

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: 52-0100 | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet S<br>Parts I-III<br>Date/Time Prepared:<br>5/24/2022 3:09 pm |
|--------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|------------------------------------------------------------------------|

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>PART I - COST REPORT STATUS</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| Provider use only                  | 1. <input checked="" type="checkbox"/> Electronically prepared cost report<br>2. <input type="checkbox"/> Manually prepared cost report<br>3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report<br>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<br>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<br>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 BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)**  
 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 submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BELOIT MEMORIAL HOSPITAL, INC. ( 52-0100 ) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 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.

|   | SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR | CHECKBOX                          | ELECTRONIC SIGNATURE STATEMENT                                                                                                                                                                  |   |
|---|-------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
|   | 1                                                     | 2                                 |                                                                                                                                                                                                 |   |
| 1 | <b>James Bird</b>                                     | <b>Y</b>                          | I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature. | 1 |
| 2 | Signatory Printed Name                                | James Bird                        |                                                                                                                                                                                                 | 2 |
| 3 | Signatory Title                                       | CFO                               |                                                                                                                                                                                                 | 3 |
| 4 | Date                                                  | (Dated when report is electronica |                                                                                                                                                                                                 | 4 |

| Cost Center Description              | Title V | Title XVIII |         | HIT  | Title XIX |        |
|--------------------------------------|---------|-------------|---------|------|-----------|--------|
|                                      |         | Part A      | Part B  |      |           |        |
|                                      | 1.00    | 2.00        | 3.00    | 4.00 | 5.00      |        |
| <b>PART III - SETTLEMENT SUMMARY</b> |         |             |         |      |           |        |
| 1.00 Hospital                        | 0       | 648,578     | 469,567 | 0    | 0         | 1.00   |
| 2.00 Subprovider - IPF               | 0       | 0           | 0       |      | 0         | 2.00   |
| 3.00 Subprovider - IRF               | 0       | 0           | 0       |      | 0         | 3.00   |
| 5.00 Swing Bed - SNF                 | 0       | 0           | 0       |      | 0         | 5.00   |
| 6.00 Swing Bed - NF                  | 0       |             |         |      | 0         | 6.00   |
| 9.00 HOME HEALTH AGENCY I            | 0       | 0           | 0       |      | 0         | 9.00   |
| 200.00 Total                         | 0       | 648,578     | 469,567 | 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: 52-0100 | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>5/24/2022 3:09 pm |  |
|---------------------------------------------------------------|--|--|--|-----------------------|---------------------------------------------|---------------------------------------------------------------------|--|

