Cost | Nursing School<br>Post-Stepdown<br>Adjustments | Nursing School | Allied Health<br>Post-Stepdown<br>Adjustments | Allied Health |        |
|---------------------------------|-------|--------------------------------------|--------------------------------------|------------------------------------------------|----------------|-----------------------------------------------|---------------|--------|
|                                 |       |                                      | 1.00                                 | 2A                                             | 2.00           | 3A                                            | 3.00          |        |
| ANCILLARY SERVICE COST CENTERS  |       |                                      |                                      |                                                |                |                                               |               |        |
| 50.00                           | 05000 | OPERATING ROOM                       | 0                                    | 0                                              | 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                                             | 251,512       | 54.00  |
| 54.01                           | 05401 | ULTRASOUND                           | 0                                    | 0                                              | 0              | 0                                             | 0             | 54.01  |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC                | 0                                    | 0                                              | 0              | 0                                             | 0             | 55.00  |
| 56.00                           | 05600 | RADIOISOTOPE                         | 0                                    | 0                                              | 0              | 0                                             | 0             | 56.00  |
| 57.00                           | 05700 | CT SCAN                              | 0                                    | 0                                              | 0              | 0                                             | 0             | 57.00  |
| 58.00                           | 05800 | MRI                                  | 0                                    | 0                                              | 0              | 0                                             | 0             | 58.00  |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION              | 0                                    | 0                                              | 0              | 0                                             | 0             | 59.00  |
| 60.00                           | 06000 | LABORATORY                           | 0                                    | 0                                              | 0              | 0                                             | 0             | 60.00  |
| 62.00                           | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL  | 0                                    | 0                                              | 0              | 0                                             | 0             | 62.00  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                  | 0                                    | 0                                              | 0              | 0                                             | 0             | 65.00  |
| 66.00                           | 06600 | PHYSICAL THERAPY                     | 0                                    | 0                                              | 0              | 0                                             | 0             | 66.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                    | 0                                    | 0                                              | 0              | 0                                             | 0             | 69.00  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT  | 0                                    | 0                                              | 0              | 0                                             | 0             | 71.00  |
| 72.00                           | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 0                                    | 0                                              | 0              | 0                                             | 0             | 72.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS            | 0                                    | 0                                              | 0              | 0                                             | 0             | 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                       | 0                                    | 0                                              | 0              | 0                                             | 0             | 74.00  |
| 75.00                           | 07500 | ASC (NON-DISTINCT PART)              | 0                                    | 0                                              | 0              | 0                                             | 0             | 75.00  |
| 76.00                           | 03020 | CARDIAC REHAB                        | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.00  |
| 76.01                           | 03030 | GI LAB                               | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.01  |
| 76.02                           | 03040 | ECT                                  | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.02  |
| 76.03                           | 03050 | OP PSYCH                             | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.03  |
| 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 | HYPERBARIC/OP WOUND                  | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.01  |
| 91.00                           | 09100 | EMERGENCY                            | 0                                    | 0                                              | 0              | 0                                             | 356,498       | 91.00  |
| 91.02                           | 09101 | NATURAL FAMILY PLANNING              | 0                                    | 0                                              | 0              | 0                                             | 0             | 91.02  |
| 91.03                           | 09102 | PAIN THERAPY CENTER                  | 0                                    | 0                                              | 0              | 0                                             | 0             | 91.03  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                                    | 0                                              | 0              | 0                                             | 0             | 92.00  |
| 92.01                           | 09201 | AMBULATORY CARE UNIT                 | 0                                    | 0                                              | 0              | 0                                             | 0             | 92.01  |
| OTHER REIMBURSABLE COST CENTERS |       |                                      |                                      |                                                |                |                                               |               |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                   | 0                                    | 0                                              | 0              | 0                                             | 0             | 95.00  |
| 200.00                          |       | Total (lines 50 through 199)         | 0                                    | 0                                              | 0              | 0                                             | 608,010       | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                      |  | Provider CCN: 26-0020<br>Component CCN: 26-S020 |                                                   | Period:<br>From 07/01/2020<br>To 06/30/2021                  |                                                       | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/29/2021 1:59 pm          |        |
|----------------------------------------------------------------------------------|-------|--------------------------------------|--|-------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|--------|
|                                                                                  |       |                                      |  | Title XVIII                                     |                                                   | Subprovider -<br>IPF                                         |                                                       | PPS                                                                          |        |
| Cost Center Description                                                          |       |                                      |  | All Other<br>Medical<br>Education Cost          | Total Cost<br>(sum of cols.<br>1, 2, 3, and<br>4) | Total<br>Outpatient<br>Cost (sum of<br>cols. 2, 3,<br>and 4) | Total Charges<br>(from Wkst. C,<br>Part I, col.<br>8) | Ratio of Cost<br>to Charges<br>(col. 5 ÷ col.<br>7)<br>(see<br>instructions) |        |
|                                                                                  |       |                                      |  | 4.00                                            | 5.00                                              | 6.00                                                         | 7.00                                                  | 8.00                                                                         |        |
| ANCILLARY SERVICE COST CENTERS                                                   |       |                                      |  |                                                 |                                                   |                                                              |                                                       |                                                                              |        |
| 50.00                                                                            | 05000 | OPERATING ROOM                       |  | 0                                               | 0                                                 | 0                                                            | 303,067,378                                           | 0.000000                                                                     | 50.00  |
| 51.00                                                                            | 05100 | RECOVERY ROOM                        |  | 0                                               | 0                                                 | 0                                                            | 65,997,450                                            | 0.000000                                                                     | 51.00  |
| 52.00                                                                            | 05200 | DELIVERY ROOM & LABOR ROOM           |  | 0                                               | 0                                                 | 0                                                            | 54,456,958                                            | 0.000000                                                                     | 52.00  |
| 53.00                                                                            | 05300 | ANESTHESIOLOGY                       |  | 0                                               | 0                                                 | 0                                                            | 100,359,249                                           | 0.000000                                                                     | 53.00  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                 |  | 0                                               | 251,512                                           | 251,512                                                      | 112,135,517                                           | 0.002243                                                                     | 54.00  |
| 54.01                                                                            | 05401 | ULTRASOUND                           |  | 0                                               | 0                                                 | 0                                                            | 62,460,812                                            | 0.000000                                                                     | 54.01  |
| 55.00                                                                            | 05500 | RADIOLOGY-THERAPEUTIC                |  | 0                                               | 0                                                 | 0                                                            | 119,771,864                                           | 0.000000                                                                     | 55.00  |
| 56.00                                                                            | 05600 | RADIOISOTOPE                         |  | 0                                               | 0                                                 | 0                                                            | 45,896,375                                            | 0.000000                                                                     | 56.00  |
| 57.00                                                                            | 05700 | CT SCAN                              |  | 0                                               | 0                                                 | 0                                                            | 241,477,948                                           | 0.000000                                                                     | 57.00  |
| 58.00                                                                            | 05800 | MRI                                  |  | 0                                               | 0                                                 | 0                                                            | 106,329,958                                           | 0.000000                                                                     | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION              |  | 0                                               | 0                                                 | 0                                                            | 101,128,301                                           | 0.000000                                                                     | 59.00  |
| 60.00                                                                            | 06000 | LABORATORY                           |  | 0                                               | 0                                                 | 0                                                            | 451,101,474                                           | 0.000000                                                                     | 60.00  |
| 62.00                                                                            | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL  |  | 0                                               | 0                                                 | 0                                                            | 28,569,229                                            | 0.000000                                                                     | 62.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                  |  | 0                                               | 0                                                 | 0                                                            | 79,089,688                                            | 0.000000                                                                     | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                     |  | 0                                               | 0                                                 | 0                                                            | 72,220,317                                            | 0.000000                                                                     | 66.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                    |  | 0                                               | 0                                                 | 0                                                            | 164,857,234                                           | 0.000000                                                                     | 69.00  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT  |  | 0                                               | 0                                                 | 0                                                            | 224,195,419                                           | 0.000000                                                                     | 71.00  |
| 72.00                                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS       |  | 0                                               | 0                                                 | 0                                                            | 135,486,400                                           | 0.000000                                                                     | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS            |  | 0                                               | 0                                                 | 0                                                            | 1,077,591,158                                         | 0.000000                                                                     | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                       |  | 0                                               | 0                                                 | 0                                                            | 10,014,798                                            | 0.000000                                                                     | 74.00  |
| 75.00                                                                            | 07500 | ASC (NON-DISTINCT PART)              |  | 0                                               | 0                                                 | 0                                                            | 29,066,699                                            | 0.000000                                                                     | 75.00  |
| 76.00                                                                            | 03020 | CARDIAC REHAB                        |  | 0                                               | 0                                                 | 0                                                            | 2,554,347                                             | 0.000000                                                                     | 76.00  |
| 76.01                                                                            | 03030 | GI LAB                               |  | 0                                               | 0                                                 | 0                                                            | 95,005,931                                            | 0.000000                                                                     | 76.01  |
| 76.02                                                                            | 03040 | ECT                                  |  | 0                                               | 0                                                 | 0                                                            | 1,069,336                                             | 0.000000                                                                     | 76.02  |
| 76.03                                                                            | 03050 | OP PSYCH                             |  | 0                                               | 0                                                 | 0                                                            | 6,901,520                                             | 0.000000                                                                     | 76.03  |
| OUTPATIENT SERVICE COST CENTERS                                                  |       |                                      |  |                                                 |                                                   |                                                              |                                                       |                                                                              |        |
| 88.00                                                                            | 08800 | RURAL HEALTH CLINIC                  |  | 0                                               | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 88.00  |
| 89.00                                                                            | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    |  | 0                                               | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 89.00  |
| 90.00                                                                            | 09000 | CLINIC                               |  | 0                                               | 0                                                 | 0                                                            | 17,710,638                                            | 0.000000                                                                     | 90.00  |
| 90.01                                                                            | 09001 | HYPERBARIC/OP WOUND                  |  | 0                                               | 0                                                 | 0                                                            | 2,945,916                                             | 0.000000                                                                     | 90.01  |
| 91.00                                                                            | 09100 | EMERGENCY                            |  | 0                                               | 356,498                                           | 356,498                                                      | 168,096,966                                           | 0.002121                                                                     | 91.00  |
| 91.02                                                                            | 09101 | NATURAL FAMILY PLANNING              |  | 0                                               | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 91.02  |
| 91.03                                                                            | 09102 | PAIN THERAPY CENTER                  |  | 0                                               | 0                                                 | 0                                                            | 0                                                     | 0.000000                                                                     | 91.03  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) |  | 0                                               | 0                                                 | 0                                                            | 53,866,651                                            | 0.000000                                                                     | 92.00  |
| 92.01                                                                            | 09201 | AMBULATORY CARE UNIT                 |  | 0                                               | 0                                                 | 0                                                            | 5,254,036                                             | 0.000000                                                                     | 92.01  |
| OTHER REIMBURSABLE COST CENTERS                                                  |       |                                      |  |                                                 |                                                   |                                                              |                                                       |                                                                              |        |
| 95.00                                                                            | 09500 | AMBULANCE SERVICES                   |  |                                                 |                                                   |                                                              |                                                       |                                                                              | 95.00  |
| 200.00                                                                           |       | Total (lines 50 through 199)         |  | 0                                               | 608,010                                           | 608,010                                                      | 3,938,679,567                                         |                                                                              | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                      |  | Provider CCN: 26-0020<br>Component CCN: 26-S020                   |                                 | Period:<br>From 07/01/2020<br>To 06/30/2021                         |                                  | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/29/2021 1:59 pm  |        |
|----------------------------------------------------------------------------------|-------|--------------------------------------|--|-------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------|--------|
|                                                                                  |       |                                      |  | Title XVIII                                                       |                                 | Subprovider -<br>IPF                                                |                                  | PPS                                                                  |        |
| Cost Center Description                                                          |       |                                      |  | Outpatient<br>Ratio of Cost<br>to Charges<br>(col. 6 ÷ col.<br>7) | Inpatient<br>Program<br>Charges | Inpatient<br>Program<br>Pass-Through<br>Costs (col. 8<br>x col. 10) | Outpatient<br>Program<br>Charges | Outpatient<br>Program<br>Pass-Through<br>Costs (col. 9<br>x col. 12) |        |
|                                                                                  |       |                                      |  | 9.00                                                              | 10.00                           | 11.00                                                               | 12.00                            | 13.00                                                                |        |
| ANCILLARY SERVICE COST CENTERS                                                   |       |                                      |  |                                                                   |                                 |                                                                     |                                  |                                                                      |        |
| 50.00                                                                            | 05000 | OPERATING ROOM                       |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 50.00  |
| 51.00                                                                            | 05100 | RECOVERY ROOM                        |  | 0.000000                                                          | 16,487                          | 0                                                                   | 0                                | 0                                                                    | 51.00  |
| 52.00                                                                            | 05200 | DELIVERY ROOM & LABOR ROOM           |  | 0.000000                                                          | 39                              | 0                                                                   | 0                                | 0                                                                    | 52.00  |
| 53.00                                                                            | 05300 | ANESTHESIOLOGY                       |  | 0.000000                                                          | 29,991                          | 0                                                                   | 0                                | 0                                                                    | 53.00  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                 |  | 0.002243                                                          | 8,767                           | 20                                                                  | 0                                | 0                                                                    | 54.00  |
| 54.01                                                                            | 05401 | ULTRASOUND                           |  | 0.000000                                                          | 3,182                           | 0                                                                   | 0                                | 0                                                                    | 54.01  |
| 55.00                                                                            | 05500 | RADIOLOGY-THERAPEUTIC                |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 55.00  |
| 56.00                                                                            | 05600 | RADIOISOTOPE                         |  | 0.000000                                                          | 5,312                           | 0                                                                   | 0                                | 0                                                                    | 56.00  |
| 57.00                                                                            | 05700 | CT SCAN                              |  | 0.000000                                                          | 79,239                          | 0                                                                   | 0                                | 0                                                                    | 57.00  |
| 58.00                                                                            | 05800 | MRI                                  |  | 0.000000                                                          | 3,162                           | 0                                                                   | 0                                | 0                                                                    | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION              |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 59.00  |
| 60.00                                                                            | 06000 | LABORATORY                           |  | 0.000000                                                          | 397,871                         | 0                                                                   | 0                                | 0                                                                    | 60.00  |
| 62.00                                                                            | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL  |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 62.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                  |  | 0.000000                                                          | 4,599                           | 0                                                                   | 0                                | 0                                                                    | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                     |  | 0.000000                                                          | 45,665                          | 0                                                                   | 0                                | 0                                                                    | 66.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                    |  | 0.000000                                                          | 33,603                          | 0                                                                   | 0                                | 0                                                                    | 69.00  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT  |  | 0.000000                                                          | 19,009                          | 0                                                                   | 0                                | 0                                                                    | 71.00  |
| 72.00                                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS       |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS            |  | 0.000000                                                          | 244,767                         | 0                                                                   | 0                                | 0                                                                    | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                       |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 74.00  |
| 75.00                                                                            | 07500 | ASC (NON-DISTINCT PART)              |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 75.00  |
| 76.00                                                                            | 03020 | CARDIAC REHAB                        |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 76.00  |
| 76.01                                                                            | 03030 | GI LAB                               |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 76.01  |
| 76.02                                                                            | 03040 | ECT                                  |  | 0.000000                                                          | 58,907                          | 0                                                                   | 0                                | 0                                                                    | 76.02  |
| 76.03                                                                            | 03050 | OP PSYCH                             |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 76.03  |
| 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                                                          | 11                              | 0                                                                   | 0                                | 0                                                                    | 90.00  |
| 90.01                                                                            | 09001 | HYPERBARIC/OP WOUND                  |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 90.01  |
| 91.00                                                                            | 09100 | EMERGENCY                            |  | 0.002121                                                          | 322,709                         | 684                                                                 | 0                                | 0                                                                    | 91.00  |
| 91.02                                                                            | 09101 | NATURAL FAMILY PLANNING              |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 91.02  |
| 91.03                                                                            | 09102 | PAIN THERAPY CENTER                  |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 91.03  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 92.00  |
| 92.01                                                                            | 09201 | AMBULATORY CARE UNIT                 |  | 0.000000                                                          | 494                             | 0                                                                   | 0                                | 0                                                                    | 92.01  |
| OTHER REIMBURSABLE COST CENTERS                                                  |       |                                      |  |                                                                   |                                 |                                                                     |                                  |                                                                      |        |
| 95.00                                                                            | 09500 | AMBULANCE SERVICES                   |  |                                                                   |                                 |                                                                     |                                  |                                                                      | 95.00  |
| 200.00                                                                           |       | Total (lines 50 through 199)         |  |                                                                   | 1,273,814                       | 704                                                                 | 0                                | 0                                                                    | 200.00 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet D  
Part V  
Date/Time Prepared:  
11/29/2021 1:59 pm

|                         |                                 |                                                       | Title XIX                                                      |                                           | Hospital                                                                     |                                                                                  | Cost                        |        |
|-------------------------|---------------------------------|-------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------|--------|
| Cost Center Description |                                 |                                                       | Cost to Charge<br>Ratio From<br>Worksheet C,<br>Part I, col. 9 | Charges                                   |                                                                              | Costs                                                                            |                             |        |
|                         |                                 |                                                       |                                                                | PPS Reimbursed<br>Services (see<br>inst.) | Cost<br>Reimbursed<br>Services<br>Subject To<br>Ded. & Coins.<br>(see inst.) | Cost<br>Reimbursed<br>Services Not<br>Subject To<br>Ded. & Coins.<br>(see inst.) | PPS Services<br>(see inst.) |        |
|                         |                                 |                                                       |                                                                |                                           |                                                                              |                                                                                  |                             |        |
|                         |                                 |                                                       | 1.00                                                           | 2.00                                      | 3.00                                                                         | 4.00                                                                             | 5.00                        |        |
|                         | ANCILLARY SERVICE COST CENTERS  |                                                       |                                                                |                                           |                                                                              |                                                                                  |                             |        |
| 50.00                   | 05000                           | OPERATING ROOM                                        | 0.152569                                                       | 0                                         | 0                                                                            | 2,943,165                                                                        | 0                           | 50.00  |
| 51.00                   | 05100                           | RECOVERY ROOM                                         | 0.058492                                                       | 0                                         | 0                                                                            | 759,730                                                                          | 0                           | 51.00  |
| 52.00                   | 05200                           | DELIVERY ROOM & LABOR ROOM                            | 0.481755                                                       | 0                                         | 0                                                                            | 1,551                                                                            | 0                           | 52.00  |
| 53.00                   | 05300                           | ANESTHESIOLOGY                                        | 0.069642                                                       | 0                                         | 0                                                                            | 873,321                                                                          | 0                           | 53.00  |
| 54.00                   | 05400                           | RADIOLOGY-DIAGNOSTIC                                  | 0.191298                                                       | 0                                         | 0                                                                            | 1,053,515                                                                        | 0                           | 54.00  |
| 54.01                   | 05401                           | ULTRASOUND                                            | 0.081132                                                       | 0                                         | 0                                                                            | 806,139                                                                          | 0                           | 54.01  |
| 55.00                   | 05500                           | RADIOLOGY-THERAPEUTIC                                 | 0.094661                                                       | 0                                         | 0                                                                            | 3,938,989                                                                        | 0                           | 55.00  |
| 56.00                   | 05600                           | RADIOISOTOPE                                          | 0.063963                                                       | 0                                         | 0                                                                            | 863,567                                                                          | 0                           | 56.00  |
| 57.00                   | 05700                           | CT SCAN                                               | 0.012550                                                       | 0                                         | 0                                                                            | 3,914,831                                                                        | 0                           | 57.00  |
| 58.00                   | 05800                           | MRI                                                   | 0.036659                                                       | 0                                         | 0                                                                            | 1,257,815                                                                        | 0                           | 58.00  |
| 59.00                   | 05900                           | CARDIAC CATHETERIZATION                               | 0.039925                                                       | 0                                         | 0                                                                            | 1,039,385                                                                        | 0                           | 59.00  |
| 60.00                   | 06000                           | LABORATORY                                            | 0.174387                                                       | 0                                         | 0                                                                            | 4,599,989                                                                        | 0                           | 60.00  |
| 62.00                   | 06200                           | WHOLE BLOOD & PACKED RED BLOOD CELL                   | 0.192750                                                       | 0                                         | 0                                                                            | 277,259                                                                          | 0                           | 62.00  |
| 65.00                   | 06500                           | RESPIRATORY THERAPY                                   | 0.185640                                                       | 0                                         | 0                                                                            | 433,493                                                                          | 0                           | 65.00  |
| 66.00                   | 06600                           | PHYSICAL THERAPY                                      | 0.360094                                                       | 0                                         | 0                                                                            | 427,541                                                                          | 0                           | 66.00  |
| 69.00                   | 06900                           | ELECTROCARDIOLOGY                                     | 0.073362                                                       | 0                                         | 0                                                                            | 1,656,843                                                                        | 0                           | 69.00  |
| 71.00                   | 07100                           | MEDICAL SUPPLIES CHARGED TO PATIENT                   | 0.290318                                                       | 0                                         | 0                                                                            | 1,749,893                                                                        | 0                           | 71.00  |
| 72.00                   | 07200                           | IMPL. DEV. CHARGED TO PATIENTS                        | 0.597736                                                       | 0                                         | 0                                                                            | 1,100,996                                                                        | 0                           | 72.00  |
| 73.00                   | 07300                           | DRUGS CHARGED TO PATIENTS                             | 0.191443                                                       | 0                                         | 0                                                                            | 35,549,962                                                                       | 0                           | 73.00  |
| 74.00                   | 07400                           | RENAL DIALYSIS                                        | 0.222602                                                       | 0                                         | 0                                                                            | 7,195                                                                            | 0                           | 74.00  |
| 75.00                   | 07500                           | ASC (NON-DISTINCT PART)                               | 0.341246                                                       | 0                                         | 0                                                                            | 463,961                                                                          | 0                           | 75.00  |
| 76.00                   | 03020                           | CARDIAC REHAB                                         | 0.658736                                                       | 0                                         | 0                                                                            | 10,086                                                                           | 0                           | 76.00  |
| 76.01                   | 03030                           | GI LAB                                                | 0.104792                                                       | 0                                         | 0                                                                            | 824,674                                                                          | 0                           | 76.01  |
| 76.02                   | 03040                           | ECT                                                   | 0.254413                                                       | 0                                         | 0                                                                            | 28,728                                                                           | 0                           | 76.02  |
| 76.03                   | 03050                           | OP PSYCH                                              | 0.187129                                                       | 0                                         | 0                                                                            | 4,584                                                                            | 0                           | 76.03  |
|                         | 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                                                | 0.988880                                                       | 0                                         | 0                                                                            | 639,902                                                                          | 0                           | 90.00  |
| 90.01                   | 09001                           | HYPERBARIC/OP WOUND                                   | 0.595025                                                       | 0                                         | 0                                                                            | 137,399                                                                          | 0                           | 90.01  |
| 91.00                   | 09100                           | EMERGENCY                                             | 0.168832                                                       | 0                                         | 0                                                                            | 8,466,552                                                                        | 0                           | 91.00  |
| 91.02                   | 09101                           | NATURAL FAMILY PLANNING                               | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 91.02  |
| 91.03                   | 09102                           | PAIN THERAPY CENTER                                   | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 91.03  |
| 92.00                   | 09200                           | OBSERVATION BEDS (NON-DISTINCT PART                   | 0.296979                                                       | 0                                         | 0                                                                            | 2,558,635                                                                        | 0                           | 92.00  |
| 92.01                   | 09201                           | AMBULATORY CARE UNIT                                  | 0.421709                                                       | 0                                         | 0                                                                            | 100,353                                                                          | 0                           | 92.01  |
|                         | OTHER REIMBURSABLE COST CENTERS |                                                       |                                                                |                                           |                                                                              |                                                                                  |                             |        |
| 95.00                   | 09500                           | AMBULANCE SERVICES                                    | 0.000000                                                       | 0                                         | 0                                                                            |                                                                                  |                             | 95.00  |
| 200.00                  |                                 | Subtotal (see instructions)                           |                                                                | 0                                         | 0                                                                            | 76,490,053                                                                       | 0                           | 200.00 |
| 201.00                  |                                 | Less PBP Clinic Lab. Services-Program<br>Only Charges |                                                                |                                           | 0                                                                            | 0                                                                                |                             | 201.00 |
| 202.00                  |                                 | Net Charges (line 200 - line 201)                     |                                                                | 0                                         | 0                                                                            | 76,490,053                                                                       | 0                           | 202.00 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet D  
Part V  
Date/Time Prepared:  
11/29/2021 1:59 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                                                             | 449,036                                                           |          | 50.00  |
| 51.00                           | 05100 | RECOVERY ROOM                                      | 0                                                             | 44,438                                                            |          | 51.00  |
| 52.00                           | 05200 | DELIVERY ROOM & LABOR ROOM                         | 0                                                             | 747                                                               |          | 52.00  |
| 53.00                           | 05300 | ANESTHESIOLOGY                                     | 0                                                             | 60,820                                                            |          | 53.00  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                               | 0                                                             | 201,535                                                           |          | 54.00  |
| 54.01                           | 05401 | ULTRASOUND                                         | 0                                                             | 65,404                                                            |          | 54.01  |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC                              | 0                                                             | 372,869                                                           |          | 55.00  |
| 56.00                           | 05600 | RADIOISOTOPE                                       | 0                                                             | 55,236                                                            |          | 56.00  |
| 57.00                           | 05700 | CT SCAN                                            | 0                                                             | 49,131                                                            |          | 57.00  |
| 58.00                           | 05800 | MRI                                                | 0                                                             | 46,110                                                            |          | 58.00  |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION                            | 0                                                             | 41,497                                                            |          | 59.00  |
| 60.00                           | 06000 | LABORATORY                                         | 0                                                             | 802,178                                                           |          | 60.00  |
| 62.00                           | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL                | 0                                                             | 53,442                                                            |          | 62.00  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                                | 0                                                             | 80,474                                                            |          | 65.00  |
| 66.00                           | 06600 | PHYSICAL THERAPY                                   | 0                                                             | 153,955                                                           |          | 66.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                                  | 0                                                             | 121,549                                                           |          | 69.00  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT                | 0                                                             | 508,025                                                           |          | 71.00  |
| 72.00                           | 07200 | IMPL. DEV. CHARGED TO PATIENTS                     | 0                                                             | 658,105                                                           |          | 72.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS                          | 0                                                             | 6,805,791                                                         |          | 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                                     | 0                                                             | 1,602                                                             |          | 74.00  |
| 75.00                           | 07500 | ASC (NON-DISTINCT PART)                            | 0                                                             | 158,325                                                           |          | 75.00  |
| 76.00                           | 03020 | CARDIAC REHAB                                      | 0                                                             | 6,644                                                             |          | 76.00  |
| 76.01                           | 03030 | GI LAB                                             | 0                                                             | 86,419                                                            |          | 76.01  |
| 76.02                           | 03040 | ECT                                                | 0                                                             | 7,309                                                             |          | 76.02  |
| 76.03                           | 03050 | OP PSYCH                                           | 0                                                             | 858                                                               |          | 76.03  |
| 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                                                             | 632,786                                                           |          | 90.00  |
| 90.01                           | 09001 | HYPERBARIC/OP WOUND                                | 0                                                             | 81,756                                                            |          | 90.01  |
| 91.00                           | 09100 | EMERGENCY                                          | 0                                                             | 1,429,425                                                         |          | 91.00  |
| 91.02                           | 09101 | NATURAL FAMILY PLANNING                            | 0                                                             | 0                                                                 |          | 91.02  |
| 91.03                           | 09102 | PAIN THERAPY CENTER                                | 0                                                             | 0                                                                 |          | 91.03  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART                | 0                                                             | 759,861                                                           |          | 92.00  |
| 92.01                           | 09201 | AMBULATORY CARE UNIT                               | 0                                                             | 42,320                                                            |          | 92.01  |
| OTHER REIMBURSABLE COST CENTERS |       |                                                    |                                                               |                                                                   |          |        |
| 95.00                           | 09500 | AMBULANCE SERVICES                                 | 0                                                             |                                                                   |          | 95.00  |
| 200.00                          |       | Subtotal (see instructions)                        | 0                                                             | 13,777,647                                                        |          | 200.00 |
| 201.00                          |       | Less PBP Clinic Lab. Services-Program Only Charges | 0                                                             |                                                                   |          | 201.00 |
| 202.00                          |       | Net Charges (line 200 - line 201)                  | 0                                                             | 13,777,647                                                        |          | 202.00 |