| 1.00                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2.00                           |            | 3.00        |               | 4.00            |                                |              |      |       |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------|-------------|---------------|-----------------|--------------------------------|--------------|------|-------|
| Hospital and Hospital Health Care Complex Address:    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |            |             |               |                 |                                |              |      |       |
| 1.00                                                  | Street: 1969 WEST HART ROAD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |            | PO Box:     |               |                 |                                |              |      | 1.00  |
| 2.00                                                  | City: BELOIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |            | State: WI   |               | Zip Code: 53511 |                                | County: ROCK |      | 2.00  |
|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Component Name                 | CCN Number | CBSA Number | Provider Type | Date Certified  | Payment System (P, T, O, or N) |              |      |       |
|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |            |             |               |                 | V                              | XVIII        | XIX  |       |
|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1.00                           | 2.00       | 3.00        | 4.00          | 5.00            | 6.00                           | 7.00         | 8.00 |       |
| Hospital and Hospital-Based Component Identification: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |            |             |               |                 |                                |              |      |       |
| 3.00                                                  | Hospital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | BELOIT MEMORIAL HOSPITAL, INC. | 520100     | 27500       | 1             | 07/01/1966      | N                              | P            | O    | 3.00  |
| 4.00                                                  | Subprovider - IPF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |            |             |               |                 |                                |              |      | 4.00  |
| 5.00                                                  | Subprovider - IRF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |            |             |               |                 |                                |              |      | 5.00  |
| 6.00                                                  | Subprovider - (Other)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |            |             |               |                 |                                |              |      | 6.00  |
| 7.00                                                  | Swing Beds - SNF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | BELOIT HEALTH SYSTEM, INC.     | 52U100     | 27500       |               | 01/01/2020      | N                              | P            | N    | 7.00  |
| 8.00                                                  | Swing Beds - NF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |            |             |               |                 |                                |              |      | 8.00  |
| 9.00                                                  | Hospital-Based SNF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |            |             |               |                 |                                |              |      | 9.00  |
| 10.00                                                 | Hospital-Based NF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |            |             |               |                 |                                |              |      | 10.00 |
| 11.00                                                 | Hospital-Based OLTC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |            |             |               |                 |                                |              |      | 11.00 |
| 12.00                                                 | Hospital-Based HHA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AT HOME HEALTH CARE            | 527075     | 27500       |               | 09/01/1996      | N                              | P            | N    | 12.00 |
| 13.00                                                 | Separately Certified ASC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |            |             |               |                 |                                |              |      | 13.00 |
| 14.00                                                 | Hospital-Based Hospice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | BELOIT REGIONAL HOSPICE        | 521525     | 27500       |               | 01/01/2017      |                                |              |      | 14.00 |
| 15.00                                                 | Hospital-Based Health Clinic - RHC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |            |             |               |                 |                                |              |      | 15.00 |
| 16.00                                                 | Hospital-Based Health Clinic - FQHC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |            |             |               |                 |                                |              |      | 16.00 |
| 17.00                                                 | Hospital-Based (CMHC) I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |            |             |               |                 |                                |              |      | 17.00 |
| 18.00                                                 | Renal Dialysis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | BELOIT MEMORIAL DIALYSIS       | 522324     | 27500       |               | 01/01/2004      |                                |              |      | 18.00 |
| 19.00                                                 | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |            |             |               |                 |                                |              |      | 19.00 |
|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |            |             |               | From:           | To:                            |              |      |       |
|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |            |             |               | 1.00            | 2.00                           |              |      |       |
| 20.00                                                 | Cost Reporting Period (mm/dd/yyyy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |            |             |               | 01/01/2021      | 12/31/2021                     |              |      | 20.00 |
| 21.00                                                 | Type of Control (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |            |             |               | 2               |                                |              |      | 21.00 |
|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |            |             |               | 1.00            | 2.00                           | 3.00         |      |       |
| Inpatient PPS Information                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |            |             |               |                 |                                |              |      |       |
| 22.00                                                 | Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                               |                                |            |             | Y             | N               |                                |              |      | 22.00 |
| 22.01                                                 | Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)                                                                                                                                                                                                                                   |                                |            |             | Y             | Y               |                                |              |      | 22.01 |
| 22.02                                                 | Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.                                                                                                                                                                                                                       |                                |            |             | N             | N               |                                |              |      | 22.02 |
| 22.03                                                 | Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no. |                                |            |             | N             | N               | N                              |              |      | 22.03 |
| 22.04                                                 | Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations 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. |                                |            |             | Y             | Y               | N                              |              |      | 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:  
5/24/2022 3:09 pm

MCRIF32 - 17.4.174.1

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Provider CCN: 52-0100 |                                           | Period:<br>From 01/01/2021<br>To 12/31/2021 |                                                 | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>5/24/2022 3:09 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.                                                                                                                                                                                                                                                                                |                       | N                                         |                                             |                                                 |                                                                     | 60.00      |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       | Y/N                                       | IME                                         | Direct GME                                      | IME                                                                 | Direct GME |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       | 1.00                                      | 2.00                                        | 3.00                                            | 4.00                                                                | 5.00       |
| 61.00                                                           | Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | N                                         |                                             |                                                 | 0.00                                                                | 0.00       |
| 61.01                                                           | Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                           |                                             |                                                 |                                                                     | 61.01      |
| 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       |
| 62.00                                                           | ACA Provisions Affecting the Health Resources and Services Administration (HRSA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                           |                                             |                                                 |                                                                     |            |
| 62.00                                                           | Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                           |                                             |                                                 | 0.00                                                                | 62.00      |
| 62.01                                                           | Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                           |                                             |                                                 | 0.00                                                                | 62.01      |
| Teaching Hospitals that Claim Residents in Nonprovider Settings |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                           |                                             |                                                 |                                                                     |            |
| 63.00                                                           | Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                                           |                                             |                                                 | N                                                                   | 63.00      |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       | Unweighted<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                                            |                                                                     |            |
| 64.00                                                           | Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.<br>Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions) |                       |                                           |                                             |                                                 | 0.00                                                                | 0.00       |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                           |                                             |                                                 | 0.000000                                                            | 64.00      |