| COMPUTATION OF INPATIENT OPERATING COST                               |                                                                                                                                                                                           | Provider CCN: 26-0020 | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet D-1<br>Date/Time Prepared:<br>11/29/2021 1:59 pm |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|------------------------------------------------------------|
|                                                                       |                                                                                                                                                                                           | Title XVIII           | Hospital                                    | PPS                                                        |
| Cost Center Description                                               |                                                                                                                                                                                           |                       | 1.00                                        |                                                            |
| PART I - ALL PROVIDER COMPONENTS                                      |                                                                                                                                                                                           |                       |                                             |                                                            |
| INPATIENT DAYS                                                        |                                                                                                                                                                                           |                       |                                             |                                                            |
| 1.00                                                                  | Inpatient days (including private room days and swing-bed days, excluding newborn)                                                                                                        | 171,274               | 1.00                                        |                                                            |
| 2.00                                                                  | Inpatient days (including private room days, excluding swing-bed and newborn days)                                                                                                        | 171,274               | 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)                                                                                                                     | 155,789               | 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)                                                      | 36,516                | 9.00                                        |                                                            |
| 10.00                                                                 | Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)                        | 0                     | 10.00                                       |                                                            |
| 11.00                                                                 | Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)    | 0                     | 11.00                                       |                                                            |
| 12.00                                                                 | Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period                                        | 0                     | 12.00                                       |                                                            |
| 13.00                                                                 | Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line) | 0                     | 13.00                                       |                                                            |
| 14.00                                                                 | Medically necessary private room days applicable to the Program (excluding swing-bed days)                                                                                                | 0                     | 14.00                                       |                                                            |
| 15.00                                                                 | Total nursery days (title V or XIX only)                                                                                                                                                  | 0                     | 15.00                                       |                                                            |
| 16.00                                                                 | Nursery days (title V or XIX only)                                                                                                                                                        | 0                     | 16.00                                       |                                                            |
| SWING BED ADJUSTMENT                                                  |                                                                                                                                                                                           |                       |                                             |                                                            |
| 17.00                                                                 | Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period                                                                          | 0.00                  | 17.00                                       |                                                            |
| 18.00                                                                 | Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period                                                                            | 0.00                  | 18.00                                       |                                                            |
| 19.00                                                                 | Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period                                                                           | 0.00                  | 19.00                                       |                                                            |
| 20.00                                                                 | Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period                                                                             | 0.00                  | 20.00                                       |                                                            |
| 21.00                                                                 | Total general inpatient routine service cost (see instructions)                                                                                                                           | 176,939,771           | 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)                                                                                                      | 176,939,771           | 27.00                                       |                                                            |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT                                  |                                                                                                                                                                                           |                       |                                             |                                                            |
| 28.00                                                                 | General inpatient routine service charges (excluding swing-bed and observation bed charges)                                                                                               | 0                     | 28.00                                       |                                                            |
| 29.00                                                                 | Private room charges (excluding swing-bed charges)                                                                                                                                        | 0                     | 29.00                                       |                                                            |
| 30.00                                                                 | Semi-private room charges (excluding swing-bed charges)                                                                                                                                   | 0                     | 30.00                                       |                                                            |
| 31.00                                                                 | General inpatient routine service cost/charge ratio (line 27 ÷ line 28)                                                                                                                   | 0.000000              | 31.00                                       |                                                            |
| 32.00                                                                 | Average private room per diem charge (line 29 ÷ line 3)                                                                                                                                   | 0.00                  | 32.00                                       |                                                            |
| 33.00                                                                 | Average semi-private room per diem charge (line 30 ÷ line 4)                                                                                                                              | 0.00                  | 33.00                                       |                                                            |
| 34.00                                                                 | Average per diem private room charge differential (line 32 minus line 33)(see instructions)                                                                                               | 0.00                  | 34.00                                       |                                                            |
| 35.00                                                                 | Average per diem private room cost differential (line 34 x line 31)                                                                                                                       | 0.00                  | 35.00                                       |                                                            |
| 36.00                                                                 | Private room cost differential adjustment (line 3 x line 35)                                                                                                                              | 0                     | 36.00                                       |                                                            |
| 37.00                                                                 | General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)                                                                   | 176,939,771           | 37.00                                       |                                                            |
| PART II - HOSPITAL AND SUBPROVIDERS ONLY                              |                                                                                                                                                                                           |                       |                                             |                                                            |
| PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS |                                                                                                                                                                                           |                       |                                             |                                                            |
| 38.00                                                                 | Adjusted general inpatient routine service cost per diem (see instructions)                                                                                                               | 1,033.08              | 38.00                                       |                                                            |
| 39.00                                                                 | Program general inpatient routine service cost (line 9 x line 38)                                                                                                                         | 37,723,949            | 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)                                                                                                                  | 37,723,949            | 41.00                                       |                                                            |

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet D-1

Date/Time Prepared:  
11/29/2021 1:59 pm

| Cost Center Description                                                       |                                                                                                                                                                                                                                                                 | Title XVIII          |                      |                                    | Hospital     |                                | PPS  |       |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|------------------------------------|--------------|--------------------------------|------|-------|
|                                                                               |                                                                                                                                                                                                                                                                 | Total Inpatient Cost | Total Inpatient Days | Average Per Diem (col. 1 ÷ col. 2) | Program Days | Program Cost (col. 3 x col. 4) |      |       |
|                                                                               |                                                                                                                                                                                                                                                                 | 1.00                 | 2.00                 | 3.00                               | 4.00         | 5.00                           |      |       |
| 42.00                                                                         | NURSERY (title V & XIX only)                                                                                                                                                                                                                                    | 0                    | 0                    | 0.00                               | 0            | 0                              |      | 42.00 |
| Intensive Care Type Inpatient Hospital Units                                  |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |      |       |
| 43.00                                                                         | INTENSIVE CARE UNIT                                                                                                                                                                                                                                             | 37,564,909           | 21,648               | 1,735.26                           | 4,333        | 7,518,882                      |      | 43.00 |
| 44.00                                                                         | CORONARY CARE UNIT                                                                                                                                                                                                                                              | 7,092,901            | 4,228                | 1,677.60                           | 970          | 1,627,272                      |      | 44.00 |
| 45.00                                                                         | BURN INTENSIVE CARE UNIT                                                                                                                                                                                                                                        | 5,198,709            | 3,171                | 1,639.45                           | 671          | 1,100,071                      |      | 45.00 |
| 46.00                                                                         | SURGICAL INTENSIVE CARE UNIT                                                                                                                                                                                                                                    | 0                    | 0                    | 0.00                               | 0            | 0                              |      | 46.00 |
| 47.00                                                                         | NEONATAL INTENSIVE CARE UNIT                                                                                                                                                                                                                                    | 32,417,785           | 29,648               | 1,093.42                           | 0            | 0                              |      | 47.00 |
| Cost Center Description                                                       |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                | 1.00 |       |
| 48.00                                                                         | Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)                                                                                                                                                                                          |                      |                      |                                    |              | 59,729,430                     |      | 48.00 |
| 49.00                                                                         | Total Program inpatient costs (sum of lines 41 through 48)(see instructions)                                                                                                                                                                                    |                      |                      |                                    |              | 107,699,604                    |      | 49.00 |
| PASS THROUGH COST ADJUSTMENTS                                                 |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |      |       |
| 50.00                                                                         | Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)                                                                                                                                                      |                      |                      |                                    |              | 4,298,661                      |      | 50.00 |
| 51.00                                                                         | Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)                                                                                                                                                    |                      |                      |                                    |              | 3,854,270                      |      | 51.00 |
| 52.00                                                                         | Total Program excludable cost (sum of lines 50 and 51)                                                                                                                                                                                                          |                      |                      |                                    |              | 8,152,931                      |      | 52.00 |
| 53.00                                                                         | Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)                                                                                                                |                      |                      |                                    |              | 99,546,673                     |      | 53.00 |
| TARGET AMOUNT AND LIMIT COMPUTATION                                           |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |      |       |
| 54.00                                                                         | Program discharges                                                                                                                                                                                                                                              |                      |                      |                                    |              | 0                              |      | 54.00 |
| 55.00                                                                         | Target amount per discharge                                                                                                                                                                                                                                     |                      |                      |                                    |              | 0.00                           |      | 55.00 |
| 56.00                                                                         | Target amount (line 54 x line 55)                                                                                                                                                                                                                               |                      |                      |                                    |              | 0                              |      | 56.00 |
| 57.00                                                                         | Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)                                                                                                                                                                  |                      |                      |                                    |              | 0                              |      | 57.00 |
| 58.00                                                                         | Bonus payment (see instructions)                                                                                                                                                                                                                                |                      |                      |                                    |              | 0                              |      | 58.00 |
| 59.00                                                                         | Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket                                                                                                                                             |                      |                      |                                    |              | 0.00                           |      | 59.00 |
| 60.00                                                                         | Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket                                                                                                                                                                           |                      |                      |                                    |              | 0.00                           |      | 60.00 |
| 61.00                                                                         | If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions) |                      |                      |                                    |              | 0                              |      | 61.00 |
| 62.00                                                                         | Relief payment (see instructions)                                                                                                                                                                                                                               |                      |                      |                                    |              | 0                              |      | 62.00 |
| 63.00                                                                         | Allowable Inpatient cost plus incentive payment (see instructions)                                                                                                                                                                                              |                      |                      |                                    |              | 0                              |      | 63.00 |
| PROGRAM INPATIENT ROUTINE SWING BED COST                                      |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |      |       |
| 64.00                                                                         | Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                            |                      |                      |                                    |              | 0                              |      | 64.00 |
| 65.00                                                                         | Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                              |                      |                      |                                    |              | 0                              |      | 65.00 |
| 66.00                                                                         | Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)                                                                                                                                       |                      |                      |                                    |              | 0                              |      | 66.00 |
| 67.00                                                                         | Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)                                                                                                                                        |                      |                      |                                    |              | 0                              |      | 67.00 |
| 68.00                                                                         | Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)                                                                                                                                          |                      |                      |                                    |              | 0                              |      | 68.00 |
| 69.00                                                                         | Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)                                                                                                                                                                                   |                      |                      |                                    |              | 0                              |      | 69.00 |
| PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |      |       |
| 70.00                                                                         | Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)                                                                                                                                                                          |                      |                      |                                    |              |                                |      | 70.00 |
| 71.00                                                                         | Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)                                                                                                                                                                                     |                      |                      |                                    |              |                                |      | 71.00 |
| 72.00                                                                         | Program routine service cost (line 9 x line 71)                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |      | 72.00 |
| 73.00                                                                         | Medically necessary private room cost applicable to Program (line 14 x line 35)                                                                                                                                                                                 |                      |                      |                                    |              |                                |      | 73.00 |
| 74.00                                                                         | Total Program general inpatient routine service costs (line 72 + line 73)                                                                                                                                                                                       |                      |                      |                                    |              |                                |      | 74.00 |
| 75.00                                                                         | Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)                                                                                                                                               |                      |                      |                                    |              |                                |      | 75.00 |
| 76.00                                                                         | Per diem capital-related costs (line 75 ÷ line 2)                                                                                                                                                                                                               |                      |                      |                                    |              |                                |      | 76.00 |
| 77.00                                                                         | Program capital-related costs (line 9 x line 76)                                                                                                                                                                                                                |                      |                      |                                    |              |                                |      | 77.00 |
| 78.00                                                                         | Inpatient routine service cost (line 74 minus line 77)                                                                                                                                                                                                          |                      |                      |                                    |              |                                |      | 78.00 |
| 79.00                                                                         | Aggregate charges to beneficiaries for excess costs (from provider records)                                                                                                                                                                                     |                      |                      |                                    |              |                                |      | 79.00 |
| 80.00                                                                         | Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)                                                                                                                                                               |                      |                      |                                    |              |                                |      | 80.00 |
| 81.00                                                                         | Inpatient routine service cost per diem limitation                                                                                                                                                                                                              |                      |                      |                                    |              |                                |      | 81.00 |
| 82.00                                                                         | Inpatient routine service cost limitation (line 9 x line 81)                                                                                                                                                                                                    |                      |                      |                                    |              |                                |      | 82.00 |
| 83.00                                                                         | Reasonable inpatient routine service costs (see instructions)                                                                                                                                                                                                   |                      |                      |                                    |              |                                |      | 83.00 |
| 84.00                                                                         | Program inpatient ancillary services (see instructions)                                                                                                                                                                                                         |                      |                      |                                    |              |                                |      | 84.00 |
| 85.00                                                                         | Utilization review - physician compensation (see instructions)                                                                                                                                                                                                  |                      |                      |                                    |              |                                |      | 85.00 |
| 86.00                                                                         | Total Program inpatient operating costs (sum of lines 83 through 85)                                                                                                                                                                                            |                      |                      |                                    |              |                                |      | 86.00 |
| PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST                    |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |      |       |
| 87.00                                                                         | Total observation bed days (see instructions)                                                                                                                                                                                                                   |                      |                      |                                    |              | 15,485                         |      | 87.00 |
| 88.00                                                                         | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)                                                                                                                                                                                             |                      |                      |                                    |              | 1,033.08                       |      | 88.00 |
| 89.00                                                                         | Observation bed cost (line 87 x line 88) (see instructions)                                                                                                                                                                                                     |                      |                      |                                    |              | 15,997,244                     |      | 89.00 |

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet D-1

Date/Time Prepared:  
11/29/2021 1:59 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                       | 16,694,533 | 176,939,771                    | 0.094352               | 15,997,244                                         | 1,509,372                                                                             | 90.00 |
| 91.00 Nursing School cost                        | 0          | 176,939,771                    | 0.000000               | 15,997,244                                         | 0                                                                                     | 91.00 |
| 92.00 Allied health cost                         | 0          | 176,939,771                    | 0.000000               | 15,997,244                                         | 0                                                                                     | 92.00 |
| 93.00 All other Medical Education                | 0          | 176,939,771                    | 0.000000               | 15,997,244                                         | 0                                                                                     | 93.00 |

| COMPUTATION OF INPATIENT OPERATING COST                                      |                                                                                                                                                                                           | Provider CCN: 26-0020<br>Component CCN: 26-S020 | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet D-1<br>Date/Time Prepared:<br>11/29/2021 1:59 pm |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|------------------------------------------------------------|
|                                                                              |                                                                                                                                                                                           | Title XVIII                                     | Subprovider -<br>IPF                        | PPS                                                        |
| Cost Center Description                                                      |                                                                                                                                                                                           |                                                 | 1.00                                        |                                                            |
| <b>PART I - ALL PROVIDER COMPONENTS</b>                                      |                                                                                                                                                                                           |                                                 |                                             |                                                            |
| <b>INPATIENT DAYS</b>                                                        |                                                                                                                                                                                           |                                                 |                                             |                                                            |
| 1.00                                                                         | Inpatient days (including private room days and swing-bed days, excluding newborn)                                                                                                        |                                                 | 4,061                                       | 1.00                                                       |
| 2.00                                                                         | Inpatient days (including private room days, excluding swing-bed and newborn days)                                                                                                        |                                                 | 4,061                                       | 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)                                                                                                                     |                                                 | 4,061                                       | 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)                                                      |                                                 | 1,717                                       | 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)                                                                                                                           |                                                 | 4,517,898                                   | 21.00                                                      |
| 22.00                                                                        | Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)                                                                        |                                                 | 0                                           | 22.00                                                      |
| 23.00                                                                        | Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)                                                                          |                                                 | 0                                           | 23.00                                                      |
| 24.00                                                                        | Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)                                                                         |                                                 | 0                                           | 24.00                                                      |
| 25.00                                                                        | Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)                                                                           |                                                 | 0                                           | 25.00                                                      |
| 26.00                                                                        | Total swing-bed cost (see instructions)                                                                                                                                                   |                                                 | 0                                           | 26.00                                                      |
| 27.00                                                                        | General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)                                                                                                      |                                                 | 4,517,898                                   | 27.00                                                      |
| <b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>                                  |                                                                                                                                                                                           |                                                 |                                             |                                                            |
| 28.00                                                                        | General inpatient routine service charges (excluding swing-bed and observation bed charges)                                                                                               |                                                 | 0                                           | 28.00                                                      |
| 29.00                                                                        | Private room charges (excluding swing-bed charges)                                                                                                                                        |                                                 | 0                                           | 29.00                                                      |
| 30.00                                                                        | Semi-private room charges (excluding swing-bed charges)                                                                                                                                   |                                                 | 0                                           | 30.00                                                      |
| 31.00                                                                        | General inpatient routine service cost/charge ratio (line 27 ÷ line 28)                                                                                                                   |                                                 | 0.000000                                    | 31.00                                                      |
| 32.00                                                                        | Average private room per diem charge (line 29 ÷ line 3)                                                                                                                                   |                                                 | 0.00                                        | 32.00                                                      |
| 33.00                                                                        | Average semi-private room per diem charge (line 30 ÷ line 4)                                                                                                                              |                                                 | 0.00                                        | 33.00                                                      |
| 34.00                                                                        | Average per diem private room charge differential (line 32 minus line 33)(see instructions)                                                                                               |                                                 | 0.00                                        | 34.00                                                      |
| 35.00                                                                        | Average per diem private room cost differential (line 34 x line 31)                                                                                                                       |                                                 | 0.00                                        | 35.00                                                      |
| 36.00                                                                        | Private room cost differential adjustment (line 3 x line 35)                                                                                                                              |                                                 | 0                                           | 36.00                                                      |
| 37.00                                                                        | General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)                                                                   |                                                 | 4,517,898                                   | 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)                                                                                                               |                                                 | 1,112.51                                    | 38.00                                                      |
| 39.00                                                                        | Program general inpatient routine service cost (line 9 x line 38)                                                                                                                         |                                                 | 1,910,180                                   | 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)                                                                                                                  |                                                 | 1,910,180                                   | 41.00                                                      |