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet S-2  
Part I  
Date/Time Prepared:  
5/24/2022 3:09 pm

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

|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                                             |                                                                     |             |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|---------------------------------------------------------------------|-------------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA |                                                                                                                                                                                                                                                                                                                                                                                                             | Provider CCN: 52-0100 | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>5/24/2022 3:09 pm |             |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                                             | 1.00                                                                |             |
| Long Term Care Hospital PPS                                   |                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                                             |                                                                     |             |
| 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                                                             |             |
| TEFRA Providers                                               |                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                                             |                                                                     |             |
| 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.                                                                                                                                                                                                                                                               |                       |                                             | N 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                                                                |             |
| Title V and XIX Services                                      |                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                                             |                                                                     |             |
| 90.00                                                         | Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.                                                                                                                                                                                                                                                                           |                       |                                             | N Y 90.00                                                           |             |
| 91.00                                                         | Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.                                                                                                                                                                                                                                             |                       |                                             | N N 91.00                                                           |             |
| 92.00                                                         | Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.                                                                                                                                                                                                                                                 |                       |                                             | N 92.00                                                             |             |
| 93.00                                                         | Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.                                                                                                                                                                                                                                                                   |                       |                                             | N N 93.00                                                           |             |
| 94.00                                                         | Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.                                                                                                                                                                                                                                                                                                        |                       |                                             | N N 94.00                                                           |             |
| 95.00                                                         | If line 94 is "Y", enter the reduction percentage in the applicable column.                                                                                                                                                                                                                                                                                                                                 |                       |                                             | 0.00 0.00 95.00                                                     |             |
| 96.00                                                         | Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.                                                                                                                                                                                                                                                                                                        |                       |                                             | N N 96.00                                                           |             |
| 97.00                                                         | If line 96 is "Y", enter the reduction percentage in the applicable column.                                                                                                                                                                                                                                                                                                                                 |                       |                                             | 0.00 0.00 97.00                                                     |             |
| 98.00                                                         | Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                               |                       |                                             | 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                                                           |             |
| Rural Providers                                               |                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                                             |                                                                     |             |
| 105.00                                                        | Does this hospital qualify as a CAH?                                                                                                                                                                                                                                                                                                                                                                        |                       |                                             | N 105.00                                                            |             |
| 106.00                                                        | If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)                                                                                                                                                                                                                                                                         |                       |                                             | 106.00                                                              |             |
| 107.00                                                        | Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions)<br>Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions) |                       |                                             | 107.00                                                              |             |
| 108.00                                                        | Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                             |                       |                                             | N 108.00                                                            |             |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                             | Physical              | Occupational                                | Speech                                                              | Respiratory |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                             | 1.00                  | 2.00                                        | 3.00                                                                | 4.00        |
| 109.00                                                        | If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.                                                                                                                                                                                                                                                |                       |                                             |                                                                     |             |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                                             | 1.00                                                                |             |
| 110.00                                                        | Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.                                                                                                     |                       |                                             | N                                                                   | 110.00      |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Provider CCN: 52-0100 | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>5/24/2022 3:09 pm |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|---------------------------------------------------------------------|
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.00                  | 2.00                                        |                                                                     |
| 111.00                                                        | If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services. | N                     |                                             | 111.00                                                              |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.00                  | 2.00                                        | 3.00                                                                |
| 112.00                                                        | Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.                                                                 | N                     |                                             | 112.00                                                              |
| Miscellaneous Cost Reporting Information                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                                             |                                                                     |
| 115.00                                                        | Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.                                       | N                     |                                             | 0115.00                                                             |
| 116.00                                                        | Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                                              | N                     |                                             | 116.00                                                              |
| 117.00                                                        | Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                              | Y                     |                                             | 117.00                                                              |