| COMPUTATION OF INPATIENT OPERATING COST                                       |                                                                                                                                                                                                                                                                 |  |                         | Provider CCN: 26-0020   | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet D-1                             |                                      |       |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|-------------------------|---------------------------------------------|-------------------------------------------|--------------------------------------|-------|
|                                                                               |                                                                                                                                                                                                                                                                 |  |                         | Component CCN: 26-S020  |                                             | Date/Time Prepared:<br>11/29/2021 1:59 pm |                                      |       |
|                                                                               |                                                                                                                                                                                                                                                                 |  |                         | Title XVIII             |                                             | Subprovider -<br>IPF                      | PPS                                  |       |
| Cost Center Description                                                       |                                                                                                                                                                                                                                                                 |  | Total<br>Inpatient Cost | Total<br>Inpatient Days | Average Per<br>Diem (col. 1 ÷<br>col. 2)    | Program Days                              | Program Cost<br>(col. 3 x col.<br>4) |       |
|                                                                               |                                                                                                                                                                                                                                                                 |  | 1.00                    | 2.00                    | 3.00                                        | 4.00                                      | 5.00                                 |       |
| 42.00                                                                         | NURSERY (title V & XIX only)                                                                                                                                                                                                                                    |  | 0                       | 0                       | 0.00                                        | 0                                         |                                      | 42.00 |
| Intensive Care Type Inpatient Hospital Units                                  |                                                                                                                                                                                                                                                                 |  |                         |                         |                                             |                                           |                                      |       |
| 43.00                                                                         | INTENSIVE CARE UNIT                                                                                                                                                                                                                                             |  | 0                       | 0                       | 0.00                                        | 0                                         | 0                                    | 43.00 |
| 44.00                                                                         | CORONARY CARE UNIT                                                                                                                                                                                                                                              |  | 0                       | 0                       | 0.00                                        | 0                                         | 0                                    | 44.00 |
| 45.00                                                                         | BURN INTENSIVE CARE UNIT                                                                                                                                                                                                                                        |  | 0                       | 0                       | 0.00                                        | 0                                         | 0                                    | 45.00 |
| 46.00                                                                         | SURGICAL INTENSIVE CARE UNIT                                                                                                                                                                                                                                    |  | 0                       | 0                       | 0.00                                        | 0                                         | 0                                    | 46.00 |
| 47.00                                                                         | NEONATAL INTENSIVE CARE UNIT                                                                                                                                                                                                                                    |  | 0                       | 0                       | 0.00                                        | 0                                         | 0                                    | 47.00 |
| Cost Center Description                                                       |                                                                                                                                                                                                                                                                 |  |                         |                         |                                             |                                           |                                      |       |
|                                                                               |                                                                                                                                                                                                                                                                 |  |                         |                         |                                             |                                           | 1.00                                 |       |
| 48.00                                                                         | Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)                                                                                                                                                                                          |  |                         |                         |                                             |                                           | 218,266                              | 48.00 |
| 49.00                                                                         | Total Program inpatient costs (sum of lines 41 through 48)(see instructions)                                                                                                                                                                                    |  |                         |                         |                                             |                                           | 2,128,446                            | 49.00 |
| PASS THROUGH COST ADJUSTMENTS                                                 |                                                                                                                                                                                                                                                                 |  |                         |                         |                                             |                                           |                                      |       |
| 50.00                                                                         | Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)                                                                                                                                                      |  |                         |                         |                                             |                                           | 165,828                              | 50.00 |
| 51.00                                                                         | Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)                                                                                                                                                    |  |                         |                         |                                             |                                           | 15,003                               | 51.00 |
| 52.00                                                                         | Total Program excludable cost (sum of lines 50 and 51)                                                                                                                                                                                                          |  |                         |                         |                                             |                                           | 180,831                              | 52.00 |
| 53.00                                                                         | Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)                                                                                                                |  |                         |                         |                                             |                                           | 1,947,615                            | 53.00 |
| TARGET AMOUNT AND LIMIT COMPUTATION                                           |                                                                                                                                                                                                                                                                 |  |                         |                         |                                             |                                           |                                      |       |
| 54.00                                                                         | Program discharges                                                                                                                                                                                                                                              |  |                         |                         |                                             |                                           | 0                                    | 54.00 |
| 55.00                                                                         | Target amount per discharge                                                                                                                                                                                                                                     |  |                         |                         |                                             |                                           | 0.00                                 | 55.00 |
| 56.00                                                                         | Target amount (line 54 x line 55)                                                                                                                                                                                                                               |  |                         |                         |                                             |                                           | 0                                    | 56.00 |
| 57.00                                                                         | Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)                                                                                                                                                                  |  |                         |                         |                                             |                                           | 0                                    | 57.00 |
| 58.00                                                                         | Bonus payment (see instructions)                                                                                                                                                                                                                                |  |                         |                         |                                             |                                           | 0                                    | 58.00 |
| 59.00                                                                         | Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket                                                                                                                                             |  |                         |                         |                                             |                                           | 0.00                                 | 59.00 |
| 60.00                                                                         | Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket                                                                                                                                                                           |  |                         |                         |                                             |                                           | 0.00                                 | 60.00 |
| 61.00                                                                         | If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions) |  |                         |                         |                                             |                                           | 0                                    | 61.00 |
| 62.00                                                                         | Relief payment (see instructions)                                                                                                                                                                                                                               |  |                         |                         |                                             |                                           | 0                                    | 62.00 |
| 63.00                                                                         | Allowable Inpatient cost plus incentive payment (see instructions)                                                                                                                                                                                              |  |                         |                         |                                             |                                           | 0                                    | 63.00 |
| PROGRAM INPATIENT ROUTINE SWING BED COST                                      |                                                                                                                                                                                                                                                                 |  |                         |                         |                                             |                                           |                                      |       |
| 64.00                                                                         | Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                            |  |                         |                         |                                             |                                           | 0                                    | 64.00 |
| 65.00                                                                         | Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                              |  |                         |                         |                                             |                                           | 0                                    | 65.00 |
| 66.00                                                                         | Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)                                                                                                                                       |  |                         |                         |                                             |                                           | 0                                    | 66.00 |
| 67.00                                                                         | Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)                                                                                                                                        |  |                         |                         |                                             |                                           | 0                                    | 67.00 |
| 68.00                                                                         | Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)                                                                                                                                          |  |                         |                         |                                             |                                           | 0                                    | 68.00 |
| 69.00                                                                         | Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)                                                                                                                                                                                   |  |                         |                         |                                             |                                           | 0                                    | 69.00 |
| PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY |                                                                                                                                                                                                                                                                 |  |                         |                         |                                             |                                           |                                      |       |
| 70.00                                                                         | Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)                                                                                                                                                                          |  |                         |                         |                                             |                                           |                                      | 70.00 |
| 71.00                                                                         | Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)                                                                                                                                                                                     |  |                         |                         |                                             |                                           |                                      | 71.00 |
| 72.00                                                                         | Program routine service cost (line 9 x line 71)                                                                                                                                                                                                                 |  |                         |                         |                                             |                                           |                                      | 72.00 |
| 73.00                                                                         | Medically necessary private room cost applicable to Program (line 14 x line 35)                                                                                                                                                                                 |  |                         |                         |                                             |                                           |                                      | 73.00 |
| 74.00                                                                         | Total Program general inpatient routine service costs (line 72 + line 73)                                                                                                                                                                                       |  |                         |                         |                                             |                                           |                                      | 74.00 |
| 75.00                                                                         | Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)                                                                                                                                               |  |                         |                         |                                             |                                           |                                      | 75.00 |
| 76.00                                                                         | Per diem capital-related costs (line 75 ÷ line 2)                                                                                                                                                                                                               |  |                         |                         |                                             |                                           |                                      | 76.00 |
| 77.00                                                                         | Program capital-related costs (line 9 x line 76)                                                                                                                                                                                                                |  |                         |                         |                                             |                                           |                                      | 77.00 |
| 78.00                                                                         | Inpatient routine service cost (line 74 minus line 77)                                                                                                                                                                                                          |  |                         |                         |                                             |                                           |                                      | 78.00 |
| 79.00                                                                         | Aggregate charges to beneficiaries for excess costs (from provider records)                                                                                                                                                                                     |  |                         |                         |                                             |                                           |                                      | 79.00 |
| 80.00                                                                         | Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)                                                                                                                                                               |  |                         |                         |                                             |                                           |                                      | 80.00 |
| 81.00                                                                         | Inpatient routine service cost per diem limitation                                                                                                                                                                                                              |  |                         |                         |                                             |                                           |                                      | 81.00 |
| 82.00                                                                         | Inpatient routine service cost limitation (line 9 x line 81)                                                                                                                                                                                                    |  |                         |                         |                                             |                                           |                                      | 82.00 |
| 83.00                                                                         | Reasonable inpatient routine service costs (see instructions)                                                                                                                                                                                                   |  |                         |                         |                                             |                                           |                                      | 83.00 |
| 84.00                                                                         | Program inpatient ancillary services (see instructions)                                                                                                                                                                                                         |  |                         |                         |                                             |                                           |                                      | 84.00 |
| 85.00                                                                         | Utilization review - physician compensation (see instructions)                                                                                                                                                                                                  |  |                         |                         |                                             |                                           |                                      | 85.00 |
| 86.00                                                                         | Total Program inpatient operating costs (sum of lines 83 through 85)                                                                                                                                                                                            |  |                         |                         |                                             |                                           |                                      | 86.00 |
| PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST                    |                                                                                                                                                                                                                                                                 |  |                         |                         |                                             |                                           |                                      |       |
| 87.00                                                                         | Total observation bed days (see instructions)                                                                                                                                                                                                                   |  |                         |                         |                                             |                                           | 0                                    | 87.00 |
| 88.00                                                                         | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)                                                                                                                                                                                             |  |                         |                         |                                             |                                           | 0.00                                 | 88.00 |
| 89.00                                                                         | Observation bed cost (line 87 x line 88) (see instructions)                                                                                                                                                                                                     |  |                         |                         |                                             |                                           | 0                                    | 89.00 |

|                                         |                                                  |         |           |                                                 |                                |                                             |                                                    |                                                                                       |  |
|-----------------------------------------|--------------------------------------------------|---------|-----------|-------------------------------------------------|--------------------------------|---------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------|--|
| COMPUTATION OF INPATIENT OPERATING COST |                                                  |         |           | Provider CCN: 26-0020<br>Component CCN: 26-S020 |                                | Period:<br>From 07/01/2020<br>To 06/30/2021 |                                                    | Worksheet D-1<br>Date/Time Prepared:<br>11/29/2021 1:59 pm                            |  |
|                                         |                                                  |         |           | Title XVIII                                     |                                | Subprovider -<br>IPF                        |                                                    | PPS                                                                                   |  |
| Cost Center Description                 |                                                  |         |           | Cost                                            | Routine Cost<br>(from line 21) | column 1 ÷<br>column 2                      | Total<br>Observation<br>Bed Cost (from<br>line 89) | Observation<br>Bed Pass<br>Through Cost<br>(col. 3 x col.<br>4) (see<br>instructions) |  |
|                                         |                                                  |         |           | 1.00                                            | 2.00                           | 3.00                                        | 4.00                                               | 5.00                                                                                  |  |
|                                         | COMPUTATION OF OBSERVATION BED PASS THROUGH COST |         |           |                                                 |                                |                                             |                                                    |                                                                                       |  |
| 90.00                                   | Capital-related cost                             | 392,207 | 4,517,898 | 0.086812                                        | 0                              | 0                                           | 90.00                                              |                                                                                       |  |
| 91.00                                   | Nursing School cost                              | 0       | 4,517,898 | 0.000000                                        | 0                              | 0                                           | 91.00                                              |                                                                                       |  |
| 92.00                                   | Allied health cost                               | 0       | 4,517,898 | 0.000000                                        | 0                              | 0                                           | 92.00                                              |                                                                                       |  |
| 93.00                                   | All other Medical Education                      | 0       | 4,517,898 | 0.000000                                        | 0                              | 0                                           | 93.00                                              |                                                                                       |  |

| COMPUTATION OF INPATIENT OPERATING COST                                      |                                                                                                                                                                                           | Provider CCN: 26-0020 | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet D-1<br>Date/Time Prepared:<br>11/29/2021 1:59 pm |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|------------------------------------------------------------|
| Cost Center Description                                                      |                                                                                                                                                                                           | Title XIX             | Hospital                                    | Cost                                                       |
|                                                                              |                                                                                                                                                                                           |                       |                                             | 1.00                                                       |
| <b>PART I - ALL PROVIDER COMPONENTS</b>                                      |                                                                                                                                                                                           |                       |                                             |                                                            |
| <b>INPATIENT DAYS</b>                                                        |                                                                                                                                                                                           |                       |                                             |                                                            |
| 1.00                                                                         | Inpatient days (including private room days and swing-bed days, excluding newborn)                                                                                                        |                       |                                             | 171,274 1.00                                               |
| 2.00                                                                         | Inpatient days (including private room days, excluding swing-bed and newborn days)                                                                                                        |                       |                                             | 171,274 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)                                                                                                                     |                       |                                             | 155,789 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)                                                      |                       |                                             | 10,564 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)                                                                                                                                                  |                       |                                             | 16,606 15.00                                               |
| 16.00                                                                        | Nursery days (title V or XIX only)                                                                                                                                                        |                       |                                             | 5,625 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)                                                                                                                           |                       |                                             | 176,405,658 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)                                                                                                      |                       |                                             | 176,405,658 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)                                                                   |                       |                                             | 176,405,658 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)                                                                                                               |                       |                                             | 1,029.96 38.00                                             |
| 39.00                                                                        | Program general inpatient routine service cost (line 9 x line 38)                                                                                                                         |                       |                                             | 10,880,497 39.00                                           |
| 40.00                                                                        | Medically necessary private room cost applicable to the Program (line 14 x line 35)                                                                                                       |                       |                                             | 0 40.00                                                    |
| 41.00                                                                        | Total Program general inpatient routine service cost (line 39 + line 40)                                                                                                                  |                       |                                             | 10,880,497 41.00                                           |

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet D-1

Date/Time Prepared:  
11/29/2021 1:59 pm

|       |                                                                                                                                                                                                                                                                 |                      | Title XIX            |                                    | Hospital     | Cost                           |            |       |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|------------------------------------|--------------|--------------------------------|------------|-------|
|       | 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)                                                                                                                                                                                                                                    | 8,719,322            | 16,606               | 525.07                             | 5,625        | 2,953,519                      | 42.00      |       |
|       | Intensive Care Type Inpatient Hospital Units                                                                                                                                                                                                                    |                      |                      |                                    |              |                                |            |       |
| 43.00 | INTENSIVE CARE UNIT                                                                                                                                                                                                                                             | 37,523,087           | 21,648               | 1,733.33                           | 1,999        | 3,464,927                      | 43.00      |       |
| 44.00 | CORONARY CARE UNIT                                                                                                                                                                                                                                              | 7,092,901            | 4,228                | 1,677.60                           | 205          | 343,908                        | 44.00      |       |
| 45.00 | BURN INTENSIVE CARE UNIT                                                                                                                                                                                                                                        | 5,198,709            | 3,171                | 1,639.45                           | 179          | 293,462                        | 45.00      |       |
| 46.00 | SURGICAL INTENSIVE CARE UNIT                                                                                                                                                                                                                                    | 0                    | 0                    | 0.00                               | 0            | 0                              | 46.00      |       |
| 47.00 | NEONATAL INTENSIVE CARE UNIT                                                                                                                                                                                                                                    | 32,397,535           | 29,648               | 1,092.74                           | 1,914        | 2,091,504                      | 47.00      |       |
|       | Cost Center Description                                                                                                                                                                                                                                         |                      |                      |                                    |              |                                |            |       |
|       |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              | 1.00                           |            |       |
| 48.00 | Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)                                                                                                                                                                                          |                      |                      |                                    |              |                                | 13,202,557 | 48.00 |
| 49.00 | Total Program inpatient costs (sum of lines 41 through 48)(see instructions)                                                                                                                                                                                    |                      |                      |                                    |              |                                | 33,230,374 | 49.00 |
|       | PASS THROUGH COST ADJUSTMENTS                                                                                                                                                                                                                                   |                      |                      |                                    |              |                                |            |       |
| 50.00 | Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)                                                                                                                                                      |                      |                      |                                    |              |                                | 0          | 50.00 |
| 51.00 | Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)                                                                                                                                                    |                      |                      |                                    |              |                                | 0          | 51.00 |
| 52.00 | Total Program excludable cost (sum of lines 50 and 51)                                                                                                                                                                                                          |                      |                      |                                    |              |                                | 0          | 52.00 |
| 53.00 | Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)                                                                                                                |                      |                      |                                    |              |                                | 0          | 53.00 |
|       | TARGET AMOUNT AND LIMIT COMPUTATION                                                                                                                                                                                                                             |                      |                      |                                    |              |                                |            |       |
| 54.00 | Program discharges                                                                                                                                                                                                                                              |                      |                      |                                    |              |                                | 0          | 54.00 |
| 55.00 | Target amount per discharge                                                                                                                                                                                                                                     |                      |                      |                                    |              |                                | 0.00       | 55.00 |
| 56.00 | Target amount (line 54 x line 55)                                                                                                                                                                                                                               |                      |                      |                                    |              |                                | 0          | 56.00 |
| 57.00 | Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)                                                                                                                                                                  |                      |                      |                                    |              |                                | 0          | 57.00 |
| 58.00 | Bonus payment (see instructions)                                                                                                                                                                                                                                |                      |                      |                                    |              |                                | 0          | 58.00 |
| 59.00 | Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket                                                                                                                                             |                      |                      |                                    |              |                                | 0.00       | 59.00 |
| 60.00 | Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket                                                                                                                                                                           |                      |                      |                                    |              |                                | 0.00       | 60.00 |
| 61.00 | If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions) |                      |                      |                                    |              |                                | 0          | 61.00 |
| 62.00 | Relief payment (see instructions)                                                                                                                                                                                                                               |                      |                      |                                    |              |                                | 0          | 62.00 |
| 63.00 | Allowable Inpatient cost plus incentive payment (see instructions)                                                                                                                                                                                              |                      |                      |                                    |              |                                | 0          | 63.00 |
|       | PROGRAM INPATIENT ROUTINE SWING BED COST                                                                                                                                                                                                                        |                      |                      |                                    |              |                                |            |       |
| 64.00 | Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                            |                      |                      |                                    |              |                                | 0          | 64.00 |
| 65.00 | Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                              |                      |                      |                                    |              |                                | 0          | 65.00 |
| 66.00 | Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)                                                                                                                                       |                      |                      |                                    |              |                                | 0          | 66.00 |
| 67.00 | Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)                                                                                                                                        |                      |                      |                                    |              |                                | 0          | 67.00 |
| 68.00 | Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)                                                                                                                                          |                      |                      |                                    |              |                                | 0          | 68.00 |
| 69.00 | Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)                                                                                                                                                                                   |                      |                      |                                    |              |                                | 0          | 69.00 |
|       | PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY                                                                                                                                                                                   |                      |                      |                                    |              |                                |            |       |
| 70.00 | Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)                                                                                                                                                                          |                      |                      |                                    |              |                                |            | 70.00 |
| 71.00 | Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)                                                                                                                                                                                     |                      |                      |                                    |              |                                |            | 71.00 |
| 72.00 | Program routine service cost (line 9 x line 71)                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |            | 72.00 |
| 73.00 | Medically necessary private room cost applicable to Program (line 14 x line 35)                                                                                                                                                                                 |                      |                      |                                    |              |                                |            | 73.00 |
| 74.00 | Total Program general inpatient routine service costs (line 72 + line 73)                                                                                                                                                                                       |                      |                      |                                    |              |                                |            | 74.00 |
| 75.00 | Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)                                                                                                                                               |                      |                      |                                    |              |                                |            | 75.00 |
| 76.00 | Per diem capital-related costs (line 75 ÷ line 2)                                                                                                                                                                                                               |                      |                      |                                    |              |                                |            | 76.00 |
| 77.00 | Program capital-related costs (line 9 x line 76)                                                                                                                                                                                                                |                      |                      |                                    |              |                                |            | 77.00 |
| 78.00 | Inpatient routine service cost (line 74 minus line 77)                                                                                                                                                                                                          |                      |                      |                                    |              |                                |            | 78.00 |
| 79.00 | Aggregate charges to beneficiaries for excess costs (from provider records)                                                                                                                                                                                     |                      |                      |                                    |              |                                |            | 79.00 |
| 80.00 | Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)                                                                                                                                                               |                      |                      |                                    |              |                                |            | 80.00 |
| 81.00 | Inpatient routine service cost per diem limitation                                                                                                                                                                                                              |                      |                      |                                    |              |                                |            | 81.00 |
| 82.00 | Inpatient routine service cost limitation (line 9 x line 81)                                                                                                                                                                                                    |                      |                      |                                    |              |                                |            | 82.00 |
| 83.00 | Reasonable inpatient routine service costs (see instructions)                                                                                                                                                                                                   |                      |                      |                                    |              |                                |            | 83.00 |
| 84.00 | Program inpatient ancillary services (see instructions)                                                                                                                                                                                                         |                      |                      |                                    |              |                                |            | 84.00 |
| 85.00 | Utilization review - physician compensation (see instructions)                                                                                                                                                                                                  |                      |                      |                                    |              |                                |            | 85.00 |
| 86.00 | Total Program inpatient operating costs (sum of lines 83 through 85)                                                                                                                                                                                            |                      |                      |                                    |              |                                |            | 86.00 |
|       | PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST                                                                                                                                                                                                      |                      |                      |                                    |              |                                |            |       |
| 87.00 | Total observation bed days (see instructions)                                                                                                                                                                                                                   |                      |                      |                                    |              |                                | 15,485     | 87.00 |
| 88.00 | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)                                                                                                                                                                                             |                      |                      |                                    |              |                                | 1,029.96   | 88.00 |
| 89.00 | Observation bed cost (line 87 x line 88) (see instructions)                                                                                                                                                                                                     |                      |                      |                                    |              |                                | 15,948,931 | 89.00 |

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet D-1

Date/Time Prepared:  
11/29/2021 1:59 pm

|                                                  |                             | Title XIX  |                                | Hospital               | Cost                                               |                                                                                       |
|--------------------------------------------------|-----------------------------|------------|--------------------------------|------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------|
| Cost Center Description                          |                             | Cost       | Routine Cost<br>(from line 21) | column 1 ÷<br>column 2 | Total<br>Observation<br>Bed Cost (from<br>line 89) | Observation<br>Bed Pass<br>Through Cost<br>(col. 3 x col.<br>4) (see<br>instructions) |
|                                                  |                             | 1.00       | 2.00                           | 3.00                   | 4.00                                               | 5.00                                                                                  |
| COMPUTATION OF OBSERVATION BED PASS THROUGH COST |                             |            |                                |                        |                                                    |                                                                                       |
| 90.00                                            | Capital-related cost        | 16,694,533 | 176,405,658                    | 0.094637               | 15,948,931                                         | 1,509,359                                                                             |
| 91.00                                            | Nursing School cost         | 0          | 176,405,658                    | 0.000000               | 15,948,931                                         | 0                                                                                     |
| 92.00                                            | Allied health cost          | 0          | 176,405,658                    | 0.000000               | 15,948,931                                         | 0                                                                                     |
| 93.00                                            | All other Medical Education | 0          | 176,405,658                    | 0.000000               | 15,948,931                                         | 0                                                                                     |

| COMPUTATION OF INPATIENT OPERATING COST                                      |                                                                                                                                                                                           | Provider CCN: 26-0020<br>Component CCN: 26-S020 | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet D-1<br>Date/Time Prepared:<br>11/29/2021 1:59 pm |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|------------------------------------------------------------|
|                                                                              |                                                                                                                                                                                           | Title XIX                                       | Subprovider -<br>IPF                        | Cost                                                       |
| Cost Center Description                                                      |                                                                                                                                                                                           |                                                 |                                             | 1.00                                                       |
| <b>PART I - ALL PROVIDER COMPONENTS</b>                                      |                                                                                                                                                                                           |                                                 |                                             |                                                            |
| <b>INPATIENT DAYS</b>                                                        |                                                                                                                                                                                           |                                                 |                                             |                                                            |
| 1.00                                                                         | Inpatient days (including private room days and swing-bed days, excluding newborn)                                                                                                        |                                                 |                                             | 4,061 1.00                                                 |
| 2.00                                                                         | Inpatient days (including private room days, excluding swing-bed and newborn days)                                                                                                        |                                                 |                                             | 4,061 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)                                                                                                                     |                                                 |                                             | 4,061 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)                                                      |                                                 |                                             | 258 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)                                                                                                                                                  |                                                 |                                             | 16,606 15.00                                               |
| 16.00                                                                        | Nursery days (title V or XIX only)                                                                                                                                                        |                                                 |                                             | 5,625 16.00                                                |
| <b>SWING BED ADJUSTMENT</b>                                                  |                                                                                                                                                                                           |                                                 |                                             |                                                            |
| 17.00                                                                        | Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period                                                                          |                                                 |                                             | 0.00 17.00                                                 |
| 18.00                                                                        | Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period                                                                            |                                                 |                                             | 0.00 18.00                                                 |
| 19.00                                                                        | Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period                                                                           |                                                 |                                             | 0.00 19.00                                                 |
| 20.00                                                                        | Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period                                                                             |                                                 |                                             | 0.00 20.00                                                 |
| 21.00                                                                        | Total general inpatient routine service cost (see instructions)                                                                                                                           |                                                 |                                             | 4,515,404 21.00                                            |
| 22.00                                                                        | Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)                                                                        |                                                 |                                             | 0 22.00                                                    |
| 23.00                                                                        | Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)                                                                          |                                                 |                                             | 0 23.00                                                    |
| 24.00                                                                        | Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)                                                                         |                                                 |                                             | 0 24.00                                                    |
| 25.00                                                                        | Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)                                                                           |                                                 |                                             | 0 25.00                                                    |
| 26.00                                                                        | Total swing-bed cost (see instructions)                                                                                                                                                   |                                                 |                                             | 0 26.00                                                    |
| 27.00                                                                        | General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)                                                                                                      |                                                 |                                             | 4,515,404 27.00                                            |
| <b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>                                  |                                                                                                                                                                                           |                                                 |                                             |                                                            |
| 28.00                                                                        | General inpatient routine service charges (excluding swing-bed and observation bed charges)                                                                                               |                                                 |                                             | 0 28.00                                                    |
| 29.00                                                                        | Private room charges (excluding swing-bed charges)                                                                                                                                        |                                                 |                                             | 0 29.00                                                    |
| 30.00                                                                        | Semi-private room charges (excluding swing-bed charges)                                                                                                                                   |                                                 |                                             | 0 30.00                                                    |
| 31.00                                                                        | General inpatient routine service cost/charge ratio (line 27 ÷ line 28)                                                                                                                   |                                                 |                                             | 0.000000 31.00                                             |
| 32.00                                                                        | Average private room per diem charge (line 29 ÷ line 3)                                                                                                                                   |                                                 |                                             | 0.00 32.00                                                 |
| 33.00                                                                        | Average semi-private room per diem charge (line 30 ÷ line 4)                                                                                                                              |                                                 |                                             | 0.00 33.00                                                 |
| 34.00                                                                        | Average per diem private room charge differential (line 32 minus line 33)(see instructions)                                                                                               |                                                 |                                             | 0.00 34.00                                                 |
| 35.00                                                                        | Average per diem private room cost differential (line 34 x line 31)                                                                                                                       |                                                 |                                             | 0.00 35.00                                                 |
| 36.00                                                                        | Private room cost differential adjustment (line 3 x line 35)                                                                                                                              |                                                 |                                             | 0 36.00                                                    |
| 37.00                                                                        | General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)                                                                   |                                                 |                                             | 4,515,404 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)                                                                                                               |                                                 |                                             | 1,111.89 38.00                                             |
| 39.00                                                                        | Program general inpatient routine service cost (line 9 x line 38)                                                                                                                         |                                                 |                                             | 286,868 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)                                                                                                                  |                                                 |                                             | 286,868 41.00                                              |

| COMPUTATION OF INPATIENT OPERATING COST                                                                                                                                                                                                                               |                         |                         | Provider CCN: 26-0020                    | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet D-1                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|------------------------------------------|---------------------------------------------|-------------------------------------------|
|                                                                                                                                                                                                                                                                       |                         |                         | Component CCN: 26-S020                   |                                             | Date/Time Prepared:<br>11/29/2021 1:59 pm |
|                                                                                                                                                                                                                                                                       |                         |                         | Title XIX                                | Subprovider -<br>IPF                        | Cost                                      |
| Cost Center Description                                                                                                                                                                                                                                               | Total<br>Inpatient Cost | Total<br>Inpatient Days | Average Per<br>Diem (col. 1 ÷<br>col. 2) | Program Days                                | Program Cost<br>(col. 3 x col.<br>4)      |
|                                                                                                                                                                                                                                                                       | 1.00                    | 2.00                    | 3.00                                     | 4.00                                        | 5.00                                      |
| 42.00 NURSERY (title V & XIX only)                                                                                                                                                                                                                                    | 0                       | 0                       | 0.00                                     | 0                                           | 0                                         |
| Intensive Care Type Inpatient Hospital Units                                                                                                                                                                                                                          |                         |                         |                                          |                                             |                                           |
| 43.00 INTENSIVE CARE UNIT                                                                                                                                                                                                                                             | 0                       | 0                       | 0.00                                     | 0                                           | 0                                         |
| 44.00 CORONARY CARE UNIT                                                                                                                                                                                                                                              | 0                       | 0                       | 0.00                                     | 0                                           | 0                                         |
| 45.00 BURN INTENSIVE CARE UNIT                                                                                                                                                                                                                                        | 0                       | 0                       | 0.00                                     | 0                                           | 0                                         |
| 46.00 SURGICAL INTENSIVE CARE UNIT                                                                                                                                                                                                                                    | 0                       | 0                       | 0.00                                     | 0                                           | 0                                         |
| 47.00 NEONATAL INTENSIVE CARE UNIT                                                                                                                                                                                                                                    | 0                       | 0                       | 0.00                                     | 0                                           | 0                                         |
| Cost Center Description                                                                                                                                                                                                                                               |                         |                         |                                          |                                             | 1.00                                      |
| 48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)                                                                                                                                                                                          |                         |                         |                                          |                                             | 241,729                                   |
| 49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)                                                                                                                                                                                    |                         |                         |                                          |                                             | 528,597                                   |
| PASS THROUGH COST ADJUSTMENTS                                                                                                                                                                                                                                         |                         |                         |                                          |                                             |                                           |
| 50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)                                                                                                                                                      |                         |                         |                                          |                                             | 0                                         |
| 51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)                                                                                                                                                    |                         |                         |                                          |                                             | 0                                         |
| 52.00 Total Program excludable cost (sum of lines 50 and 51)                                                                                                                                                                                                          |                         |                         |                                          |                                             | 0                                         |
| 53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)                                                                                                                |                         |                         |                                          |                                             | 0                                         |
| TARGET AMOUNT AND LIMIT COMPUTATION                                                                                                                                                                                                                                   |                         |                         |                                          |                                             |                                           |
| 54.00 Program discharges                                                                                                                                                                                                                                              |                         |                         |                                          |                                             | 0                                         |
| 55.00 Target amount per discharge                                                                                                                                                                                                                                     |                         |                         |                                          |                                             | 0.00                                      |
| 56.00 Target amount (line 54 x line 55)                                                                                                                                                                                                                               |                         |                         |                                          |                                             | 0                                         |
| 57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)                                                                                                                                                                  |                         |                         |                                          |                                             | 0                                         |
| 58.00 Bonus payment (see instructions)                                                                                                                                                                                                                                |                         |                         |                                          |                                             | 0                                         |
| 59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket                                                                                                                                             |                         |                         |                                          |                                             | 0.00                                      |
| 60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket                                                                                                                                                                           |                         |                         |                                          |                                             | 0.00                                      |
| 61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions) |                         |                         |                                          |                                             | 0                                         |
| 62.00 Relief payment (see instructions)                                                                                                                                                                                                                               |                         |                         |                                          |                                             | 0                                         |
| 63.00 Allowable Inpatient cost plus incentive payment (see instructions)                                                                                                                                                                                              |                         |                         |                                          |                                             | 0                                         |
| PROGRAM INPATIENT ROUTINE SWING BED COST                                                                                                                                                                                                                              |                         |                         |                                          |                                             |                                           |
| 64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                            |                         |                         |                                          |                                             | 0                                         |
| 65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                              |                         |                         |                                          |                                             | 0                                         |
| 66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)                                                                                                                                       |                         |                         |                                          |                                             | 0                                         |
| 67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)                                                                                                                                        |                         |                         |                                          |                                             | 0                                         |
| 68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)                                                                                                                                          |                         |                         |                                          |                                             | 0                                         |
| 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)                                                                                                                                                                                   |                         |                         |                                          |                                             | 0                                         |
| PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY                                                                                                                                                                                         |                         |                         |                                          |                                             |                                           |
| 70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)                                                                                                                                                                          |                         |                         |                                          |                                             | 70.00                                     |
| 71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)                                                                                                                                                                                     |                         |                         |                                          |                                             | 71.00                                     |
| 72.00 Program routine service cost (line 9 x line 71)                                                                                                                                                                                                                 |                         |                         |                                          |                                             | 72.00                                     |
| 73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)                                                                                                                                                                                 |                         |                         |                                          |                                             | 73.00                                     |
| 74.00 Total Program general inpatient routine service costs (line 72 + line 73)                                                                                                                                                                                       |                         |                         |                                          |                                             | 74.00                                     |
| 75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)                                                                                                                                               |                         |                         |                                          |                                             | 75.00                                     |
| 76.00 Per diem capital-related costs (line 75 ÷ line 2)                                                                                                                                                                                                               |                         |                         |                                          |                                             | 76.00                                     |
| 77.00 Program capital-related costs (line 9 x line 76)                                                                                                                                                                                                                |                         |                         |                                          |                                             | 77.00                                     |
| 78.00 Inpatient routine service cost (line 74 minus line 77)                                                                                                                                                                                                          |                         |                         |                                          |                                             | 78.00                                     |
| 79.00 Aggregate charges to beneficiaries for excess costs (from provider records)                                                                                                                                                                                     |                         |                         |                                          |                                             | 79.00                                     |
| 80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)                                                                                                                                                               |                         |                         |                                          |                                             | 80.00                                     |
| 81.00 Inpatient routine service cost per diem limitation                                                                                                                                                                                                              |                         |                         |                                          |                                             | 81.00                                     |
| 82.00 Inpatient routine service cost limitation (line 9 x line 81)                                                                                                                                                                                                    |                         |                         |                                          |                                             | 82.00                                     |
| 83.00 Reasonable inpatient routine service costs (see instructions)                                                                                                                                                                                                   |                         |                         |                                          |                                             | 83.00                                     |
| 84.00 Program inpatient ancillary services (see instructions)                                                                                                                                                                                                         |                         |                         |                                          |                                             | 84.00                                     |
| 85.00 Utilization review - physician compensation (see instructions)                                                                                                                                                                                                  |                         |                         |                                          |                                             | 85.00                                     |
| 86.00 Total Program inpatient operating costs (sum of lines 83 through 85)                                                                                                                                                                                            |                         |                         |                                          |                                             | 86.00                                     |
| PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST                                                                                                                                                                                                            |                         |                         |                                          |                                             |                                           |
| 87.00 Total observation bed days (see instructions)                                                                                                                                                                                                                   |                         |                         |                                          |                                             | 0                                         |
| 88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)                                                                                                                                                                                             |                         |                         |                                          |                                             | 0.00                                      |
| 89.00 Observation bed cost (line 87 x line 88) (see instructions)                                                                                                                                                                                                     |                         |                         |                                          |                                             | 0                                         |

| COMPUTATION OF INPATIENT OPERATING COST          |                             | Provider CCN: 26-0020<br>Component CCN: 26-S020 |                                | Period:<br>From 07/01/2020<br>To 06/30/2021 |                                                    | Worksheet D-1<br>Date/Time Prepared:<br>11/29/2021 1:59 pm                            |       |
|--------------------------------------------------|-----------------------------|-------------------------------------------------|--------------------------------|---------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------|-------|
|                                                  |                             | Title XIX                                       |                                | Subprovider -<br>IPF                        |                                                    | Cost                                                                                  |       |
| Cost Center Description                          |                             | Cost                                            | Routine Cost<br>(from line 21) | column 1 ÷<br>column 2                      | Total<br>Observation<br>Bed Cost (from<br>line 89) | Observation<br>Bed Pass<br>Through Cost<br>(col. 3 x col.<br>4) (see<br>instructions) |       |
|                                                  |                             | 1.00                                            | 2.00                           | 3.00                                        | 4.00                                               | 5.00                                                                                  |       |
| COMPUTATION OF OBSERVATION BED PASS THROUGH COST |                             |                                                 |                                |                                             |                                                    |                                                                                       |       |
| 90.00                                            | Capital-related cost        | 392,207                                         | 4,515,404                      | 0.086860                                    | 0                                                  | 0                                                                                     | 90.00 |
| 91.00                                            | Nursing School cost         | 0                                               | 4,515,404                      | 0.000000                                    | 0                                                  | 0                                                                                     | 91.00 |
| 92.00                                            | Allied health cost          | 0                                               | 4,515,404                      | 0.000000                                    | 0                                                  | 0                                                                                     | 92.00 |
| 93.00                                            | All other Medical Education | 0                                               | 4,515,404                      | 0.000000                                    | 0                                                  | 0                                                                                     | 93.00 |

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT |       |                                                                    | Provider CCN: 26-0020       | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet D-3<br><br>Date/Time Prepared:<br>11/29/2021 1:59 pm |
|------------------------------------------------|-------|--------------------------------------------------------------------|-----------------------------|---------------------------------------------|----------------------------------------------------------------|
| Cost Center Description                        |       |                                                                    | Title XVIII                 | Hospital                                    | PPS                                                            |
|                                                |       |                                                                    | 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                                                |                             | 80,823,791                                  | 30.00                                                          |
| 31.00                                          | 03100 | INTENSIVE CARE UNIT                                                |                             | 21,949,674                                  | 31.00                                                          |
| 32.00                                          | 03200 | CORONARY CARE UNIT                                                 |                             | 3,516,844                                   | 32.00                                                          |
| 33.00                                          | 03300 | BURN INTENSIVE CARE UNIT                                           |                             | 2,825,604                                   | 33.00                                                          |
| 34.00                                          | 03400 | SURGICAL INTENSIVE CARE UNIT                                       |                             | 0                                           | 34.00                                                          |
| 35.00                                          | 02040 | NEONATAL INTENSIVE CARE UNIT                                       |                             | 0                                           | 35.00                                                          |
| 40.00                                          | 04000 | SUBPROVIDER - IPF                                                  |                             | 0                                           | 40.00                                                          |
| 41.00                                          | 04100 | SUBPROVIDER - IRF                                                  |                             | 0                                           | 41.00                                                          |
| 42.00                                          | 04200 | SUBPROVIDER                                                        |                             | 0                                           | 42.00                                                          |
| 43.00                                          | 04300 | NURSERY                                                            |                             |                                             | 43.00                                                          |
| ANCILLARY SERVICE COST CENTERS                 |       |                                                                    |                             |                                             |                                                                |
| 50.00                                          | 05000 | OPERATING ROOM                                                     | 0.152609                    | 30,908,392                                  | 4,716,899 50.00                                                |
| 51.00                                          | 05100 | RECOVERY ROOM                                                      | 0.058492                    | 3,050,385                                   | 178,423 51.00                                                  |
| 52.00                                          | 05200 | DELIVERY ROOM & LABOR ROOM                                         | 0.481882                    | 135,562                                     | 65,325 52.00                                                   |
| 53.00                                          | 05300 | ANESTHESIOLOGY                                                     | 0.069642                    | 7,258,452                                   | 505,493 53.00                                                  |
| 54.00                                          | 05400 | RADIOLOGY-DIAGNOSTIC                                               | 0.191299                    | 7,076,464                                   | 1,353,720 54.00                                                |
| 54.01                                          | 05401 | ULTRASOUND                                                         | 0.081132                    | 1,454,203                                   | 117,982 54.01                                                  |
| 55.00                                          | 05500 | RADIOLOGY-THERAPEUTIC                                              | 0.100827                    | 633,840                                     | 63,908 55.00                                                   |
| 56.00                                          | 05600 | RADIOISOTOPE                                                       | 0.063963                    | 2,167,286                                   | 138,626 56.00                                                  |
| 57.00                                          | 05700 | CT SCAN                                                            | 0.012550                    | 26,012,407                                  | 326,456 57.00                                                  |
| 58.00                                          | 05800 | MRI                                                                | 0.036659                    | 5,647,406                                   | 207,028 58.00                                                  |
| 59.00                                          | 05900 | CARDIAC CATHETERIZATION                                            | 0.039925                    | 9,625,697                                   | 384,306 59.00                                                  |
| 60.00                                          | 06000 | LABORATORY                                                         | 0.174387                    | 50,234,129                                  | 8,760,179 60.00                                                |
| 62.00                                          | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL                                | 0.192750                    | 5,520,993                                   | 1,064,171 62.00                                                |
| 65.00                                          | 06500 | RESPIRATORY THERAPY                                                | 0.185640                    | 11,094,735                                  | 2,059,627 65.00                                                |
| 66.00                                          | 06600 | PHYSICAL THERAPY                                                   | 0.363970                    | 7,886,630                                   | 2,870,497 66.00                                                |
| 69.00                                          | 06900 | ELECTROCARDIOLOGY                                                  | 0.073469                    | 17,764,827                                  | 1,305,164 69.00                                                |
| 71.00                                          | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT                                | 0.290318                    | 28,399,434                                  | 8,244,867 71.00                                                |
| 72.00                                          | 07200 | IMPL. DEV. CHARGED TO PATIENTS                                     | 0.597736                    | 22,883,577                                  | 13,678,338 72.00                                               |
| 73.00                                          | 07300 | DRUGS CHARGED TO PATIENTS                                          | 0.191443                    | 41,240,098                                  | 7,895,128 73.00                                                |
| 74.00                                          | 07400 | RENAL DIALYSIS                                                     | 0.222602                    | 3,914,803                                   | 871,443 74.00                                                  |
| 75.00                                          | 07500 | ASC (NON-DISTINCT PART)                                            | 0.341246                    | 589,027                                     | 201,003 75.00                                                  |
| 76.00                                          | 03020 | CARDIAC REHAB                                                      | 0.658736                    | 138,972                                     | 91,546 76.00                                                   |
| 76.01                                          | 03030 | GI LAB                                                             | 0.104795                    | 2,058,899                                   | 215,762 76.01                                                  |
| 76.02                                          | 03040 | ECT                                                                | 0.254413                    | 65,583                                      | 16,685 76.02                                                   |
| 76.03                                          | 03050 | OP PSYCH                                                           | 0.187129                    | 0                                           | 0 76.03                                                        |
| 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                                                             | 0.991351                    | 6,869                                       | 6,810 90.00                                                    |
| 90.01                                          | 09001 | HYPERBARIC/OP WOUND                                                | 0.595025                    | 0                                           | 0 90.01                                                        |
| 91.00                                          | 09100 | EMERGENCY                                                          | 0.170112                    | 15,893,277                                  | 2,703,637 91.00                                                |
| 91.02                                          | 09101 | NATURAL FAMILY PLANNING                                            | 0.000000                    | 0                                           | 0 91.02                                                        |
| 91.03                                          | 09102 | PAIN THERAPY CENTER                                                | 0.000000                    | 0                                           | 0 91.03                                                        |
| 92.00                                          | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)                               | 0.296979                    | 5,547,016                                   | 1,647,347 92.00                                                |
| 92.01                                          | 09201 | AMBULATORY CARE UNIT                                               | 0.421709                    | 92,623                                      | 39,060 92.01                                                   |
| OTHER REIMBURSABLE COST CENTERS                |       |                                                                    |                             |                                             |                                                                |
| 95.00                                          | 09500 | AMBULANCE SERVICES                                                 |                             |                                             |                                                                |
| 200.00                                         |       | Total (sum of lines 50 through 94 and 96 through 98)               |                             | 307,301,586                                 | 59,729,430 200.00                                              |
| 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)                              |                             | 307,301,586                                 | 59,729,430 202.00                                              |

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT |                                                                    | Provider CCN: 26-0020<br>Component CCN: 26-S020 | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet D-3<br>Date/Time Prepared:<br>11/29/2021 1:59 pm |        |
|------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|------------------------------------------------------------|--------|
|                                                |                                                                    | Title XVIII                                     | Subprovider -<br>IPF                        | PPS                                                        |        |
| Cost Center Description                        |                                                                    | Ratio of Cost<br>To Charges                     | Inpatient<br>Program<br>Charges             | Inpatient<br>Program Costs<br>(col. 1 x col.<br>2)         |        |
|                                                |                                                                    | 1.00                                            | 2.00                                        | 3.00                                                       |        |
| INPATIENT ROUTINE SERVICE COST CENTERS         |                                                                    |                                                 |                                             |                                                            |        |
| 30.00                                          | 03000 ADULTS & PEDIATRICS                                          |                                                 |                                             |                                                            | 30.00  |
| 31.00                                          | 03100 INTENSIVE CARE UNIT                                          |                                                 |                                             |                                                            | 31.00  |
| 32.00                                          | 03200 CORONARY CARE UNIT                                           |                                                 |                                             |                                                            | 32.00  |
| 33.00                                          | 03300 BURN INTENSIVE CARE UNIT                                     |                                                 |                                             |                                                            | 33.00  |
| 34.00                                          | 03400 SURGICAL INTENSIVE CARE UNIT                                 |                                                 |                                             |                                                            | 34.00  |
| 35.00                                          | 02040 NEONATAL INTENSIVE CARE UNIT                                 |                                                 |                                             |                                                            | 35.00  |
| 40.00                                          | 04000 SUBPROVIDER - IPF                                            |                                                 | 1,791,221                                   |                                                            | 40.00  |
| 41.00                                          | 04100 SUBPROVIDER - IRF                                            |                                                 |                                             |                                                            | 41.00  |
| 42.00                                          | 04200 SUBPROVIDER                                                  |                                                 |                                             |                                                            | 42.00  |
| 43.00                                          | 04300 NURSERY                                                      |                                                 |                                             |                                                            | 43.00  |
| ANCILLARY SERVICE COST CENTERS                 |                                                                    |                                                 |                                             |                                                            |        |
| 50.00                                          | 05000 OPERATING ROOM                                               | 0.152609                                        | 0                                           | 0                                                          | 50.00  |
| 51.00                                          | 05100 RECOVERY ROOM                                                | 0.058492                                        | 16,487                                      | 964                                                        | 51.00  |
| 52.00                                          | 05200 DELIVERY ROOM & LABOR ROOM                                   | 0.481882                                        | 39                                          | 19                                                         | 52.00  |
| 53.00                                          | 05300 ANESTHESIOLOGY                                               | 0.069642                                        | 29,991                                      | 2,089                                                      | 53.00  |
| 54.00                                          | 05400 RADIOLOGY-DIAGNOSTIC                                         | 0.191299                                        | 8,767                                       | 1,677                                                      | 54.00  |
| 54.01                                          | 05401 ULTRASOUND                                                   | 0.081132                                        | 3,182                                       | 258                                                        | 54.01  |
| 55.00                                          | 05500 RADIOLOGY-THERAPEUTIC                                        | 0.100827                                        | 0                                           | 0                                                          | 55.00  |
| 56.00                                          | 05600 RADIOISOTOPE                                                 | 0.063963                                        | 5,312                                       | 340                                                        | 56.00  |
| 57.00                                          | 05700 CT SCAN                                                      | 0.012550                                        | 79,239                                      | 994                                                        | 57.00  |
| 58.00                                          | 05800 MRI                                                          | 0.036659                                        | 3,162                                       | 116                                                        | 58.00  |
| 59.00                                          | 05900 CARDIAC CATHETERIZATION                                      | 0.039925                                        | 0                                           | 0                                                          | 59.00  |
| 60.00                                          | 06000 LABORATORY                                                   | 0.174387                                        | 397,871                                     | 69,384                                                     | 60.00  |
| 62.00                                          | 06200 WHOLE BLOOD & PACKED RED BLOOD CELL                          | 0.192750                                        | 0                                           | 0                                                          | 62.00  |
| 65.00                                          | 06500 RESPIRATORY THERAPY                                          | 0.185640                                        | 4,599                                       | 854                                                        | 65.00  |
| 66.00                                          | 06600 PHYSICAL THERAPY                                             | 0.363970                                        | 45,665                                      | 16,621                                                     | 66.00  |
| 69.00                                          | 06900 ELECTROCARDIOLOGY                                            | 0.073469                                        | 33,603                                      | 2,469                                                      | 69.00  |
| 71.00                                          | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                          | 0.290318                                        | 19,009                                      | 5,519                                                      | 71.00  |
| 72.00                                          | 07200 IMPL. DEV. CHARGED TO PATIENTS                               | 0.597736                                        | 0                                           | 0                                                          | 72.00  |
| 73.00                                          | 07300 DRUGS CHARGED TO PATIENTS                                    | 0.191443                                        | 244,767                                     | 46,859                                                     | 73.00  |
| 74.00                                          | 07400 RENAL DIALYSIS                                               | 0.222602                                        | 0                                           | 0                                                          | 74.00  |
| 75.00                                          | 07500 ASC (NON-DISTINCT PART)                                      | 0.341246                                        | 0                                           | 0                                                          | 75.00  |
| 76.00                                          | 03020 CARDIAC REHAB                                                | 0.658736                                        | 0                                           | 0                                                          | 76.00  |
| 76.01                                          | 03030 GI LAB                                                       | 0.104795                                        | 0                                           | 0                                                          | 76.01  |
| 76.02                                          | 03040 ECT                                                          | 0.254413                                        | 58,907                                      | 14,987                                                     | 76.02  |
| 76.03                                          | 03050 OP PSYCH                                                     | 0.187129                                        | 0                                           | 0                                                          | 76.03  |
| 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                                                       | 0.991351                                        | 11                                          | 11                                                         | 90.00  |
| 90.01                                          | 09001 HYPERBARIC/OP WOUND                                          | 0.595025                                        | 0                                           | 0                                                          | 90.01  |
| 91.00                                          | 09100 EMERGENCY                                                    | 0.170112                                        | 322,709                                     | 54,897                                                     | 91.00  |
| 91.02                                          | 09101 NATURAL FAMILY PLANNING                                      | 0.000000                                        | 0                                           | 0                                                          | 91.02  |
| 91.03                                          | 09102 PAIN THERAPY CENTER                                          | 0.000000                                        | 0                                           | 0                                                          | 91.03  |
| 92.00                                          | 09200 OBSERVATION BEDS (NON-DISTINCT PART)                         | 0.296979                                        | 0                                           | 0                                                          | 92.00  |
| 92.01                                          | 09201 AMBULATORY CARE UNIT                                         | 0.421709                                        | 494                                         | 208                                                        | 92.01  |
| OTHER REIMBURSABLE COST CENTERS                |                                                                    |                                                 |                                             |                                                            |        |
| 95.00                                          | 09500 AMBULANCE SERVICES                                           |                                                 |                                             |                                                            | 95.00  |
| 200.00                                         | Total (sum of lines 50 through 94 and 96 through 98)               |                                                 | 1,273,814                                   | 218,266                                                    | 200.00 |
| 201.00                                         | Less PBP Clinic Laboratory Services-Program only charges (line 61) |                                                 | 0                                           |                                                            | 201.00 |
| 202.00                                         | Net charges (line 200 minus line 201)                              |                                                 | 1,273,814                                   |                                                            | 202.00 |