| 118.00                                                        | Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.                                                                                                                                                                                                                                                                                                                      | 1                     |                                             | 118.00                                                              |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Premiums              | Losses                                      | Insurance                                                           |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.00                  | 2.00                                        | 3.00                                                                |
| 118.01                                                        | List amounts of malpractice premiums and paid losses:                                                                                                                                                                                                                                                                                                                                                                                                           | 476,428               | 0                                           | 0118.01                                                             |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 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.                                                                                                                                                                                                                                                                                                                                | N                     |                                             | 121.00                                                              |
| 122.00                                                        | Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.                                                                                                                                                                                                                      | N                     |                                             | 122.00                                                              |
| Transplant Center Information                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                                             |                                                                     |
| 125.00                                                        | Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.                                                                                                                                                                                                                                                                                                                       | N                     |                                             | 125.00                                                              |
| 126.00                                                        | If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                                                                                                                                                            |                       |                                             | 126.00                                                              |
| 127.00                                                        | If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                                                                                                                                                             |                       |                                             | 127.00                                                              |
| 128.00                                                        | If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                                                                                                                                                             |                       |                                             | 128.00                                                              |
| 129.00                                                        | If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                                                                                                                                                              |                       |                                             | 129.00                                                              |
| 130.00                                                        | If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                                                                                                                                                          |                       |                                             | 130.00                                                              |
| 131.00                                                        | If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                                                                                                                                                        |                       |                                             | 131.00                                                              |
| 132.00                                                        | If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                                                                                                                                                             |                       |                                             | 132.00                                                              |
| 133.00                                                        | Removed and reserved                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                             | 133.00                                                              |
| 134.00                                                        | If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                                                                                                                                                                          |                       |                                             | 134.00                                                              |
| All Providers                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                                             |                                                                     |
| 140.00                                                        | Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)                                                                                                                                                                                                     | N                     |                                             | 140.00                                                              |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                  |                    |        | Provider CCN: 52-0100 |          | Period:<br>From 01/01/2021<br>To 12/31/2021 |            | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>5/24/2022 3:09 pm |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------|-----------------------|----------|---------------------------------------------|------------|---------------------------------------------------------------------|--------|
| 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:                                                                                                                                                                                                                                                                                                            | Contractor's Name: |        | Contractor's Number:  |          |                                             |            | 141.00                                                              |        |
| 142.00                                                                                                                                                                                                                      | Street:                                                                                                                                                                                                                                                                                                          | PO Box:            |        |                       |          |                                             |            | 142.00                                                              |        |
| 143.00                                                                                                                                                                                                                      | City:                                                                                                                                                                                                                                                                                                            | State:             |        | Zip Code:             |          |                                             |            | 143.00                                                              |        |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                  |                    |        |                       |          |                                             |            | 1.00                                                                |        |
| 144.00                                                                                                                                                                                                                      | Are provider based physicians' costs included in Worksheet A?                                                                                                                                                                                                                                                    |                    |        |                       |          |                                             |            | Y                                                                   | 144.00 |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                  |                    |        |                       |          |                                             |            | 1.00                                                                | 2.00   |
| 145.00                                                                                                                                                                                                                      | If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.     |                    |        | N                     |          | Y                                           |            | 145.00                                                              |        |
| 146.00                                                                                                                                                                                                                      | Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.                                                                                 |                    |        | N                     |          |                                             |            | 146.00                                                              |        |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                  |                    |        |                       |          |                                             |            | 1.00                                                                |        |
| 147.00                                                                                                                                                                                                                      | Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                    |                    |        |                       |          |                                             |            | N                                                                   | 147.00 |
| 148.00                                                                                                                                                                                                                      | Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                  |                    |        |                       |          |                                             |            | N                                                                   | 148.00 |
| 149.00                                                                                                                                                                                                                      | Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                       |                    |        |                       |          |                                             |            | N                                                                   | 149.00 |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                  |                    |        | Part A                | Part B   | Title V                                     | Title XIX  |                                                                     |        |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                  |                    |        | 1.00                  | 2.00     | 3.00                                        | 4.00       |                                                                     |        |
| Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13) |                                                                                                                                                                                                                                                                                                                  |                    |        |                       |          |                                             |            |                                                                     |        |
| 155.00                                                                                                                                                                                                                      | Hospital                                                                                                                                                                                                                                                                                                         | N                  |        | N                     |          | N                                           |            | N                                                                   |        |
| 156.00                                                                                                                                                                                                                      | Subprovider - IPF                                                                                                                                                                                                                                                                                                | N                  |        | N                     |          | N                                           |            | N                                                                   |        |
| 157.00                                                                                                                                                                                                                      | Subprovider - IRF                                                                                                                                                                                                                                                                                                | N                  |        | N                     |          | N                                           |            | N                                                                   |        |
| 158.00                                                                                                                                                                                                                      | SUBPROVIDER                                                                                                                                                                                                                                                                                                      |                    |        |                       |          |                                             |            |                                                                     |        |
| 159.00                                                                                                                                                                                                                      | SNF                                                                                                                                                                                                                                                                                                              | N                  |        | N                     |          | N                                           |            | N                                                                   |        |
| 160.00                                                                                                                                                                                                                      | HOME HEALTH AGENCY                                                                                                                                                                                                                                                                                               | N                  |        | N                     |          | N                                           |            | N                                                                   |        |
| 161.00                                                                                                                                                                                                                      | CMHC                                                                                                                                                                                                                                                                                                             |                    |        | N                     |          | N                                           |            | N                                                                   |        |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                  |                    |        |                       |          |                                             |            | 1.00                                                                |        |
| Multicampus                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                  |                    |        |                       |          |                                             |            |                                                                     |        |
| 165.00                                                                                                                                                                                                                      | Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.                                                                                                                                                                               |                    |        |                       |          |                                             |            | N                                                                   | 165.00 |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                  | Name               | County | State                 | Zip Code | CBSA                                        | FTE/Campus |                                                                     |        |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                  | 0                  | 1.00   | 2.00                  | 3.00     | 4.00                                        | 5.00       |                                                                     |        |
| 166.00                                                                                                                                                                                                                      | If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)                                                                                                                         |                    |        |                       |          |                                             | 0.00       | 166.00                                                              |        |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                  |                    |        |                       |          |                                             |            | 1.00                                                                |        |
| Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act                                                                                                                                 |                                                                                                                                                                                                                                                                                                                  |                    |        |                       |          |                                             |            |                                                                     |        |
| 167.00                                                                                                                                                                                                                      | Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                              |                    |        |                       |          |                                             |            | Y                                                                   | 167.00 |
| 168.00                                                                                                                                                                                                                      | If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)                                                                                                                                                 |                    |        |                       |          |                                             |            |                                                                     | 168.00 |
| 168.01                                                                                                                                                                                                                      | If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)                                                                                                                         |                    |        |                       |          |                                             |            |                                                                     | 168.01 |
| 169.00                                                                                                                                                                                                                      | If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)                                                                                                                                                                      |                    |        |                       |          |                                             |            | 0.00                                                                | 169.00 |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                  |                    |        |                       |          | Beginning                                   | Ending     |                                                                     |        |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                  |                    |        |                       |          | 1.00                                        | 2.00       |                                                                     |        |
| 170.00                                                                                                                                                                                                                      | Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)                                                                                                                                                                                               |                    |        |                       |          |                                             |            | 170.00                                                              |        |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                  |                    |        |                       |          | 1.00                                        | 2.00       |                                                                     |        |
| 171.00                                                                                                                                                                                                                      | If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions) |                    |        |                       |          | N                                           |            | 0171.00                                                             |        |

| HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE                                                               |                                                                                                                                                                                                                                                                                                                                                                                                    | Provider CCN: 52-0100 | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet S-2<br>Part II<br>Date/Time Prepared:<br>5/24/2022 3:09 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                                           | 4.00                                                                 |
| 5.00                                                                                                                        | Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.                                                                                                                                                                                                                                                       | Y                     |                                             | 5.00                                                                 |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       | Y/N<br>1.00                                 | Legal Oper.<br>2.00                                                  |
| Approved Educational Activities                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                             |                                                                      |
| 6.00                                                                                                                        | Column 1: Are costs claimed for a nursing program? 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.                                                                                                                                                                                                                                                                                                                             | N                     |                                             | 7.00                                                                 |
| 8.00                                                                                                                        | Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.                                                                                                                                                                                                                                                            | N                     |                                             | 8.00                                                                 |
| 9.00                                                                                                                        | Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.                                                                                                                                                                                                                                                | N                     |                                             | 9.00                                                                 |
| 10.00                                                                                                                       | Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.                                                                                                                                                                                                                                                               | N                     |                                             | 10.00                                                                |
| 11.00                                                                                                                       | Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.                                                                                                                                                                                                                                                          | N                     |                                             | 11.00                                                                |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       | Y/N<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)                                                                                                                                                                                                                | Y                     | 04/22/2022                                  | Y<br>04/22/2022                                                      |
| 17.00                                                                                                                       | Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)                                                                                                                                                                                        | N                     |                                             | N                                                                    |
| 18.00                                                                                                                       | If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.                                                                                                                                                                                    | N                     |                                             | N                                                                    |
| 19.00                                                                                                                       | If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.                                                                                                                                                                                                                                                     | N                     |                                             | N                                                                    |

## HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet S-2  
Part II  
Date/Time Prepared:  
5/24/2022 3:09 pm

|                                                                                    |                                                                                                                                                                            | Description              | Y/N                              | Y/N  |       |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------|------|-------|
|                                                                                    |                                                                                                                                                                            | 0                        | 1.00                             | 3.00 |       |
| 20.00                                                                              | If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:                                                              |                          | N                                | N    | 20.00 |
|                                                                                    |                                                                                                                                                                            | Y/N                      | Date                             | Y/N  | Date  |
|                                                                                    |                                                                                                                                                                            | 1.00                     | 2.00                             | 3.00 | 4.00  |
| 21.00                                                                              | Was the cost report prepared only using the provider's records? If yes, see instructions.                                                                                  | N                        |                                  | N    | 21.00 |
|                                                                                    |                                                                                                                                                                            |                          |                                  | 1.00 |       |
| COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS) |                                                                                                                                                                            |                          |                                  |      |       |
| Capital Related Cost                                                               |                                                                                                                                                                            |                          |                                  |      |       |
| 22.00                                                                              | Have assets been relifed for Medicare purposes? If yes, see instructions                                                                                                   |                          |                                  |      | 22.00 |
| 23.00                                                                              | Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.                              |                          |                                  |      | 23.00 |
| 24.00                                                                              | Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions                                              |                          |                                  |      | 24.00 |
| 25.00                                                                              | Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.                                                            |                          |                                  |      | 25.00 |
| 26.00                                                                              | Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.                                                              |                          |                                  |      | 26.00 |
| 27.00                                                                              | Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.                                                                    |                          |                                  |      | 27.00 |
| Interest Expense                                                                   |                                                                                                                                                                            |                          |                                  |      |       |
| 28.00                                                                              | Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.                                          |                          |                                  |      | 28.00 |
| 29.00                                                                              | Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions       |                          |                                  |      | 29.00 |
| 30.00                                                                              | Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.                                                                   |                          |                                  |      | 30.00 |
| 31.00                                                                              | Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.                                                                   |                          |                                  |      | 31.00 |
| Purchased Services                                                                 |                                                                                                                                                                            |                          |                                  |      |       |
| 32.00                                                                              | Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.          |                          |                                  |      | 32.00 |
| 33.00                                                                              | If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.                                                |                          |                                  |      | 33.00 |
| Provider-Based Physicians                                                          |                                                                                                                                                                            |                          |                                  |      |       |
| 34.00                                                                              | Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.                                             |                          |                                  |      | 34.00 |
| 35.00                                                                              | If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions. |                          |                                  |      | 35.00 |
|                                                                                    |                                                                                                                                                                            | Y/N                      | Date                             |      |       |
|                                                                                    |                                                                                                                                                                            | 1.00                     | 2.00                             |      |       |
| Home Office Costs                                                                  |                                                                                                                                                                            |                          |                                  |      |       |
| 36.00                                                                              | Were home office costs claimed on the cost report?                                                                                                                         |                          |                                  |      | 36.00 |
| 37.00                                                                              | If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.                                                            |                          |                                  |      | 37.00 |
| 38.00                                                                              | If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.       |                          |                                  |      | 38.00 |
| 39.00                                                                              | If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.                                                                   |                          |                                  |      | 39.00 |
| 40.00                                                                              | If line 36 is yes, did the provider render services to the home office? If yes, see instructions.                                                                          |                          |                                  |      | 40.00 |
|                                                                                    |                                                                                                                                                                            | 1.00                     | 2.00                             |      |       |
| Cost Report Preparer Contact Information                                           |                                                                                                                                                                            |                          |                                  |      |       |
| 41.00                                                                              | Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.                                              | AARON                    | WIERSEMA                         |      | 41.00 |
| 42.00                                                                              | Enter the employer/company name of the cost report preparer.                                                                                                               | BELOIT HEALTH SYSTEM INC |                                  |      | 42.00 |
| 43.00                                                                              | Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.                                                                 | 6083645102               | AWIERSEMA@BELOITHEALTHSYSTEM.ORG |      | 43.00 |