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT |       |                                                                    | Provider CCN: 26-0020       | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet D-3<br><br>Date/Time Prepared:<br>11/29/2021 1:59 pm |
|------------------------------------------------|-------|--------------------------------------------------------------------|-----------------------------|---------------------------------------------|----------------------------------------------------------------|
| Cost Center Description                        |       |                                                                    | Title XIX                   | Hospital                                    | Cost                                                           |
|                                                |       |                                                                    | 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                                                |                             | 22,217,562                                  | 30.00                                                          |
| 31.00                                          | 03100 | INTENSIVE CARE UNIT                                                |                             | 11,478,364                                  | 31.00                                                          |
| 32.00                                          | 03200 | CORONARY CARE UNIT                                                 |                             | 862,652                                     | 32.00                                                          |
| 33.00                                          | 03300 | BURN INTENSIVE CARE UNIT                                           |                             | 837,375                                     | 33.00                                                          |
| 34.00                                          | 03400 | SURGICAL INTENSIVE CARE UNIT                                       |                             | 0                                           | 34.00                                                          |
| 35.00                                          | 02040 | NEONATAL INTENSIVE CARE UNIT                                       |                             | 7,246,239                                   | 35.00                                                          |
| 40.00                                          | 04000 | SUBPROVIDER - IPF                                                  |                             | 8,400                                       | 40.00                                                          |
| 41.00                                          | 04100 | SUBPROVIDER - IRF                                                  |                             | 0                                           | 41.00                                                          |
| 42.00                                          | 04200 | SUBPROVIDER                                                        |                             | 0                                           | 42.00                                                          |
| 43.00                                          | 04300 | NURSERY                                                            |                             | 398,266                                     | 43.00                                                          |
| ANCILLARY SERVICE COST CENTERS                 |       |                                                                    |                             |                                             |                                                                |
| 50.00                                          | 05000 | OPERATING ROOM                                                     | 0.152569                    | 6,910,455                                   | 50.00                                                          |
| 51.00                                          | 05100 | RECOVERY ROOM                                                      | 0.058492                    | 633,508                                     | 51.00                                                          |
| 52.00                                          | 05200 | DELIVERY ROOM & LABOR ROOM                                         | 0.481755                    | 465,814                                     | 52.00                                                          |
| 53.00                                          | 05300 | ANESTHESIOLOGY                                                     | 0.069642                    | 1,808,804                                   | 53.00                                                          |
| 54.00                                          | 05400 | RADIOLOGY-DIAGNOSTIC                                               | 0.191298                    | 1,844,207                                   | 54.00                                                          |
| 54.01                                          | 05401 | ULTRASOUND                                                         | 0.081132                    | 457,471                                     | 54.01                                                          |
| 55.00                                          | 05500 | RADIOLOGY-THERAPEUTIC                                              | 0.094661                    | 360,687                                     | 55.00                                                          |
| 56.00                                          | 05600 | RADIOISOTOPE                                                       | 0.063963                    | 354,186                                     | 56.00                                                          |
| 57.00                                          | 05700 | CT SCAN                                                            | 0.012550                    | 5,575,414                                   | 57.00                                                          |
| 58.00                                          | 05800 | MRI                                                                | 0.036659                    | 1,447,138                                   | 58.00                                                          |
| 59.00                                          | 05900 | CARDIAC CATHETERIZATION                                            | 0.039925                    | 1,320,763                                   | 59.00                                                          |
| 60.00                                          | 06000 | LABORATORY                                                         | 0.174387                    | 13,966,166                                  | 60.00                                                          |
| 62.00                                          | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL                                | 0.192750                    | 1,349,308                                   | 62.00                                                          |
| 65.00                                          | 06500 | RESPIRATORY THERAPY                                                | 0.185640                    | 5,362,675                                   | 65.00                                                          |
| 66.00                                          | 06600 | PHYSICAL THERAPY                                                   | 0.360094                    | 1,878,055                                   | 66.00                                                          |
| 69.00                                          | 06900 | ELECTROCARDIOLOGY                                                  | 0.073362                    | 3,766,828                                   | 69.00                                                          |
| 71.00                                          | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT                                | 0.290318                    | 6,781,851                                   | 71.00                                                          |
| 72.00                                          | 07200 | IMPL. DEV. CHARGED TO PATIENTS                                     | 0.597736                    | 2,800,375                                   | 72.00                                                          |
| 73.00                                          | 07300 | DRUGS CHARGED TO PATIENTS                                          | 0.191443                    | 13,158,746                                  | 73.00                                                          |
| 74.00                                          | 07400 | RENAL DIALYSIS                                                     | 0.222602                    | 1,046,497                                   | 74.00                                                          |
| 75.00                                          | 07500 | ASC (NON-DISTINCT PART)                                            | 0.341246                    | 133,377                                     | 75.00                                                          |
| 76.00                                          | 03020 | CARDIAC REHAB                                                      | 0.658736                    | 25,689                                      | 76.00                                                          |
| 76.01                                          | 03030 | GI LAB                                                             | 0.104792                    | 355,808                                     | 76.01                                                          |
| 76.02                                          | 03040 | ECT                                                                | 0.254413                    | 0                                           | 76.02                                                          |
| 76.03                                          | 03050 | OP PSYCH                                                           | 0.187129                    | 0                                           | 76.03                                                          |
| 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                                                             | 0.988880                    | 0                                           | 90.00                                                          |
| 90.01                                          | 09001 | HYPERBARIC/OP WOUND                                                | 0.595025                    | 0                                           | 90.01                                                          |
| 91.00                                          | 09100 | EMERGENCY                                                          | 0.168832                    | 0                                           | 91.00                                                          |
| 91.02                                          | 09101 | NATURAL FAMILY PLANNING                                            | 0.000000                    | 0                                           | 91.02                                                          |
| 91.03                                          | 09102 | PAIN THERAPY CENTER                                                | 0.000000                    | 0                                           | 91.03                                                          |
| 92.00                                          | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)                               | 0.296979                    | 0                                           | 92.00                                                          |
| 92.01                                          | 09201 | AMBULATORY CARE UNIT                                               | 0.421709                    | 0                                           | 92.01                                                          |
| OTHER REIMBURSABLE COST CENTERS                |       |                                                                    |                             |                                             |                                                                |
| 95.00                                          | 09500 | AMBULANCE SERVICES                                                 |                             |                                             | 95.00                                                          |
| 200.00                                         |       | Total (sum of lines 50 through 94 and 96 through 98)               |                             | 71,803,822                                  | 200.00                                                         |
| 201.00                                         |       | Less PBP Clinic Laboratory Services-Program only charges (line 61) |                             | 0                                           | 201.00                                                         |
| 202.00                                         |       | Net charges (line 200 minus line 201)                              |                             | 71,803,822                                  | 202.00                                                         |

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT |                                                                    | Provider CCN: 26-0020<br>Component CCN: 26-S020 | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet D-3<br>Date/Time Prepared:<br>11/29/2021 1:59 pm |        |
|------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|------------------------------------------------------------|--------|
|                                                |                                                                    | Title XIX                                       | Subprovider -<br>IPF                        | 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                                          |                                                 |                                             |                                                            | 30.00  |
| 31.00                                          | 03100 INTENSIVE CARE UNIT                                          |                                                 |                                             |                                                            | 31.00  |
| 32.00                                          | 03200 CORONARY CARE UNIT                                           |                                                 |                                             |                                                            | 32.00  |
| 33.00                                          | 03300 BURN INTENSIVE CARE UNIT                                     |                                                 |                                             |                                                            | 33.00  |
| 34.00                                          | 03400 SURGICAL INTENSIVE CARE UNIT                                 |                                                 |                                             |                                                            | 34.00  |
| 35.00                                          | 02040 NEONATAL INTENSIVE CARE UNIT                                 |                                                 |                                             |                                                            | 35.00  |
| 40.00                                          | 04000 SUBPROVIDER - IPF                                            |                                                 | 262,500                                     |                                                            | 40.00  |
| 41.00                                          | 04100 SUBPROVIDER - IRF                                            |                                                 |                                             |                                                            | 41.00  |
| 42.00                                          | 04200 SUBPROVIDER                                                  |                                                 |                                             |                                                            | 42.00  |
| 43.00                                          | 04300 NURSERY                                                      |                                                 |                                             |                                                            | 43.00  |
| ANCILLARY SERVICE COST CENTERS                 |                                                                    |                                                 |                                             |                                                            |        |
| 50.00                                          | 05000 OPERATING ROOM                                               | 0.152569                                        | 0                                           | 0                                                          | 50.00  |
| 51.00                                          | 05100 RECOVERY ROOM                                                | 0.058492                                        | 11,574                                      | 677                                                        | 51.00  |
| 52.00                                          | 05200 DELIVERY ROOM & LABOR ROOM                                   | 0.481755                                        | 34                                          | 16                                                         | 52.00  |
| 53.00                                          | 05300 ANESTHESIOLOGY                                               | 0.069642                                        | 20,923                                      | 1,457                                                      | 53.00  |
| 54.00                                          | 05400 RADIOLOGY-DIAGNOSTIC                                         | 0.191298                                        | 25,331                                      | 4,846                                                      | 54.00  |
| 54.01                                          | 05401 ULTRASOUND                                                   | 0.081132                                        | 4,878                                       | 396                                                        | 54.01  |
| 55.00                                          | 05500 RADIOLOGY-THERAPEUTIC                                        | 0.094661                                        | 0                                           | 0                                                          | 55.00  |
| 56.00                                          | 05600 RADIOISOTOPE                                                 | 0.063963                                        | 0                                           | 0                                                          | 56.00  |
| 57.00                                          | 05700 CT SCAN                                                      | 0.012550                                        | 100,032                                     | 1,255                                                      | 57.00  |
| 58.00                                          | 05800 MRI                                                          | 0.036659                                        | 3,108                                       | 114                                                        | 58.00  |
| 59.00                                          | 05900 CARDIAC CATHETERIZATION                                      | 0.039925                                        | 0                                           | 0                                                          | 59.00  |
| 60.00                                          | 06000 LABORATORY                                                   | 0.174387                                        | 710,801                                     | 123,954                                                    | 60.00  |
| 62.00                                          | 06200 WHOLE BLOOD & PACKED RED BLOOD CELL                          | 0.192750                                        | 358                                         | 69                                                         | 62.00  |
| 65.00                                          | 06500 RESPIRATORY THERAPY                                          | 0.185640                                        | 8,286                                       | 1,538                                                      | 65.00  |
| 66.00                                          | 06600 PHYSICAL THERAPY                                             | 0.360094                                        | 13,894                                      | 5,003                                                      | 66.00  |
| 69.00                                          | 06900 ELECTROCARDIOLOGY                                            | 0.073362                                        | 30,603                                      | 2,245                                                      | 69.00  |
| 71.00                                          | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                          | 0.290318                                        | 19,082                                      | 5,540                                                      | 71.00  |
| 72.00                                          | 07200 IMPL. DEV. CHARGED TO PATIENTS                               | 0.597736                                        | 0                                           | 0                                                          | 72.00  |
| 73.00                                          | 07300 DRUGS CHARGED TO PATIENTS                                    | 0.191443                                        | 438,533                                     | 83,954                                                     | 73.00  |
| 74.00                                          | 07400 RENAL DIALYSIS                                               | 0.222602                                        | 0                                           | 0                                                          | 74.00  |
| 75.00                                          | 07500 ASC (NON-DISTINCT PART)                                      | 0.341246                                        | 0                                           | 0                                                          | 75.00  |
| 76.00                                          | 03020 CARDIAC REHAB                                                | 0.658736                                        | 0                                           | 0                                                          | 76.00  |
| 76.01                                          | 03030 GI LAB                                                       | 0.104792                                        | 0                                           | 0                                                          | 76.01  |
| 76.02                                          | 03040 ECT                                                          | 0.254413                                        | 41,351                                      | 10,520                                                     | 76.02  |
| 76.03                                          | 03050 OP PSYCH                                                     | 0.187129                                        | 0                                           | 0                                                          | 76.03  |
| 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                                                       | 0.988880                                        | 0                                           | 0                                                          | 90.00  |
| 90.01                                          | 09001 HYPERBARIC/OP WOUND                                          | 0.595025                                        | 0                                           | 0                                                          | 90.01  |
| 91.00                                          | 09100 EMERGENCY                                                    | 0.168832                                        | 0                                           | 0                                                          | 91.00  |
| 91.02                                          | 09101 NATURAL FAMILY PLANNING                                      | 0.000000                                        | 0                                           | 0                                                          | 91.02  |
| 91.03                                          | 09102 PAIN THERAPY CENTER                                          | 0.000000                                        | 0                                           | 0                                                          | 91.03  |
| 92.00                                          | 09200 OBSERVATION BEDS (NON-DISTINCT PART)                         | 0.296979                                        | 0                                           | 0                                                          | 92.00  |
| 92.01                                          | 09201 AMBULATORY CARE UNIT                                         | 0.421709                                        | 344                                         | 145                                                        | 92.01  |
| OTHER REIMBURSABLE COST CENTERS                |                                                                    |                                                 |                                             |                                                            |        |
| 95.00                                          | 09500 AMBULANCE SERVICES                                           |                                                 |                                             |                                                            | 95.00  |
| 200.00                                         | Total (sum of lines 50 through 94 and 96 through 98)               |                                                 | 1,429,132                                   | 241,729                                                    | 200.00 |
| 201.00                                         | Less PBP Clinic Laboratory Services-Program only charges (line 61) |                                                 | 0                                           |                                                            | 201.00 |
| 202.00                                         | Net charges (line 200 minus line 201)                              |                                                 | 1,429,132                                   |                                                            | 202.00 |

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT |       |                                                                    | Provider CCN: 26-0020       | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet D-3                                      |
|------------------------------------------------|-------|--------------------------------------------------------------------|-----------------------------|---------------------------------------------|----------------------------------------------------|
|                                                |       |                                                                    | Component CCN: 26-U020      |                                             | Date/Time Prepared:<br>11/29/2021 1:59 pm          |
|                                                |       |                                                                    | Title XIX                   | Swing Beds - SNF                            |                                                    |
| 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                                                |                             |                                             | 30.00                                              |
| 31.00                                          | 03100 | INTENSIVE CARE UNIT                                                |                             |                                             | 31.00                                              |
| 32.00                                          | 03200 | CORONARY CARE UNIT                                                 |                             |                                             | 32.00                                              |
| 33.00                                          | 03300 | BURN INTENSIVE CARE UNIT                                           |                             |                                             | 33.00                                              |
| 34.00                                          | 03400 | SURGICAL INTENSIVE CARE UNIT                                       |                             |                                             | 34.00                                              |
| 35.00                                          | 02040 | NEONATAL INTENSIVE CARE UNIT                                       |                             |                                             | 35.00                                              |
| 40.00                                          | 04000 | SUBPROVIDER - IPF                                                  |                             |                                             | 40.00                                              |
| 41.00                                          | 04100 | SUBPROVIDER - IRF                                                  |                             |                                             | 41.00                                              |
| 42.00                                          | 04200 | SUBPROVIDER                                                        |                             |                                             | 42.00                                              |
| 43.00                                          | 04300 | NURSERY                                                            |                             |                                             | 43.00                                              |
| ANCILLARY SERVICE COST CENTERS                 |       |                                                                    |                             |                                             |                                                    |
| 50.00                                          | 05000 | OPERATING ROOM                                                     | 0.000000                    | 0                                           | 50.00                                              |
| 51.00                                          | 05100 | RECOVERY ROOM                                                      | 0.000000                    | 0                                           | 51.00                                              |
| 52.00                                          | 05200 | DELIVERY ROOM & LABOR ROOM                                         | 0.000000                    | 0                                           | 52.00                                              |
| 53.00                                          | 05300 | ANESTHESIOLOGY                                                     | 0.000000                    | 0                                           | 53.00                                              |
| 54.00                                          | 05400 | RADIOLOGY-DIAGNOSTIC                                               | 0.000000                    | 0                                           | 54.00                                              |
| 54.01                                          | 05401 | ULTRASOUND                                                         | 0.000000                    | 0                                           | 54.01                                              |
| 55.00                                          | 05500 | RADIOLOGY-THERAPEUTIC                                              | 0.000000                    | 0                                           | 55.00                                              |
| 56.00                                          | 05600 | RADIOISOTOPE                                                       | 0.000000                    | 0                                           | 56.00                                              |
| 57.00                                          | 05700 | CT SCAN                                                            | 0.000000                    | 0                                           | 57.00                                              |
| 58.00                                          | 05800 | MRI                                                                | 0.000000                    | 0                                           | 58.00                                              |
| 59.00                                          | 05900 | CARDIAC CATHETERIZATION                                            | 0.000000                    | 0                                           | 59.00                                              |
| 60.00                                          | 06000 | LABORATORY                                                         | 0.000000                    | 0                                           | 60.00                                              |
| 62.00                                          | 06200 | WHOLE BLOOD & PACKED RED BLOOD CELL                                | 0.000000                    | 0                                           | 62.00                                              |
| 65.00                                          | 06500 | RESPIRATORY THERAPY                                                | 0.000000                    | 0                                           | 65.00                                              |
| 66.00                                          | 06600 | PHYSICAL THERAPY                                                   | 0.000000                    | 0                                           | 66.00                                              |
| 69.00                                          | 06900 | ELECTROCARDIOLOGY                                                  | 0.000000                    | 0                                           | 69.00                                              |
| 71.00                                          | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT                                | 0.000000                    | 0                                           | 71.00                                              |
| 72.00                                          | 07200 | IMPL. DEV. CHARGED TO PATIENTS                                     | 0.000000                    | 0                                           | 72.00                                              |
| 73.00                                          | 07300 | DRUGS CHARGED TO PATIENTS                                          | 0.000000                    | 0                                           | 73.00                                              |
| 74.00                                          | 07400 | RENAL DIALYSIS                                                     | 0.000000                    | 0                                           | 74.00                                              |
| 75.00                                          | 07500 | ASC (NON-DISTINCT PART)                                            | 0.000000                    | 0                                           | 75.00                                              |
| 76.00                                          | 03020 | CARDIAC REHAB                                                      | 0.000000                    | 0                                           | 76.00                                              |
| 76.01                                          | 03030 | GI LAB                                                             | 0.000000                    | 0                                           | 76.01                                              |
| 76.02                                          | 03040 | ECT                                                                | 0.000000                    | 0                                           | 76.02                                              |
| 76.03                                          | 03050 | OP PSYCH                                                           | 0.000000                    | 0                                           | 76.03                                              |
| 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                                                             | 0.000000                    | 0                                           | 90.00                                              |
| 90.01                                          | 09001 | HYPERBARIC/OP WOUND                                                | 0.000000                    | 0                                           | 90.01                                              |
| 91.00                                          | 09100 | EMERGENCY                                                          | 0.000000                    | 0                                           | 91.00                                              |
| 91.02                                          | 09101 | NATURAL FAMILY PLANNING                                            | 0.000000                    | 0                                           | 91.02                                              |
| 91.03                                          | 09102 | PAIN THERAPY CENTER                                                | 0.000000                    | 0                                           | 91.03                                              |
| 92.00                                          | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)                               | 0.000000                    | 0                                           | 92.00                                              |
| 92.01                                          | 09201 | AMBULATORY CARE UNIT                                               | 0.000000                    | 0                                           | 92.01                                              |
| OTHER REIMBURSABLE COST CENTERS                |       |                                                                    |                             |                                             |                                                    |
| 95.00                                          | 09500 | AMBULANCE SERVICES                                                 |                             |                                             | 95.00                                              |
| 200.00                                         |       | Total (sum of lines 50 through 94 and 96 through 98)               |                             | 0                                           | 200.00                                             |
| 201.00                                         |       | Less PBP Clinic Laboratory Services-Program only charges (line 61) |                             | 0                                           | 201.00                                             |
| 202.00                                         |       | Net charges (line 200 minus line 201)                              |                             | 0                                           | 202.00                                             |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                   |                                                                                                                                                                                                                                         | Provider CCN: 26-0020 | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet E<br>Part A<br>Date/Time Prepared:<br>11/29/2021 1:59 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)                                                                                                                                  |                       | 22,045,530                                  | 1.01                                                               |
| 1.02                                                                      | DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)                                                                                                                               |                       | 63,705,358                                  | 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)                                                                                                                                                         |                       | 687,826                                     | 2.03                                                               |
| 2.04                                                                      | Outlier payments for discharges occurring on or after October 1 (see instructions)                                                                                                                                                      |                       | 2,513,448                                   | 2.04                                                               |
| 3.00                                                                      | Managed Care Simulated Payments                                                                                                                                                                                                         |                       | 81,883,075                                  | 3.00                                                               |
| 4.00                                                                      | Bed days available divided by number of days in the cost reporting period (see instructions)                                                                                                                                            |                       | 800.47                                      | 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)                                                                                           |                       | 95.60                                       | 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)                                                                                                                                      |                       | 10.52                                       | 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)                                                                                                                                   |                       | 85.08                                       | 9.00                                                               |
| 10.00                                                                     | FTE count for allopathic and osteopathic programs in the current year from your records                                                                                                                                                 |                       | 97.25                                       | 10.00                                                              |
| 11.00                                                                     | FTE count for residents in dental and podiatric programs.                                                                                                                                                                               |                       | 2.97                                        | 11.00                                                              |
| 12.00                                                                     | Current year allowable FTE (see instructions)                                                                                                                                                                                           |                       | 88.05                                       | 12.00                                                              |
| 13.00                                                                     | Total allowable FTE count for the prior year.                                                                                                                                                                                           |                       | 89.04                                       | 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.                                                                                                             |                       | 89.08                                       | 14.00                                                              |
| 15.00                                                                     | Sum of lines 12 through 14 divided by 3.                                                                                                                                                                                                |                       | 88.72                                       | 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                                                                                                                                                                                                      |                       | 88.72                                       | 18.00                                                              |
| 19.00                                                                     | Current year resident to bed ratio (line 18 divided by line 4).                                                                                                                                                                         |                       | 0.110835                                    | 19.00                                                              |
| 20.00                                                                     | Prior year resident to bed ratio (see instructions)                                                                                                                                                                                     |                       | 0.112633                                    | 20.00                                                              |
| 21.00                                                                     | Enter the lesser of lines 19 or 20 (see instructions)                                                                                                                                                                                   |                       | 0.110835                                    | 21.00                                                              |
| 22.00                                                                     | IME payment adjustment (see instructions)                                                                                                                                                                                               |                       | 5,034,435                                   | 22.00                                                              |
| 22.01                                                                     | IME payment adjustment - Managed Care (see instructions)                                                                                                                                                                                |                       | 4,807,355                                   | 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)                                                                                                                                                                                      |                       | 12.17                                       | 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)                                                                                                                                                                                             |                       | 5,034,435                                   | 29.00                                                              |
| 29.01                                                                     | Total IME payment - Managed Care (sum of lines 22.01 and 28.01)                                                                                                                                                                         |                       | 4,807,355                                   | 29.01                                                              |
| Disproportionate Share Adjustment                                         |                                                                                                                                                                                                                                         |                       |                                             |                                                                    |
| 30.00                                                                     | Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)                                                                                                                                             |                       | 3.28                                        | 30.00                                                              |
| 31.00                                                                     | Percentage of Medicaid patient days (see instructions)                                                                                                                                                                                  |                       | 24.39                                       | 31.00                                                              |
| 32.00                                                                     | Sum of lines 30 and 31                                                                                                                                                                                                                  |                       | 27.67                                       | 32.00                                                              |
| 33.00                                                                     | Allowable disproportionate share percentage (see instructions)                                                                                                                                                                          |                       | 12.04                                       | 33.00                                                              |
| 34.00                                                                     | Disproportionate share adjustment (see instructions)                                                                                                                                                                                    |                       | 2,581,102                                   | 34.00                                                              |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                                            |                                                                                                                  | Provider CCN: 26-0020 | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet E<br>Part A<br>Date/Time Prepared:<br>11/29/2021 1:59 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)                                                                                      |                       | 0.001556772                                 | 0.001013293                                                        | 35.01 |
| 35.02                                                                                              | Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)             |                       | 12,999,980                                  | 8,400,216                                                          | 35.02 |
| 35.03                                                                                              | Pro rata share of the hospital uncompensated care payment amount (see instructions)                              |                       | 3,267,753                                   | 6,282,900                                                          | 35.03 |
| 36.00                                                                                              | Total uncompensated care (sum of columns 1 and 2 on line 35.03)                                                  |                       | 9,550,653                                   |                                                                    | 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 |
|                                                                                                    |                                                                                                                  |                       | Before 1/1                                  | On/After 1/1                                                       |       |
|                                                                                                    |                                                                                                                  |                       | 1.00                                        | 1.01                                                               |       |
| 41.00                                                                                              | Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)                  |                       | 0                                           | 0                                                                  | 41.00 |
| 41.01                                                                                              | Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions) |                       | 0                                           | 0                                                                  | 41.01 |
| 42.00                                                                                              | Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)                                  |                       | 0.00                                        |                                                                    | 42.00 |
| 43.00                                                                                              | Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)              |                       | 0                                           |                                                                    | 43.00 |
| 44.00                                                                                              | Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)                       |                       | 0.000000                                    |                                                                    | 44.00 |
| 45.00                                                                                              | Average weekly cost for dialysis treatments (see instructions)                                                   |                       | 0.00                                        | 0.00                                                               | 45.00 |
| 46.00                                                                                              | Total additional payment (line 45 times line 44 times line 41.01)                                                |                       | 0                                           |                                                                    | 46.00 |
| 47.00                                                                                              | Subtotal (see instructions)                                                                                      |                       | 106,118,352                                 |                                                                    | 47.00 |
| 48.00                                                                                              | Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)       |                       | 0                                           |                                                                    | 48.00 |
|                                                                                                    |                                                                                                                  |                       |                                             | Amount                                                             |       |
|                                                                                                    |                                                                                                                  |                       |                                             | 1.00                                                               |       |
| 49.00                                                                                              | Total payment for inpatient operating costs (see instructions)                                                   |                       |                                             | 110,925,707                                                        | 49.00 |
| 50.00                                                                                              | Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)                            |                       |                                             | 7,510,863                                                          | 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).                            |                       |                                             | 3,406,948                                                          | 52.00 |
| 53.00                                                                                              | Nursing and Allied Health Managed Care payment                                                                   |                       |                                             | 59,782                                                             | 53.00 |
| 54.00                                                                                              | Special add-on payments for new technologies                                                                     |                       |                                             | 620,267                                                            | 54.00 |
| 54.01                                                                                              | Islet isolation add-on payment                                                                                   |                       |                                             | 0                                                                  | 54.01 |
| 55.00                                                                                              | Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)                                                  |                       |                                             | 0                                                                  | 55.00 |
| 56.00                                                                                              | Cost of physicians' services in a teaching hospital (see instructions)                                           |                       |                                             | 0                                                                  | 56.00 |
| 57.00                                                                                              | Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).                 |                       |                                             | 0                                                                  | 57.00 |
| 58.00                                                                                              | Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)                               |                       |                                             | 49,583                                                             | 58.00 |
| 59.00                                                                                              | Total (sum of amounts on lines 49 through 58)                                                                    |                       |                                             | 122,573,150                                                        | 59.00 |
| 60.00                                                                                              | Primary payer payments                                                                                           |                       |                                             | 283,084                                                            | 60.00 |
| 61.00                                                                                              | Total amount payable for program beneficiaries (line 59 minus line 60)                                           |                       |                                             | 122,290,066                                                        | 61.00 |
| 62.00                                                                                              | Deductibles billed to program beneficiaries                                                                      |                       |                                             | 7,501,678                                                          | 62.00 |
| 63.00                                                                                              | Coinsurance billed to program beneficiaries                                                                      |                       |                                             | 554,180                                                            | 63.00 |
| 64.00                                                                                              | Allowable bad debts (see instructions)                                                                           |                       |                                             | 1,392,038                                                          | 64.00 |
| 65.00                                                                                              | Adjusted reimbursable bad debts (see instructions)                                                               |                       |                                             | 904,825                                                            | 65.00 |
| 66.00                                                                                              | Allowable bad debts for dual eligible beneficiaries (see instructions)                                           |                       |                                             | 1,067,992                                                          | 66.00 |
| 67.00                                                                                              | Subtotal (line 61 plus line 65 minus lines 62 and 63)                                                            |                       |                                             | 115,139,033                                                        | 67.00 |
| 68.00                                                                                              | Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)            |                       |                                             | 0                                                                  | 68.00 |
| 69.00                                                                                              | Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)                         |                       |                                             | 0                                                                  | 69.00 |
| 70.00                                                                                              | OTHER                                                                                                            |                       |                                             | -128                                                               | 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)                                                                |                       |                                             | 207,119                                                            | 70.93 |
| 70.94                                                                                              | HRR adjustment amount (see instructions)                                                                         |                       |                                             | -512,734                                                           | 70.94 |
| 70.95                                                                                              | Recovery of accelerated depreciation                                                                             |                       |                                             | 0                                                                  | 70.95 |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                                                              |                                                                                                                                                | Provider CCN: 26-0020 | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet E<br>Part A<br>Date/Time Prepared:<br>11/29/2021 1:59 pm |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|--------------------------------------------------------------------|
|                                                                                                                      |                                                                                                                                                | Title XVIII           | Hospital                                    | PPS                                                                |
|                                                                                                                      |                                                                                                                                                | FFY (yyyy)            | Amount                                      |                                                                    |
|                                                                                                                      |                                                                                                                                                | 0                     | 1.00                                        |                                                                    |
| 70.96                                                                                                                | Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)           | 0                     | 0                                           | 70.96                                                              |
| 70.97                                                                                                                | Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1) | 0                     | 0                                           | 70.97                                                              |
| 70.98                                                                                                                | Low Volume Payment-3                                                                                                                           |                       | 0                                           | 70.98                                                              |
| 70.99                                                                                                                | HAC adjustment amount (see instructions)                                                                                                       |                       | 0                                           | 70.99                                                              |
| 71.00                                                                                                                | Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)                                                                          |                       | 114,833,290                                 | 71.00                                                              |
| 71.01                                                                                                                | Sequestration adjustment (see instructions)                                                                                                    |                       | 0                                           | 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                                                                                                                               |                       | 113,650,689                                 | 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)                                                                    |                       | 1,182,601                                   | 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                                         |                       | 2,245,272                                   | 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                                                             |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                  |                                                                                                                                                                       | Provider CCN: 26-0020 | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet E<br>Part B<br>Date/Time Prepared:<br>11/29/2021 1:59 pm |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|--------------------------------------------------------------------|
|                                                                          |                                                                                                                                                                       | Title XVIII           | Hospital                                    | PPS                                                                |
|                                                                          |                                                                                                                                                                       | 1.00                  |                                             |                                                                    |
| <b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>                        |                                                                                                                                                                       |                       |                                             |                                                                    |
| 1.00                                                                     | Medical and other services (see instructions)                                                                                                                         |                       | 57,604                                      | 1.00                                                               |
| 2.00                                                                     | Medical and other services reimbursed under OPPS (see instructions)                                                                                                   |                       | 61,616,984                                  | 2.00                                                               |
| 3.00                                                                     | OPPS payments                                                                                                                                                         |                       | 66,602,691                                  | 3.00                                                               |
| 4.00                                                                     | Outlier payment (see instructions)                                                                                                                                    |                       | 37,847                                      | 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                                                                                    |                       | 37,658                                      | 9.00                                                               |
| 10.00                                                                    | Organ acquisitions                                                                                                                                                    |                       | 0                                           | 10.00                                                              |
| 11.00                                                                    | Total cost (sum of lines 1 and 10) (see instructions)                                                                                                                 |                       | 57,604                                      | 11.00                                                              |
| <b>COMPUTATION OF LESSER OF COST OR CHARGES</b>                          |                                                                                                                                                                       |                       |                                             |                                                                    |
| <b>Reasonable charges</b>                                                |                                                                                                                                                                       |                       |                                             |                                                                    |
| 12.00                                                                    | Ancillary service charges                                                                                                                                             |                       | 221,007                                     | 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)                                                                                                                     |                       | 221,007                                     | 14.00                                                              |
| <b>Customary charges</b>                                                 |                                                                                                                                                                       |                       |                                             |                                                                    |
| 15.00                                                                    | Aggregate amount actually collected from patients liable for payment for services on a charge basis                                                                   |                       | 0                                           | 15.00                                                              |
| 16.00                                                                    | Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e) |                       | 0                                           | 16.00                                                              |
| 17.00                                                                    | Ratio of line 15 to line 16 (not to exceed 1.000000)                                                                                                                  |                       | 0.000000                                    | 17.00                                                              |
| 18.00                                                                    | Total customary charges (see instructions)                                                                                                                            |                       | 221,007                                     | 18.00                                                              |
| 19.00                                                                    | Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)                                                        |                       | 163,403                                     | 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)                                                                                                                          |                       | 57,604                                      | 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)                                                                                                          |                       | 66,678,196                                  | 24.00                                                              |
| <b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>                           |                                                                                                                                                                       |                       |                                             |                                                                    |
| 25.00                                                                    | Deductibles and coinsurance amounts (for CAH, see instructions)                                                                                                       |                       | 7,567                                       | 25.00                                                              |
| 26.00                                                                    | Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)                                                                         |                       | 11,731,669                                  | 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)                                                      |                       | 54,996,564                                  | 27.00                                                              |
| 28.00                                                                    | Direct graduate medical education payments (from Wkst. E-4, line 50)                                                                                                  |                       | 1,917,865                                   | 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)                                                                                                                                 |                       | 56,914,429                                  | 30.00                                                              |
| 31.00                                                                    | Primary payer payments                                                                                                                                                |                       | 46,314                                      | 31.00                                                              |
| 32.00                                                                    | Subtotal (line 30 minus line 31)                                                                                                                                      |                       | 56,868,115                                  | 32.00                                                              |
| <b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b> |                                                                                                                                                                       |                       |                                             |                                                                    |
| 33.00                                                                    | Composite rate ESRD (from Wkst. I-5, line 11)                                                                                                                         |                       | 0                                           | 33.00                                                              |
| 34.00                                                                    | Allowable bad debts (see instructions)                                                                                                                                |                       | 473,515                                     | 34.00                                                              |
| 35.00                                                                    | Adjusted reimbursable bad debts (see instructions)                                                                                                                    |                       | 307,785                                     | 35.00                                                              |
| 36.00                                                                    | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                                                                |                       | 227,419                                     | 36.00                                                              |
| 37.00                                                                    | Subtotal (see instructions)                                                                                                                                           |                       | 57,175,900                                  | 37.00                                                              |
| 38.00                                                                    | MSP-LCC reconciliation amount from PS&R                                                                                                                               |                       | 795                                         | 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)                                                                                                                                           |                       | 57,175,105                                  | 40.00                                                              |
| 40.01                                                                    | Sequestration adjustment (see instructions)                                                                                                                           |                       | 0                                           | 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                                                                                                                                                      |                       | 56,982,961                                  | 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)                                                                                                                       |                       | 192,144                                     | 43.00                                                              |
| 43.01                                                                    | Balance due provider/program-PARHM (see instructions)                                                                                                                 |                       | 0                                           | 43.01                                                              |
| 44.00                                                                    | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2                                                                |                       | 0                                           | 44.00                                                              |
| <b>TO BE COMPLETED BY CONTRACTOR</b>                                     |                                                                                                                                                                       |                       |                                             |                                                                    |
| 90.00                                                                    | Original outlier amount (see instructions)                                                                                                                            |                       | 0                                           | 90.00                                                              |
| 91.00                                                                    | Outlier reconciliation adjustment amount (see instructions)                                                                                                           |                       | 0                                           | 91.00                                                              |
| 92.00                                                                    | The rate used to calculate the Time Value of Money                                                                                                                    |                       | 0.00                                        | 92.00                                                              |
| 93.00                                                                    | Time Value of Money (see instructions)                                                                                                                                |                       | 0                                           | 93.00                                                              |
| 94.00                                                                    | Total (sum of lines 91 and 93)                                                                                                                                        |                       | 0                                           | 94.00                                                              |

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet E-1  
Part I  
Date/Time Prepared:  
11/29/2021 1:59 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                                                                                                                                                                                |                  | 113,650,689 |                   | 56,982,961           | 1.00 |  |
| 2.00                          | Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero                          |                  | 0           |                   | 0                    | 2.00 |  |
| 3.00                          | List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) |                  |             |                   |                      | 3.00 |  |
| Program to Provider           |                                                                                                                                                                                                                        |                  |             |                   |                      |      |  |
| 3.01                          | ADJUSTMENTS TO PROVIDER                                                                                                                                                                                                |                  | 0           |                   | 0                    | 3.01 |  |
| 3.02                          |                                                                                                                                                                                                                        |                  | 0           |                   | 0                    | 3.02 |  |
| 3.03                          |                                                                                                                                                                                                                        |                  | 0           |                   | 0                    | 3.03 |  |
| 3.04                          |                                                                                                                                                                                                                        |                  | 0           |                   | 0                    | 3.04 |  |
| 3.05                          |                                                                                                                                                                                                                        |                  | 0           |                   | 0                    | 3.05 |  |
| Provider to Program           |                                                                                                                                                                                                                        |                  |             |                   |                      |      |  |
| 3.50                          | ADJUSTMENTS TO PROGRAM                                                                                                                                                                                                 |                  | 0           |                   | 0                    | 3.50 |  |
| 3.51                          |                                                                                                                                                                                                                        |                  | 0           |                   | 0                    | 3.51 |  |
| 3.52                          |                                                                                                                                                                                                                        |                  | 0           |                   | 0                    | 3.52 |  |
| 3.53                          |                                                                                                                                                                                                                        |                  | 0           |                   | 0                    | 3.53 |  |
| 3.54                          |                                                                                                                                                                                                                        |                  | 0           |                   | 0                    | 3.54 |  |
| 3.99                          | Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)                                                                                                                                                         |                  | 0           |                   | 0                    | 3.99 |  |
| 4.00                          | Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)                                                                                                |                  | 113,650,689 |                   | 56,982,961           | 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                                                                                                                                                                                                 |                  | 1,182,601   |                   | 192,144              | 6.01 |  |
| 6.02                          | SETTLEMENT TO PROGRAM                                                                                                                                                                                                  |                  | 0           |                   | 0                    | 6.02 |  |
| 7.00                          | Total Medicare program liability (see instructions)                                                                                                                                                                    |                  | 114,833,290 |                   | 57,175,105           | 7.00 |  |
|                               |                                                                                                                                                                                                                        |                  |             | Contractor Number | NPR Date (Mo/Day/Yr) |      |  |
|                               |                                                                                                                                                                                                                        | 0                |             | 1.00              | 2.00                 |      |  |
| 8.00                          | Name of Contractor                                                                                                                                                                                                     |                  |             |                   |                      | 8.00 |  |

| ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED |                                                                                                                                                                                                                        | Provider CCN: 26-0020<br>Component CCN: 26-S020 |           | Period:<br>From 07/01/2020<br>To 06/30/2021 |                         | Worksheet E-1<br>Part I<br>Date/Time Prepared:<br>11/29/2021 1:59 pm |  |
|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------|---------------------------------------------|-------------------------|----------------------------------------------------------------------|--|
|                                                         |                                                                                                                                                                                                                        | Title XVIII                                     |           | Subprovider -<br>IPF                        |                         | PPS                                                                  |  |
|                                                         |                                                                                                                                                                                                                        | Inpatient Part A                                |           | Part B                                      |                         |                                                                      |  |
|                                                         |                                                                                                                                                                                                                        | mm/dd/yyyy                                      | Amount    | mm/dd/yyyy                                  | Amount                  |                                                                      |  |
|                                                         |                                                                                                                                                                                                                        | 1.00                                            | 2.00      | 3.00                                        | 4.00                    |                                                                      |  |
| 1.00                                                    | Total interim payments paid to provider                                                                                                                                                                                |                                                 | 1,485,211 |                                             | 0                       | 1.00                                                                 |  |
| 2.00                                                    | Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero                          |                                                 | 0         |                                             | 0                       | 2.00                                                                 |  |
| 3.00                                                    | List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) |                                                 |           |                                             |                         | 3.00                                                                 |  |
| Program to Provider                                     |                                                                                                                                                                                                                        |                                                 |           |                                             |                         |                                                                      |  |
| 3.01                                                    | ADJUSTMENTS TO PROVIDER                                                                                                                                                                                                |                                                 | 0         |                                             | 0                       | 3.01                                                                 |  |
| 3.02                                                    |                                                                                                                                                                                                                        |                                                 | 0         |                                             | 0                       | 3.02                                                                 |  |
| 3.03                                                    |                                                                                                                                                                                                                        |                                                 | 0         |                                             | 0                       | 3.03                                                                 |  |
| 3.04                                                    |                                                                                                                                                                                                                        |                                                 | 0         |                                             | 0                       | 3.04                                                                 |  |
| 3.05                                                    |                                                                                                                                                                                                                        |                                                 | 0         |                                             | 0                       | 3.05                                                                 |  |
| Provider to Program                                     |                                                                                                                                                                                                                        |                                                 |           |                                             |                         |                                                                      |  |
| 3.50                                                    | ADJUSTMENTS TO PROGRAM                                                                                                                                                                                                 |                                                 | 0         |                                             | 0                       | 3.50                                                                 |  |
| 3.51                                                    |                                                                                                                                                                                                                        |                                                 | 0         |                                             | 0                       | 3.51                                                                 |  |
| 3.52                                                    |                                                                                                                                                                                                                        |                                                 | 0         |                                             | 0                       | 3.52                                                                 |  |
| 3.53                                                    |                                                                                                                                                                                                                        |                                                 | 0         |                                             | 0                       | 3.53                                                                 |  |
| 3.54                                                    |                                                                                                                                                                                                                        |                                                 | 0         |                                             | 0                       | 3.54                                                                 |  |
| 3.99                                                    | Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)                                                                                                                                                         |                                                 | 0         |                                             | 0                       | 3.99                                                                 |  |
| 4.00                                                    | Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)                                                                                                |                                                 | 1,485,211 |                                             | 0                       | 4.00                                                                 |  |
| TO BE COMPLETED BY CONTRACTOR                           |                                                                                                                                                                                                                        |                                                 |           |                                             |                         |                                                                      |  |
| 5.00                                                    | List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)                                                                        |                                                 |           |                                             |                         | 5.00                                                                 |  |
| Program to Provider                                     |                                                                                                                                                                                                                        |                                                 |           |                                             |                         |                                                                      |  |
| 5.01                                                    | TENTATIVE TO PROVIDER                                                                                                                                                                                                  |                                                 | 0         |                                             | 0                       | 5.01                                                                 |  |
| 5.02                                                    |                                                                                                                                                                                                                        |                                                 | 0         |                                             | 0                       | 5.02                                                                 |  |
| 5.03                                                    |                                                                                                                                                                                                                        |                                                 | 0         |                                             | 0                       | 5.03                                                                 |  |
| Provider to Program                                     |                                                                                                                                                                                                                        |                                                 |           |                                             |                         |                                                                      |  |
| 5.50                                                    | TENTATIVE TO PROGRAM                                                                                                                                                                                                   |                                                 | 0         |                                             | 0                       | 5.50                                                                 |  |
| 5.51                                                    |                                                                                                                                                                                                                        |                                                 | 0         |                                             | 0                       | 5.51                                                                 |  |
| 5.52                                                    |                                                                                                                                                                                                                        |                                                 | 0         |                                             | 0                       | 5.52                                                                 |  |
| 5.99                                                    | Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)                                                                                                                                                         |                                                 | 0         |                                             | 0                       | 5.99                                                                 |  |
| 6.00                                                    | Determined net settlement amount (balance due) based on the cost report. (1)                                                                                                                                           |                                                 |           |                                             |                         | 6.00                                                                 |  |
| 6.01                                                    | SETTLEMENT TO PROVIDER                                                                                                                                                                                                 |                                                 | 0         |                                             | 0                       | 6.01                                                                 |  |
| 6.02                                                    | SETTLEMENT TO PROGRAM                                                                                                                                                                                                  |                                                 | 974       |                                             | 0                       | 6.02                                                                 |  |
| 7.00                                                    | Total Medicare program liability (see instructions)                                                                                                                                                                    |                                                 | 1,484,237 |                                             | 0                       | 7.00                                                                 |  |
|                                                         |                                                                                                                                                                                                                        |                                                 |           | Contractor<br>Number                        | NPR Date<br>(Mo/Day/Yr) |                                                                      |  |
|                                                         |                                                                                                                                                                                                                        | 0                                               |           | 1.00                                        | 2.00                    |                                                                      |  |
| 8.00                                                    | Name of Contractor                                                                                                                                                                                                     |                                                 |           |                                             |                         | 8.00                                                                 |  |

## CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet E-1  
Part II  
Date/Time Prepared:  
11/29/2021 1:59 pm

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

## CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

Provider CCN: 26-0020

Period:

Worksheet E-2

Component CCN: 26-U020

From 07/01/2020  
To 06/30/2021Date/Time Prepared:  
11/29/2021 1:59 pm

|                                                                                                                      |                                                                                                                                                                                           | Title XIX | Swing Beds - SNF | 11/29/2021 1:39 pm |        |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------|--------------------|--------|
|                                                                                                                      |                                                                                                                                                                                           |           | Part A           | Part B             |        |
|                                                                                                                      |                                                                                                                                                                                           |           | 1.00             | 2.00               |        |
|                                                                                                                      | COMPUTATION OF NET COST OF COVERED SERVICES                                                                                                                                               |           |                  |                    |        |
| 1.00                                                                                                                 | Inpatient routine services - swing bed-SNF (see instructions)                                                                                                                             |           | 0                |                    | 1.00   |
| 2.00                                                                                                                 | Inpatient routine services - swing bed-NF (see instructions)                                                                                                                              |           | 0                |                    | 2.00   |
| 3.00                                                                                                                 | Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH and swing-bed pass-through, see instructions) |           | 0                |                    | 3.00   |
| 3.01                                                                                                                 | Nursing and allied health payment-PARHM (see instructions)                                                                                                                                |           |                  |                    | 3.01   |
| 4.00                                                                                                                 | Per diem cost for interns and residents not in approved teaching program (see instructions)                                                                                               |           | 0.00             |                    | 4.00   |
| 5.00                                                                                                                 | Program days                                                                                                                                                                              |           | 0                |                    | 5.00   |
| 6.00                                                                                                                 | Interns and residents not in approved teaching program (see instructions)                                                                                                                 |           | 0                |                    | 6.00   |
| 7.00                                                                                                                 | Utilization review - physician compensation - SNF optional method only                                                                                                                    |           | 0                |                    | 7.00   |
| 8.00                                                                                                                 | Subtotal (sum of lines 1 through 3 plus lines 6 and 7)                                                                                                                                    |           | 0                |                    | 8.00   |
| 9.00                                                                                                                 | Primary payer payments (see instructions)                                                                                                                                                 |           | 0                |                    | 9.00   |
| 10.00                                                                                                                | Subtotal (line 8 minus line 9)                                                                                                                                                            |           | 0                |                    | 10.00  |
| 11.00                                                                                                                | Deductibles billed to program patients (exclude amounts applicable to physician professional services)                                                                                    |           | 0                |                    | 11.00  |
| 12.00                                                                                                                | Subtotal (line 10 minus line 11)                                                                                                                                                          |           | 0                |                    | 12.00  |
| 13.00                                                                                                                | Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)                                                                  |           | 0                |                    | 13.00  |
| 14.00                                                                                                                | 80% of Part B costs (line 12 x 80%)                                                                                                                                                       |           | 0                |                    | 14.00  |
| 15.00                                                                                                                | Subtotal (see instructions)                                                                                                                                                               |           | 0                |                    | 15.00  |
| 16.00                                                                                                                | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)                                                                                                                                            |           | 0                |                    | 16.00  |
| 16.50                                                                                                                | Pioneer ACO demonstration payment adjustment (see instructions)                                                                                                                           |           |                  |                    | 16.50  |
| 16.55                                                                                                                | Rural community hospital demonstration project (§410A Demonstration) payment adjustment (see instructions)                                                                                |           |                  |                    | 16.55  |
| 16.99                                                                                                                | Demonstration payment adjustment amount before sequestration                                                                                                                              |           | 0                |                    | 16.99  |
| 17.00                                                                                                                | Allowable bad debts (see instructions)                                                                                                                                                    |           | 0                |                    | 17.00  |
| 17.01                                                                                                                | Adjusted reimbursable bad debts (see instructions)                                                                                                                                        |           | 0                |                    | 17.01  |
| 18.00                                                                                                                | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                                                                                    |           | 0                |                    | 18.00  |
| 19.00                                                                                                                | Total (see instructions)                                                                                                                                                                  |           | 0                |                    | 19.00  |
| 19.01                                                                                                                | Sequestration adjustment (see instructions)                                                                                                                                               |           | 0                |                    | 19.01  |
| 19.02                                                                                                                | Demonstration payment adjustment amount after sequestration)                                                                                                                              |           | 0                |                    | 19.02  |
| 19.03                                                                                                                | Sequestration adjustment-PARHM pass-throughs                                                                                                                                              |           |                  |                    | 19.03  |
| 19.25                                                                                                                | Sequestration for non-claims based amounts (see instructions)                                                                                                                             |           | 0                |                    | 19.25  |
| 20.00                                                                                                                | Interim payments                                                                                                                                                                          |           | 0                |                    | 20.00  |
| 20.01                                                                                                                | Interim payments-PARHM                                                                                                                                                                    |           |                  |                    | 20.01  |
| 21.00                                                                                                                | Tentative settlement (for contractor use only)                                                                                                                                            |           | 0                |                    | 21.00  |
| 21.01                                                                                                                | Tentative settlement-PARHM (for contractor use only)                                                                                                                                      |           |                  |                    | 21.01  |
| 22.00                                                                                                                | Balance due provider/program (line 19 minus lines 19.01, 19.02, 19.25, 20, and 21)                                                                                                        |           | 0                |                    | 22.00  |
| 22.01                                                                                                                | Balance due provider/program-PARHM (see instructions)                                                                                                                                     |           |                  |                    | 22.01  |
| 23.00                                                                                                                | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2                                                                                    |           | 0                |                    | 23.00  |
| 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 swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))                                                                           |           |                  |                    | 201.00 |
| 202.00                                                                                                               | Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))                                                                   |           |                  |                    | 202.00 |
| 203.00                                                                                                               | Total (sum of lines 201 and 202)                                                                                                                                                          |           |                  |                    | 203.00 |
| 204.00                                                                                                               | Medicare swing-bed SNF discharges (see instructions)                                                                                                                                      |           |                  |                    | 204.00 |
| Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period) |                                                                                                                                                                                           |           |                  |                    |        |
| 205.00                                                                                                               | Medicare swing-bed SNF target amount                                                                                                                                                      |           |                  |                    | 205.00 |
| 206.00                                                                                                               | Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)                                                                                                               |           |                  |                    | 206.00 |
| Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement                                                  |                                                                                                                                                                                           |           |                  |                    |        |
| 207.00                                                                                                               | Program reimbursement under the §410A Demonstration (see instructions)                                                                                                                    |           |                  |                    | 207.00 |
| 208.00                                                                                                               | Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)                                                                                             |           |                  |                    | 208.00 |
| 209.00                                                                                                               | Adjustment to Medicare swing-bed SNF PPS payments (see instructions)                                                                                                                      |           |                  |                    | 209.00 |
| 210.00                                                                                                               | Reserved for future use                                                                                                                                                                   |           |                  |                    | 210.00 |
| Comparision of PPS versus Cost Reimbursement                                                                         |                                                                                                                                                                                           |           |                  |                    |        |
| 215.00                                                                                                               | Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)                                                                                        |           |                  |                    | 215.00 |

| CALCULATION OF REIMBURSEMENT SETTLEMENT      |                                                                                                                                                                                                                                                                | Provider CCN: 26-0020<br>Component CCN: 26-S020 | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet E-3<br>Part II<br>Date/Time Prepared:<br>11/29/2021 1:59 pm |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------|
|                                              |                                                                                                                                                                                                                                                                | Title XVIII                                     | Subprovider -<br>IPF                        | PPS                                                                   |
|                                              |                                                                                                                                                                                                                                                                |                                                 |                                             | 1.00                                                                  |
| PART II - MEDICARE PART A SERVICES - IPF PPS |                                                                                                                                                                                                                                                                |                                                 |                                             |                                                                       |
| 1.00                                         | Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)                                                                                                                                                                          |                                                 |                                             | 1,624,041 1.00                                                        |
| 2.00                                         | Net IPF PPS Outlier Payments                                                                                                                                                                                                                                   |                                                 |                                             | 24,094 2.00                                                           |
| 3.00                                         | Net IPF PPS ECT Payments                                                                                                                                                                                                                                       |                                                 |                                             | 12,295 3.00                                                           |
| 4.00                                         | Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)                                                                                                                               |                                                 |                                             | 0.30 4.00                                                             |
| 4.01                                         | Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions) |                                                 |                                             | 0.00 4.01                                                             |
| 5.00                                         | New Teaching program adjustment. (see instructions)                                                                                                                                                                                                            |                                                 |                                             | 0.00 5.00                                                             |
| 6.00                                         | Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)                                                                                                                      |                                                 |                                             | 0.16 6.00                                                             |
| 7.00                                         | Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)                                                                                                                      |                                                 |                                             | 0.00 7.00                                                             |
| 8.00                                         | Intern and resident count for IPF PPS medical education adjustment (see instructions)                                                                                                                                                                          |                                                 |                                             | 0.16 8.00                                                             |
| 9.00                                         | Average Daily Census (see instructions)                                                                                                                                                                                                                        |                                                 |                                             | 11.126027 9.00                                                        |
| 10.00                                        | Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$ .                                                                                                                                                    |                                                 |                                             | 0.007381 10.00                                                        |
| 11.00                                        | Teaching Adjustment (line 1 multiplied by line 10).                                                                                                                                                                                                            |                                                 |                                             | 11,987 11.00                                                          |
| 12.00                                        | Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)                                                                                                                                                                                                    |                                                 |                                             | 1,672,417 12.00                                                       |
| 13.00                                        | Nursing and Allied Health Managed Care payment (see instruction)                                                                                                                                                                                               |                                                 |                                             | 0 13.00                                                               |
| 14.00                                        | Organ acquisition (DO NOT USE THIS LINE)                                                                                                                                                                                                                       |                                                 |                                             | 0 14.00                                                               |
| 15.00                                        | Cost of physicians' services in a teaching hospital (see instructions)                                                                                                                                                                                         |                                                 |                                             | 0 15.00                                                               |
| 16.00                                        | Subtotal (see instructions)                                                                                                                                                                                                                                    |                                                 |                                             | 1,672,417 16.00                                                       |
| 17.00                                        | Primary payer payments                                                                                                                                                                                                                                         |                                                 |                                             | 0 17.00                                                               |
| 18.00                                        | Subtotal (line 16 less line 17).                                                                                                                                                                                                                               |                                                 |                                             | 1,672,417 18.00                                                       |
| 19.00                                        | Deductibles                                                                                                                                                                                                                                                    |                                                 |                                             | 162,437 19.00                                                         |
| 20.00                                        | Subtotal (line 18 minus line 19)                                                                                                                                                                                                                               |                                                 |                                             | 1,509,980 20.00                                                       |
| 21.00                                        | Coinsurance                                                                                                                                                                                                                                                    |                                                 |                                             | 26,447 21.00                                                          |
| 22.00                                        | Subtotal (line 20 minus line 21)                                                                                                                                                                                                                               |                                                 |                                             | 1,483,533 22.00                                                       |
| 23.00                                        | Allowable bad debts (exclude bad debts for professional services) (see instructions)                                                                                                                                                                           |                                                 |                                             | 0 23.00                                                               |
| 24.00                                        | Adjusted reimbursable bad debts (see instructions)                                                                                                                                                                                                             |                                                 |                                             | 0 24.00                                                               |
| 25.00                                        | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                                                                                                                                                         |                                                 |                                             | 0 25.00                                                               |
| 26.00                                        | Subtotal (sum of lines 22 and 24)                                                                                                                                                                                                                              |                                                 |                                             | 1,483,533 26.00                                                       |
| 27.00                                        | Direct graduate medical education payments (see instructions)                                                                                                                                                                                                  |                                                 |                                             | 0 27.00                                                               |
| 28.00                                        | Other pass through costs (see instructions)                                                                                                                                                                                                                    |                                                 |                                             | 704 28.00                                                             |
| 29.00                                        | Outlier payments reconciliation                                                                                                                                                                                                                                |                                                 |                                             | 0 29.00                                                               |
| 30.00                                        | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)                                                                                                                                                                                                                 |                                                 |                                             | 0 30.00                                                               |
| 30.50                                        | Pioneer ACO demonstration payment adjustment (see instructions)                                                                                                                                                                                                |                                                 |                                             | 0 30.50                                                               |
| 30.99                                        | Demonstration payment adjustment amount before sequestration                                                                                                                                                                                                   |                                                 |                                             | 0 30.99                                                               |
| 31.00                                        | Total amount payable to the provider (see instructions)                                                                                                                                                                                                        |                                                 |                                             | 1,484,237 31.00                                                       |
| 31.01                                        | Sequestration adjustment (see instructions)                                                                                                                                                                                                                    |                                                 |                                             | 0 31.01                                                               |
| 31.02                                        | Demonstration payment adjustment amount after sequestration                                                                                                                                                                                                    |                                                 |                                             | 0 31.02                                                               |
| 32.00                                        | Interim payments                                                                                                                                                                                                                                               |                                                 |                                             | 1,485,211 32.00                                                       |
| 33.00                                        | Tentative settlement (for contractor use only)                                                                                                                                                                                                                 |                                                 |                                             | 0 33.00                                                               |
| 34.00                                        | Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)                                                                                                                                                                                     |                                                 |                                             | -974 34.00                                                            |
| 35.00                                        | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2                                                                                                                                                         |                                                 |                                             | 0 35.00                                                               |
| TO BE COMPLETED BY CONTRACTOR                |                                                                                                                                                                                                                                                                |                                                 |                                             |                                                                       |
| 50.00                                        | Original outlier amount from Worksheet E-3, Part II, line 2                                                                                                                                                                                                    |                                                 |                                             | 24,094 50.00                                                          |
| 51.00                                        | Outlier reconciliation adjustment amount (see instructions)                                                                                                                                                                                                    |                                                 |                                             | 0 51.00                                                               |
| 52.00                                        | The rate used to calculate the Time Value of Money                                                                                                                                                                                                             |                                                 |                                             | 0.00 52.00                                                            |
| 53.00                                        | Time Value of Money (see instructions)                                                                                                                                                                                                                         |                                                 |                                             | 0 53.00                                                               |

|                                                                                          |                                                                                                                                                                    |                       |                           |                                             |                                                            |            |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------|---------------------------------------------|------------------------------------------------------------|------------|
| DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS |                                                                                                                                                                    | Provider CCN: 26-0020 |                           | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet E-4<br>Date/Time Prepared:<br>11/29/2021 1:59 pm |            |
|                                                                                          |                                                                                                                                                                    | Title XVIII           |                           | Hospital                                    |                                                            | PPS        |
|                                                                                          |                                                                                                                                                                    |                       |                           |                                             |                                                            | 1.00       |
| COMPUTATION OF TOTAL DIRECT GME AMOUNT                                                   |                                                                                                                                                                    |                       |                           |                                             |                                                            |            |
| 1.00                                                                                     | Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.                            |                       |                           |                                             |                                                            | 99.69 1.00 |
| 2.00                                                                                     | Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)                                                                     |                       |                           |                                             |                                                            | 0.00 2.00  |
| 3.00                                                                                     | Amount of reduction to Direct GME cap under section 422 of MMA                                                                                                     |                       |                           |                                             |                                                            | 11.01 3.00 |
| 3.01                                                                                     | Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)           |                       |                           |                                             |                                                            | 0.00 3.01  |
| 4.00                                                                                     | Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f)) |                       |                           |                                             |                                                            | 0.00 4.00  |
| 4.01                                                                                     | ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)                                              |                       |                           |                                             |                                                            | 0.00 4.01  |
| 4.02                                                                                     | ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)                                   |                       |                           |                                             |                                                            | 0.00 4.02  |
| 5.00                                                                                     | FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)                               |                       |                           |                                             |                                                            | 88.68 5.00 |
| 6.00                                                                                     | Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)                                    |                       |                           |                                             |                                                            | 97.92 6.00 |
| 7.00                                                                                     | Enter the lesser of line 5 or line 6                                                                                                                               |                       |                           |                                             |                                                            | 88.68 7.00 |
|                                                                                          |                                                                                                                                                                    | Primary Care          | Other                     | Total                                       |                                                            |            |
|                                                                                          |                                                                                                                                                                    | 1.00                  | 2.00                      | 3.00                                        |                                                            |            |
| 8.00                                                                                     | Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.                                                                   | 64.30                 | 27.34                     | 91.64                                       |                                                            | 8.00       |
| 9.00                                                                                     | If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.                       | 58.23                 | 24.76                     | 82.99                                       |                                                            | 9.00       |
| 10.00                                                                                    | Weighted dental and podiatric resident FTE count for the current year                                                                                              |                       | 3.00                      |                                             |                                                            | 10.00      |
| 10.01                                                                                    | Unweighted dental and podiatric resident FTE count for the current year                                                                                            |                       | 0.00                      |                                             |                                                            | 10.01      |
| 11.00                                                                                    | Total weighted FTE count                                                                                                                                           | 58.23                 | 27.76                     |                                             |                                                            | 11.00      |
| 12.00                                                                                    | Total weighted resident FTE count for the prior cost reporting year (see instructions)                                                                             | 58.44                 | 28.08                     |                                             |                                                            | 12.00      |
| 13.00                                                                                    | Total weighted resident FTE count for the penultimate cost reporting year (see instructions)                                                                       | 57.99                 | 28.46                     |                                             |                                                            | 13.00      |
| 14.00                                                                                    | Rolling average FTE count (sum of lines 11 through 13 divided by 3).                                                                                               | 58.22                 | 28.10                     |                                             |                                                            | 14.00      |
| 15.00                                                                                    | Adjustment for residents in initial years of new programs                                                                                                          | 0.00                  | 0.00                      |                                             |                                                            | 15.00      |
| 15.01                                                                                    | Unweighted adjustment for residents in initial years of new programs                                                                                               | 0.00                  | 0.00                      |                                             |                                                            | 15.01      |
| 16.00                                                                                    | Adjustment for residents displaced by program or hospital closure                                                                                                  | 0.00                  | 0.00                      |                                             |                                                            | 16.00      |
| 16.01                                                                                    | Unweighted adjustment for residents displaced by program or hospital closure                                                                                       | 0.00                  | 0.00                      |                                             |                                                            | 16.01      |
| 17.00                                                                                    | Adjusted rolling average FTE count                                                                                                                                 | 58.22                 | 28.10                     |                                             |                                                            | 17.00      |
| 18.00                                                                                    | Per resident amount                                                                                                                                                | 158,524.63            | 157,676.84                |                                             |                                                            | 18.00      |
| 19.00                                                                                    | Approved amount for resident costs                                                                                                                                 | 9,229,304             | 4,430,719                 | 13,660,023                                  |                                                            | 19.00      |
|                                                                                          |                                                                                                                                                                    |                       |                           | 1.00                                        |                                                            |            |
| 20.00                                                                                    | Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)                                             |                       |                           | 0.00                                        |                                                            | 20.00      |
| 21.00                                                                                    | Direct GME FTE unweighted resident count over cap (see instructions)                                                                                               |                       |                           | 9.24                                        |                                                            | 21.00      |
| 22.00                                                                                    | Allowable additional direct GME FTE Resident Count (see instructions)                                                                                              |                       |                           | 0.00                                        |                                                            | 22.00      |
| 23.00                                                                                    | Enter the locality adjustment national average per resident amount (see instructions)                                                                              |                       |                           | 113,993.00                                  |                                                            | 23.00      |
| 24.00                                                                                    | Multiply line 22 time line 23                                                                                                                                      |                       |                           | 0                                           |                                                            | 24.00      |
| 25.00                                                                                    | Total direct GME amount (sum of lines 19 and 24)                                                                                                                   |                       |                           | 13,660,023                                  |                                                            | 25.00      |
|                                                                                          |                                                                                                                                                                    | Inpatient Part A      | Managed Care Prior to 1/1 | Managed Care On or after 1/1                | Total                                                      |            |
|                                                                                          |                                                                                                                                                                    | 1.00                  | 2.00                      | 2.01                                        | 3.00                                                       |            |
| COMPUTATION OF PROGRAM PATIENT LOAD                                                      |                                                                                                                                                                    |                       |                           |                                             |                                                            |            |
| 26.00                                                                                    | Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)                                                                               | 44,207                | 24,635                    | 19,483                                      | 26.00                                                      |            |
| 27.00                                                                                    | Total Inpatient Days (see instructions)                                                                                                                            | 221,978               | 221,978                   | 221,978                                     | 27.00                                                      |            |
| 28.00                                                                                    | Ratio of inpatient days to total inpatient days                                                                                                                    | 0.199150              | 0.110979                  | 0.087770                                    | 28.00                                                      |            |
| 29.00                                                                                    | Program direct GME amount                                                                                                                                          | 2,720,394             | 1,515,976                 | 1,198,940                                   | 5,435,310                                                  | 29.00      |
| 29.01                                                                                    | Percent reduction for MA DGME                                                                                                                                      |                       | 4.07                      | 4.07                                        | 29.01                                                      |            |
| 30.00                                                                                    | Reduction for direct GME payments for Medicare Advantage                                                                                                           |                       | 61,700                    | 48,797                                      | 110,497                                                    | 30.00      |
| 31.00                                                                                    | Net Program direct GME amount                                                                                                                                      |                       |                           |                                             | 5,324,813                                                  | 31.00      |

|                                                                                          |                                                                                                                            |                       |                                             |                                                                |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|----------------------------------------------------------------|
| DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS |                                                                                                                            | Provider CCN: 26-0020 | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet E-4<br><br>Date/Time Prepared:<br>11/29/2021 1:59 pm |
|                                                                                          |                                                                                                                            | Title XVIII           | Hospital                                    | PPS                                                            |
|                                                                                          |                                                                                                                            |                       | 1.00                                        |                                                                |
|                                                                                          | DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS) |                       |                                             |                                                                |
| 32.00                                                                                    | Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)                |                       | 0                                           | 32.00                                                          |
| 33.00                                                                                    | Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)                            |                       | 10,014,798                                  | 33.00                                                          |
| 34.00                                                                                    | Ratio of direct medical education costs to total charges (line 32 ÷ line 33)                                               |                       | 0.000000                                    | 34.00                                                          |
| 35.00                                                                                    | Medicare outpatient ESRD charges (see instructions)                                                                        |                       | 0                                           | 35.00                                                          |
| 36.00                                                                                    | Medicare outpatient ESRD direct medical education costs (line 34 x line 35)                                                |                       | 0                                           | 36.00                                                          |
| APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY                       |                                                                                                                            |                       |                                             |                                                                |
| Part A Reasonable Cost                                                                   |                                                                                                                            |                       |                                             |                                                                |
| 37.00                                                                                    | Reasonable cost (see instructions)                                                                                         |                       | 109,828,050                                 | 37.00                                                          |
| 38.00                                                                                    | Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)                                                              |                       | 0                                           | 38.00                                                          |
| 39.00                                                                                    | Cost of physicians' services in a teaching hospital (see instructions)                                                     |                       | 0                                           | 39.00                                                          |
| 40.00                                                                                    | Primary payer payments (see instructions)                                                                                  |                       | 283,084                                     | 40.00                                                          |
| 41.00                                                                                    | Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)                                                    |                       | 109,544,966                                 | 41.00                                                          |
| Part B Reasonable Cost                                                                   |                                                                                                                            |                       |                                             |                                                                |
| 42.00                                                                                    | Reasonable cost (see instructions)                                                                                         |                       | 61,712,246                                  | 42.00                                                          |
| 43.00                                                                                    | Primary payer payments (see instructions)                                                                                  |                       | 46,314                                      | 43.00                                                          |
| 44.00                                                                                    | Total Part B reasonable cost (line 42 minus line 43)                                                                       |                       | 61,665,932                                  | 44.00                                                          |
| 45.00                                                                                    | Total reasonable cost (sum of lines 41 and 44)                                                                             |                       | 171,210,898                                 | 45.00                                                          |
| 46.00                                                                                    | Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)                                               |                       | 0.639825                                    | 46.00                                                          |
| 47.00                                                                                    | Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)                                               |                       | 0.360175                                    | 47.00                                                          |
| ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B                        |                                                                                                                            |                       |                                             |                                                                |
| 48.00                                                                                    | Total program GME payment (line 31)                                                                                        |                       | 5,324,813                                   | 48.00                                                          |
| 49.00                                                                                    | Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)                                           |                       | 3,406,948                                   | 49.00                                                          |
| 50.00                                                                                    | Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)                                           |                       | 1,917,865                                   | 50.00                                                          |

| DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS |                                                                                                                                                                    | Provider CCN: 26-0020 | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet E-4<br>Date/Time Prepared:<br>11/29/2021 1:59 pm |       |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|------------------------------------------------------------|-------|
|                                                                                          |                                                                                                                                                                    | Title XIX             | Hospital                                    | Cost                                                       |       |
|                                                                                          |                                                                                                                                                                    |                       |                                             | 1.00                                                       |       |
| <b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>                                            |                                                                                                                                                                    |                       |                                             |                                                            |       |
| 1.00                                                                                     | Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.                            |                       |                                             | 99.69                                                      | 1.00  |
| 2.00                                                                                     | Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)                                                                     |                       |                                             | 0.00                                                       | 2.00  |
| 3.00                                                                                     | Amount of reduction to Direct GME cap under section 422 of MMA                                                                                                     |                       |                                             | 11.01                                                      | 3.00  |
| 3.01                                                                                     | Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)           |                       |                                             | 0.00                                                       | 3.01  |
| 4.00                                                                                     | Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f)) |                       |                                             | 0.00                                                       | 4.00  |
| 4.01                                                                                     | ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)                                              |                       |                                             | 0.00                                                       | 4.01  |
| 4.02                                                                                     | ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)                                   |                       |                                             | 0.00                                                       | 4.02  |
| 5.00                                                                                     | FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)                               |                       |                                             | 88.68                                                      | 5.00  |
| 6.00                                                                                     | Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)                                    |                       |                                             | 97.92                                                      | 6.00  |
| 7.00                                                                                     | Enter the lesser of line 5 or line 6                                                                                                                               |                       |                                             | 88.68                                                      | 7.00  |
|                                                                                          |                                                                                                                                                                    | Primary Care          | Other                                       | Total                                                      |       |
|                                                                                          |                                                                                                                                                                    | 1.00                  | 2.00                                        | 3.00                                                       |       |
| 8.00                                                                                     | Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.                                                                   | 64.30                 | 27.34                                       | 91.64                                                      | 8.00  |
| 9.00                                                                                     | If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.                       | 58.23                 | 24.76                                       | 82.99                                                      | 9.00  |
| 10.00                                                                                    | Weighted dental and podiatric resident FTE count for the current year                                                                                              |                       | 3.00                                        |                                                            | 10.00 |
| 10.01                                                                                    | Unweighted dental and podiatric resident FTE count for the current year                                                                                            |                       | 0.00                                        |                                                            | 10.01 |
| 11.00                                                                                    | Total weighted FTE count                                                                                                                                           | 58.23                 | 27.76                                       |                                                            | 11.00 |
| 12.00                                                                                    | Total weighted resident FTE count for the prior cost reporting year (see instructions)                                                                             | 58.44                 | 28.08                                       |                                                            | 12.00 |
| 13.00                                                                                    | Total weighted resident FTE count for the penultimate cost reporting year (see instructions)                                                                       | 57.99                 | 28.46                                       |                                                            | 13.00 |
| 14.00                                                                                    | Rolling average FTE count (sum of lines 11 through 13 divided by 3).                                                                                               | 58.22                 | 28.10                                       |                                                            | 14.00 |
| 15.00                                                                                    | Adjustment for residents in initial years of new programs                                                                                                          | 0.00                  | 0.00                                        |                                                            | 15.00 |
| 15.01                                                                                    | Unweighted adjustment for residents in initial years of new programs                                                                                               | 0.00                  | 0.00                                        |                                                            | 15.01 |
| 16.00                                                                                    | Adjustment for residents displaced by program or hospital closure                                                                                                  | 0.00                  | 0.00                                        |                                                            | 16.00 |
| 16.01                                                                                    | Unweighted adjustment for residents displaced by program or hospital closure                                                                                       | 0.00                  | 0.00                                        |                                                            | 16.01 |
| 17.00                                                                                    | Adjusted rolling average FTE count                                                                                                                                 | 58.22                 | 28.10                                       |                                                            | 17.00 |
| 18.00                                                                                    | Per resident amount                                                                                                                                                | 158,524.63            | 157,676.84                                  |                                                            | 18.00 |
| 19.00                                                                                    | Approved amount for resident costs                                                                                                                                 | 9,229,304             | 4,430,719                                   | 13,660,023                                                 | 19.00 |
|                                                                                          |                                                                                                                                                                    |                       |                                             | 1.00                                                       |       |
| 20.00                                                                                    | Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)                                             |                       |                                             | 0.00                                                       | 20.00 |
| 21.00                                                                                    | Direct GME FTE unweighted resident count over cap (see instructions)                                                                                               |                       |                                             | 9.24                                                       | 21.00 |
| 22.00                                                                                    | Allowable additional direct GME FTE Resident Count (see instructions)                                                                                              |                       |                                             | 0.00                                                       | 22.00 |
| 23.00                                                                                    | Enter the locality adjustment national average per resident amount (see instructions)                                                                              |                       |                                             | 113,993.00                                                 | 23.00 |
| 24.00                                                                                    | Multiply line 22 time line 23                                                                                                                                      |                       |                                             | 0                                                          | 24.00 |
| 25.00                                                                                    | Total direct GME amount (sum of lines 19 and 24)                                                                                                                   |                       |                                             | 13,660,023                                                 | 25.00 |
|                                                                                          |                                                                                                                                                                    | Inpatient Part A      | Managed Care                                | Total                                                      |       |
|                                                                                          |                                                                                                                                                                    | 1.00                  | 2.00                                        | 3.00                                                       |       |
| <b>COMPUTATION OF PROGRAM PATIENT LOAD</b>                                               |                                                                                                                                                                    |                       |                                             |                                                            |       |
| 26.00                                                                                    | Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)                                                                               | 15,270                | 36,572                                      |                                                            | 26.00 |
| 27.00                                                                                    | Total Inpatient Days (see instructions)                                                                                                                            | 221,978               | 221,978                                     |                                                            | 27.00 |
| 28.00                                                                                    | Ratio of inpatient days to total inpatient days                                                                                                                    | 0.068791              | 0.164755                                    |                                                            | 28.00 |
| 29.00                                                                                    | Program direct GME amount                                                                                                                                          | 939,687               | 2,250,557                                   | 3,190,244                                                  | 29.00 |
| 29.01                                                                                    | Percent reduction for MA DGME                                                                                                                                      |                       |                                             |                                                            | 29.01 |
| 30.00                                                                                    | Reduction for direct GME payments for Medicare Advantage                                                                                                           |                       | 0                                           | 0                                                          | 30.00 |
| 31.00                                                                                    | Net Program direct GME amount                                                                                                                                      |                       |                                             | 3,190,244                                                  | 31.00 |

|                                                                                          |                                                                                                                            |                       |                                             |                                                            |       |
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| DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS |                                                                                                                            | Provider CCN: 26-0020 | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet E-4<br>Date/Time Prepared:<br>11/29/2021 1:59 pm |       |
|                                                                                          |                                                                                                                            | Title XIX             | Hospital                                    | Cost                                                       |       |
|                                                                                          |                                                                                                                            |                       |                                             | 1.00                                                       |       |
|                                                                                          | DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS) |                       |                                             |                                                            |       |
| 32.00                                                                                    | Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)                |                       |                                             |                                                            | 32.00 |
| 33.00                                                                                    | Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)                            |                       |                                             |                                                            | 33.00 |
| 34.00                                                                                    | Ratio of direct medical education costs to total charges (line 32 ÷ line 33)                                               |                       |                                             |                                                            | 34.00 |
| 35.00                                                                                    | Medicare outpatient ESRD charges (see instructions)                                                                        |                       |                                             |                                                            | 35.00 |
| 36.00                                                                                    | Medicare outpatient ESRD direct medical education costs (line 34 x line 35)                                                |                       |                                             |                                                            | 36.00 |
| APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY                       |                                                                                                                            |                       |                                             |                                                            |       |
| Part A Reasonable Cost                                                                   |                                                                                                                            |                       |                                             |                                                            |       |
| 37.00                                                                                    | Reasonable cost (see instructions)                                                                                         |                       |                                             |                                                            | 37.00 |
| 38.00                                                                                    | Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)                                                              |                       |                                             |                                                            | 38.00 |
| 39.00                                                                                    | Cost of physicians' services in a teaching hospital (see instructions)                                                     |                       |                                             |                                                            | 39.00 |
| 40.00                                                                                    | Primary payer payments (see instructions)                                                                                  |                       |                                             |                                                            | 40.00 |
| 41.00                                                                                    | Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)                                                    |                       |                                             |                                                            | 41.00 |
| Part B Reasonable Cost                                                                   |                                                                                                                            |                       |                                             |                                                            |       |
| 42.00                                                                                    | Reasonable cost (see instructions)                                                                                         |                       |                                             |                                                            | 42.00 |
| 43.00                                                                                    | Primary payer payments (see instructions)                                                                                  |                       |                                             |                                                            | 43.00 |
| 44.00                                                                                    | Total Part B reasonable cost (line 42 minus line 43)                                                                       |                       |                                             |                                                            | 44.00 |
| 45.00                                                                                    | Total reasonable cost (sum of lines 41 and 44)                                                                             |                       |                                             |                                                            | 45.00 |
| 46.00                                                                                    | Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)                                               |                       |                                             |                                                            | 46.00 |
| 47.00                                                                                    | Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)                                               |                       |                                             |                                                            | 47.00 |
| ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B                        |                                                                                                                            |                       |                                             |                                                            |       |
| 48.00                                                                                    | Total program GME payment (line 31)                                                                                        |                       |                                             | 3,190,244                                                  | 48.00 |
| 49.00                                                                                    | Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)                                           |                       |                                             |                                                            | 49.00 |
| 50.00                                                                                    | Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)                                           |                       |                                             |                                                            | 50.00 |

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

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet G

Date/Time Prepared:  
11/29/2021 1:59 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                                                          | 28,512,317   | 0                     | 0              | 0          | 1.00  |
| 2.00                         | Temporary investments                                                          | 0            | 0                     | 0              | 0          | 2.00  |
| 3.00                         | Notes receivable                                                               | 0            | 0                     | 0              | 0          | 3.00  |
| 4.00                         | Accounts receivable                                                            | 387,813,056  | 0                     | 0              | 0          | 4.00  |
| 5.00                         | Other receivable                                                               | 0            | 0                     | 0              | 0          | 5.00  |
| 6.00                         | Allowances for uncollectible notes and accounts receivable                     | -222,825,985 | 0                     | 0              | 0          | 6.00  |
| 7.00                         | Inventory                                                                      | 17,589,689   | 0                     | 0              | 0          | 7.00  |
| 8.00                         | Prepaid expenses                                                               | 720,585      | 0                     | 0              | 0          | 8.00  |
| 9.00                         | Other current assets                                                           | 2,052,724    | 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)                                       | 213,862,386  | 0                     | 0              | 0          | 11.00 |
| <b>FIXED ASSETS</b>          |                                                                                |              |                       |                |            |       |
| 12.00                        | Land                                                                           | 8,054,462    | 0                     | 0              | 0          | 12.00 |
| 13.00                        | Land improvements                                                              | 12,203,119   | 0                     | 0              | 0          | 13.00 |
| 14.00                        | Accumulated depreciation                                                       | -10,830,040  | 0                     | 0              | 0          | 14.00 |
| 15.00                        | Buildings                                                                      | 850,301,763  | 0                     | 0              | 0          | 15.00 |
| 16.00                        | Accumulated depreciation                                                       | -576,900,900 | 0                     | 0              | 0          | 16.00 |
| 17.00                        | Leasehold improvements                                                         | 27,857,603   | 0                     | 0              | 0          | 17.00 |
| 18.00                        | Accumulated depreciation                                                       | -226,507     | 0                     | 0              | 0          | 18.00 |
| 19.00                        | Fixed equipment                                                                | 11,028,892   | 0                     | 0              | 0          | 19.00 |
| 20.00                        | Accumulated depreciation                                                       | -7,217,398   | 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                                                        | 318,600,797  | 0                     | 0              | 0          | 23.00 |
| 24.00                        | Accumulated depreciation                                                       | -260,283,087 | 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)                                        | 372,588,704  | 0                     | 0              | 0          | 30.00 |
| <b>OTHER ASSETS</b>          |                                                                                |              |                       |                |            |       |
| 31.00                        | Investments                                                                    | 0            | 0                     | 0              | 0          | 31.00 |
| 32.00                        | Deposits on leases                                                             | 0            | 0                     | 0              | 0          | 32.00 |
| 33.00                        | Due from owners/officers                                                       | 0            | 0                     | 0              | 0          | 33.00 |
| 34.00                        | Other assets                                                                   | 17,765,743   | 3,971,841             | 0              | 0          | 34.00 |
| 35.00                        | Total other assets (sum of lines 31-34)                                        | 17,765,743   | 3,971,841             | 0              | 0          | 35.00 |
| 36.00                        | Total assets (sum of lines 11, 30, and 35)                                     | 604,216,833  | 3,971,841             | 0              | 0          | 36.00 |
| <b>CURRENT LIABILITIES</b>   |                                                                                |              |                       |                |            |       |
| 37.00                        | Accounts payable                                                               | 10,363,806   | 0                     | 0              | 0          | 37.00 |
| 38.00                        | Salaries, wages, and fees payable                                              | 7,432,735    | 0                     | 0              | 0          | 38.00 |
| 39.00                        | Payroll taxes payable                                                          | 0            | 0                     | 0              | 0          | 39.00 |
| 40.00                        | Notes and loans payable (short term)                                           | 751,902      | 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                                                      | 16,111,846   | 0                     | 0              | 0          | 44.00 |
| 45.00                        | Total current liabilities (sum of lines 37 thru 44)                            | 34,660,289   | 0                     | 0              | 0          | 45.00 |
| <b>LONG TERM LIABILITIES</b> |                                                                                |              |                       |                |            |       |
| 46.00                        | Mortgage payable                                                               | 0            | 0                     | 0              | 0          | 46.00 |
| 47.00                        | Notes payable                                                                  | 1,598,514    | 0                     | 0              | 0          | 47.00 |
| 48.00                        | Unsecured loans                                                                | 0            | 0                     | 0              | 0          | 48.00 |
| 49.00                        | Other long term liabilities                                                    | 6,297,757    | 0                     | 0              | 0          | 49.00 |
| 50.00                        | Total long term liabilities (sum of lines 46 thru 49)                          | 7,896,271    | 0                     | 0              | 0          | 50.00 |
| 51.00                        | Total liabilities (sum of lines 45 and 50)                                     | 42,556,560   | 0                     | 0              | 0          | 51.00 |
| <b>CAPITAL ACCOUNTS</b>      |                                                                                |              |                       |                |            |       |
| 52.00                        | General fund balance                                                           | 561,660,273  |                       |                |            | 52.00 |
| 53.00                        | Specific purpose fund                                                          |              | 3,971,841             |                |            | 53.00 |
| 54.00                        | Donor created - endowment fund balance - restricted                            |              |                       | 0              |            | 54.00 |
| 55.00                        | Donor created - endowment fund balance - unrestricted                          |              |                       | 0              |            | 55.00 |
| 56.00                        | Governing body created - endowment fund balance                                |              |                       | 0              |            | 56.00 |
| 57.00                        | Plant fund balance - invested in plant                                         |              |                       |                | 0          | 57.00 |
| 58.00                        | Plant fund balance - reserve for plant improvement, replacement, and expansion |              |                       |                | 0          | 58.00 |
| 59.00                        | Total fund balances (sum of lines 52 thru 58)                                  | 561,660,273  | 3,971,841             | 0              | 0          | 59.00 |
| 60.00                        | Total liabilities and fund balances (sum of lines 51 and 59)                   | 604,216,833  | 3,971,841             | 0              | 0          | 60.00 |

## STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet G-1

Date/Time Prepared:  
11/29/2021 1:59 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                                    |                | 562,867,837 |                      | 3,196,115 |                | 1.00  |
| 2.00  | Net income (loss) (from Wkst. G-3, line 29)                             |                | 258,987,320 |                      |           |                | 2.00  |
| 3.00  | Total (sum of line 1 and line 2)                                        |                | 821,855,157 |                      | 3,196,115 |                | 3.00  |
| 4.00  | Additions (credit adjustments) (specify)                                | 0              |             | 0                    |           | 0              | 4.00  |
| 5.00  | INVESTMENT INCOME                                                       | 0              |             | 835,421              |           | 0              | 5.00  |
| 6.00  | DONATIONS                                                               | 0              |             | 160,825              |           | 0              | 6.00  |
| 7.00  |                                                                         | 0              |             | 0                    |           | 0              | 7.00  |
| 8.00  |                                                                         | 0              |             | 0                    |           | 0              | 8.00  |
| 9.00  |                                                                         | 0              |             | 0                    |           | 0              | 9.00  |
| 10.00 | Total additions (sum of line 4-9)                                       |                | 0           |                      | 996,246   |                | 10.00 |
| 11.00 | Subtotal (line 3 plus line 10)                                          |                | 821,855,157 |                      | 4,192,361 |                | 11.00 |
| 12.00 | Deductions (debit adjustments) (specify)                                | 0              |             | 0                    |           | 0              | 12.00 |
| 13.00 | EXPENSES                                                                | 0              |             | 220,520              |           | 0              | 13.00 |
| 14.00 | TRANSFERS                                                               | 260,194,884    |             | 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)                                   |                | 260,194,884 |                      | 220,520   |                | 18.00 |
| 19.00 | Fund balance at end of period per balance sheet (line 11 minus line 18) |                | 561,660,273 |                      | 3,971,841 |                | 19.00 |
|       |                                                                         | Endowment Fund |             | Plant Fund           |           |                |       |
|       |                                                                         | 6.00           | 7.00        | 8.00                 |           |                |       |
| 1.00  | Fund balances at beginning of period                                    | 0              |             | 0                    |           |                | 1.00  |
| 2.00  | Net income (loss) (from Wkst. G-3, line 29)                             |                |             |                      |           |                | 2.00  |
| 3.00  | Total (sum of line 1 and line 2)                                        | 0              |             | 0                    |           |                | 3.00  |
| 4.00  | Additions (credit adjustments) (specify)                                |                | 0           |                      |           |                | 4.00  |
| 5.00  | INVESTMENT INCOME                                                       |                | 0           |                      |           |                | 5.00  |
| 6.00  | DONATIONS                                                               |                | 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 | EXPENSES                                                                |                | 0           |                      |           |                | 13.00 |
| 14.00 | TRANSFERS                                                               |                | 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: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/29/2021 1:59 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                                                                                       | 391,626,315   |               | 391,626,315   | 1.00  |
| 2.00                                                   | SUBPROVIDER - IPF                                                                              | 4,200,005     |               | 4,200,005     | 2.00  |
| 3.00                                                   | SUBPROVIDER - IRF                                                                              | 0             |               | 0             | 3.00  |
| 4.00                                                   | SUBPROVIDER                                                                                    | 0             |               | 0             | 4.00  |
| 5.00                                                   | Swing bed - SNF                                                                                | 0             |               | 0             | 5.00  |
| 6.00                                                   | Swing bed - NF                                                                                 | 0             |               | 0             | 6.00  |
| 7.00                                                   | SKILLED NURSING FACILITY                                                                       | 0             |               | 0             | 7.00  |
| 8.00                                                   | NURSING FACILITY                                                                               |               |               |               | 8.00  |
| 9.00                                                   | OTHER LONG TERM CARE                                                                           |               |               |               | 9.00  |
| 10.00                                                  | Total general inpatient care services (sum of lines 1-9)                                       | 395,826,320   |               | 395,826,320   | 10.00 |
| <b>Intensive Care Type Inpatient Hospital Services</b> |                                                                                                |               |               |               |       |
| 11.00                                                  | INTENSIVE CARE UNIT                                                                            | 111,032,844   |               | 111,032,844   | 11.00 |
| 12.00                                                  | CORONARY CARE UNIT                                                                             | 21,545,508    |               | 21,545,508    | 12.00 |
| 13.00                                                  | BURN INTENSIVE CARE UNIT                                                                       | 14,763,358    |               | 14,763,358    | 13.00 |
| 14.00                                                  | SURGICAL INTENSIVE CARE UNIT                                                                   | 0             |               | 0             | 14.00 |
| 15.00                                                  | NEONATAL INTENSIVE CARE UNIT                                                                   | 143,212,423   |               | 143,212,423   | 15.00 |
| 16.00                                                  | Total intensive care type inpatient hospital services (sum of lines 11-15)                     | 290,554,133   |               | 290,554,133   | 16.00 |
| 17.00                                                  | Total inpatient routine care services (sum of lines 10 and 16)                                 | 686,380,453   |               | 686,380,453   | 17.00 |
| 18.00                                                  | Ancillary services                                                                             | 1,267,426,608 | 0             | 1,267,426,608 | 18.00 |
| 19.00                                                  | Outpatient services                                                                            | 0             | 2,595,414,862 | 2,595,414,862 | 19.00 |
| 20.00                                                  | RURAL HEALTH CLINIC                                                                            | 0             | 0             | 0             | 20.00 |
| 21.00                                                  | FEDERALLY QUALIFIED HEALTH CENTER                                                              | 0             | 0             | 0             | 21.00 |
| 22.00                                                  | HOME HEALTH AGENCY                                                                             |               |               |               | 22.00 |
| 23.00                                                  | AMBULANCE SERVICES                                                                             | 0             | 0             | 0             | 23.00 |
| 24.00                                                  | CMHC                                                                                           |               |               |               | 24.00 |
| 24.10                                                  | CORF                                                                                           | 0             | 0             | 0             | 24.10 |
| 25.00                                                  | AMBULATORY SURGICAL CENTER (D.P.)                                                              |               |               |               | 25.00 |
| 26.00                                                  | HOSPICE                                                                                        |               |               |               | 26.00 |
| 27.00                                                  | PROFESSIONAL FEES                                                                              | 6,749         | 115,585,324   | 115,592,073   | 27.00 |
| 27.01                                                  | DIETARY REVENUE                                                                                | 1,568,068     | 282,452       | 1,850,520     | 27.01 |
| 28.00                                                  | Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)            | 1,955,381,878 | 2,711,282,638 | 4,666,664,516 | 28.00 |
| <b>PART II - OPERATING EXPENSES</b>                    |                                                                                                |               |               |               |       |
| 29.00                                                  | Operating expenses (per Wkst. A, column 3, line 200)                                           |               | 1,070,416,754 |               | 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) |               | 1,070,416,754 |               | 43.00 |

## STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-0020

Period:  
From 07/01/2020  
To 06/30/2021

Worksheet G-3

Date/Time Prepared:  
11/29/2021 1:59 pm

|              |                                                                           | 1.00          |       |
|--------------|---------------------------------------------------------------------------|---------------|-------|
| 1.00         | Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)        | 4,666,664,516 | 1.00  |
| 2.00         | Less contractual allowances and discounts on patients' accounts           | 3,375,677,239 | 2.00  |
| 3.00         | Net patient revenues (line 1 minus line 2)                                | 1,290,987,277 | 3.00  |
| 4.00         | Less total operating expenses (from Wkst. G-2, Part II, line 43)          | 1,070,416,754 | 4.00  |
| 5.00         | Net income from service to patients (line 3 minus line 4)                 | 220,570,523   | 5.00  |
| OTHER INCOME |                                                                           |               |       |
| 6.00         | Contributions, donations, bequests, etc                                   | 2,192,770     | 6.00  |
| 7.00         | Income from investments                                                   | 8,194,641     | 7.00  |
| 8.00         | Revenues from telephone and other miscellaneous communication services    | 0             | 8.00  |
| 9.00         | Revenue from television and radio service                                 | 0             | 9.00  |
| 10.00        | Purchase discounts                                                        | 0             | 10.00 |
| 11.00        | Rebates and refunds of expenses                                           | 0             | 11.00 |
| 12.00        | Parking lot receipts                                                      | 0             | 12.00 |
| 13.00        | Revenue from laundry and linen service                                    | 0             | 13.00 |
| 14.00        | Revenue from meals sold to employees and guests                           | 5,432,928     | 14.00 |
| 15.00        | Revenue from rental of living quarters                                    | 0             | 15.00 |
| 16.00        | Revenue from sale of medical and surgical supplies to other than patients | 0             | 16.00 |
| 17.00        | Revenue from sale of drugs to other than patients                         | 0             | 17.00 |
| 18.00        | Revenue from sale of medical records and abstracts                        | 0             | 18.00 |
| 19.00        | Tuition (fees, sale of textbooks, uniforms, etc.)                         | 2,113,111     | 19.00 |
| 20.00        | Revenue from gifts, flowers, coffee shops, and canteen                    | 1,094,183     | 20.00 |
| 21.00        | Rental of vending machines                                                | 225,507       | 21.00 |
| 22.00        | Rental of hospital space                                                  | 1,773,297     | 22.00 |
| 23.00        | Governmental appropriations                                               | 0             | 23.00 |
| 24.00        | OTHER                                                                     | 6,607,230     | 24.00 |
| 24.50        | COVID-19 PHE Funding                                                      | 10,783,126    | 24.50 |
| 25.00        | Total other income (sum of lines 6-24)                                    | 38,416,793    | 25.00 |
| 26.00        | Total (line 5 plus line 25)                                               | 258,987,316   | 26.00 |
| 27.00        | ROUNDING                                                                  | -4            | 27.00 |
| 28.00        | Total other expenses (sum of line 27 and subscripts)                      | -4            | 28.00 |
| 29.00        | Net income (or loss) for the period (line 26 minus line 28)               | 258,987,320   | 29.00 |

| CALCULATION OF CAPITAL PAYMENT                      |                                                                                                                                                              | Provider CCN: 26-0020 | Period:<br>From 07/01/2020<br>To 06/30/2021 | Worksheet L<br>Parts I-III<br>Date/Time Prepared:<br>11/29/2021 1:59 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                                                                                                                               |                       | 6,601,425                                   | 1.00                                                                    |
| 1.01                                                | Model 4 BPCI Capital DRG other than outlier                                                                                                                  |                       | 0                                           | 1.01                                                                    |
| 2.00                                                | Capital DRG outlier payments                                                                                                                                 |                       | 246,655                                     | 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)                                                               |                       | 597.03                                      | 3.00                                                                    |
| 4.00                                                | Number of interns & residents (see instructions)                                                                                                             |                       | 88.72                                       | 4.00                                                                    |
| 5.00                                                | Indirect medical education percentage (see instructions)                                                                                                     |                       | 4.28                                        | 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)                                 |                       | 282,541                                     | 6.00                                                                    |
| 7.00                                                | Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)                                    |                       | 3.28                                        | 7.00                                                                    |
| 8.00                                                | Percentage of Medicaid patient days to total days (see instructions)                                                                                         |                       | 24.39                                       | 8.00                                                                    |
| 9.00                                                | Sum of lines 7 and 8                                                                                                                                         |                       | 27.67                                       | 9.00                                                                    |
| 10.00                                               | Allowable disproportionate share percentage (see instructions)                                                                                               |                       | 5.76                                        | 10.00                                                                   |
| 11.00                                               | Disproportionate share adjustment (see instructions)                                                                                                         |                       | 380,242                                     | 11.00                                                                   |
| 12.00                                               | Total prospective capital payments (see instructions)                                                                                                        |                       | 7,510,863                                   | 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                                                                   |