|                                                               |                                                                                                                               |                       |                                             |                                                                      |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|----------------------------------------------------------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE |                                                                                                                               | Provider CCN: 52-0100 | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet S-2<br>Part II<br>Date/Time Prepared:<br>5/24/2022 3:09 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. | SR FINANCIAL ANALYST  |                                             | 41.00                                                                |
| 42.00                                                         | Enter the employer/company name of the cost report preparer.                                                                  |                       |                                             | 42.00                                                                |
| 43.00                                                         | Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.                    |                       |                                             | 43.00                                                                |

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2022 3:09 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                      | 77          | 28,105                | 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)                                                                                                        |                            | 77          | 28,105                | 0.00      | 0                                | 7.00  |
| 8.00 INTENSIVE CARE UNIT                                                                                                                                                         | 31.00                      | 20          | 7,300                 | 0.00      | 0                                | 8.00  |
| 9.00 CORONARY CARE UNIT                                                                                                                                                          |                            |             |                       |           |                                  | 9.00  |
| 10.00 BURN INTENSIVE CARE UNIT                                                                                                                                                   |                            |             |                       |           |                                  | 10.00 |
| 11.00 SURGICAL INTENSIVE CARE UNIT                                                                                                                                               |                            |             |                       |           |                                  | 11.00 |
| 12.00 OTHER SPECIAL CARE (SPECIFY)                                                                                                                                               |                            |             |                       |           |                                  | 12.00 |
| 13.00 NURSERY                                                                                                                                                                    | 43.00                      |             |                       |           | 0                                | 13.00 |
| 14.00 Total (see instructions)                                                                                                                                                   |                            | 97          | 35,405                | 0.00      | 0                                | 14.00 |
| 15.00 CAH visits                                                                                                                                                                 |                            |             |                       |           | 0                                | 15.00 |
| 16.00 SUBPROVIDER - IPF                                                                                                                                                          |                            |             |                       |           |                                  | 16.00 |
| 17.00 SUBPROVIDER - IRF                                                                                                                                                          |                            |             |                       |           |                                  | 17.00 |
| 18.00 SUBPROVIDER                                                                                                                                                                |                            |             |                       |           |                                  | 18.00 |
| 19.00 SKILLED NURSING FACILITY                                                                                                                                                   |                            |             |                       |           |                                  | 19.00 |
| 20.00 NURSING FACILITY                                                                                                                                                           |                            |             |                       |           |                                  | 20.00 |
| 21.00 OTHER LONG TERM CARE                                                                                                                                                       |                            |             |                       |           |                                  | 21.00 |
| 22.00 HOME HEALTH AGENCY                                                                                                                                                         | 101.00                     |             |                       |           | 0                                | 22.00 |
| 23.00 AMBULATORY SURGICAL CENTER (D.P.)                                                                                                                                          |                            |             |                       |           |                                  | 23.00 |
| 24.00 HOSPICE                                                                                                                                                                    | 116.00                     | 0           | 17,929                |           |                                  | 24.00 |
| 24.10 HOSPICE (non-distinct part)                                                                                                                                                | 30.00                      |             |                       |           |                                  | 24.10 |
| 25.00 CMHC - CMHC                                                                                                                                                                |                            |             |                       |           |                                  | 25.00 |
| 26.00 RURAL HEALTH CLINIC                                                                                                                                                        |                            |             |                       |           |                                  | 26.00 |
| 26.25 FEDERALLY QUALIFIED HEALTH CENTER                                                                                                                                          | 89.00                      |             |                       |           | 0                                | 26.25 |
| 27.00 Total (sum of lines 14-26)                                                                                                                                                 |                            | 97          |                       |           | 0                                | 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: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2022 3:09 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) | 5,018                         | 572       | 13,782             |                           |                      | 1.00  |
| 2.00      | HMO and other (see instructions)                                                                                                                                            | 4,209                         | 2,651     |                    |                           |                      | 2.00  |
| 3.00      | HMO IPF Subprovider                                                                                                                                                         | 0                             | 0         |                    |                           |                      | 3.00  |
| 4.00      | HMO IRF Subprovider                                                                                                                                                         | 0                             | 0         |                    |                           |                      | 4.00  |
| 5.00      | Hospital Adults & Peds. Swing Bed SNF                                                                                                                                       | 0                             | 0         | 0                  |                           |                      | 5.00  |
| 6.00      | Hospital Adults & Peds. Swing Bed NF                                                                                                                                        |                               | 0         | 0                  |                           |                      | 6.00  |
| 7.00      | Total Adults and Peds. (exclude observation beds) (see instructions)                                                                                                        | 5,018                         | 572       | 13,782             |                           |                      | 7.00  |
| 8.00      | INTENSIVE CARE UNIT                                                                                                                                                         | 1,226                         | 33        | 3,651              |                           |                      | 8.00  |
| 9.00      | CORONARY CARE UNIT                                                                                                                                                          |                               |           |                    |                           |                      | 9.00  |
| 10.00     | BURN INTENSIVE CARE UNIT                                                                                                                                                    |                               |           |                    |                           |                      | 10.00 |
| 11.00     | SURGICAL INTENSIVE CARE UNIT                                                                                                                                                |                               |           |                    |                           |                      | 11.00 |
| 12.00     | OTHER SPECIAL CARE (SPECIFY)                                                                                                                                                |                               |           |                    |                           |                      | 12.00 |
| 13.00     | NURSERY                                                                                                                                                                     |                               | 91        | 639                |                           |                      | 13.00 |
| 14.00     | Total (see instructions)                                                                                                                                                    | 6,244                         | 696       | 18,072             | 0.00                      | 1,172.00             | 14.00 |
| 15.00     | CAH visits                                                                                                                                                                  | 0                             | 0         | 0                  |                           |                      | 15.00 |
| 16.00     | SUBPROVIDER - IPF                                                                                                                                                           |                               |           |                    |                           |                      | 16.00 |
| 17.00     | SUBPROVIDER - IRF                                                                                                                                                           |                               |           |                    |                           |                      | 17.00 |
| 18.00     | SUBPROVIDER                                                                                                                                                                 |                               |           |                    |                           |                      | 18.00 |
| 19.00     | SKILLED NURSING FACILITY                                                                                                                                                    |                               |           |                    |                           |                      | 19.00 |
| 20.00     | NURSING FACILITY                                                                                                                                                            |                               |           |                    |                           |                      | 20.00 |
| 21.00     | OTHER LONG TERM CARE                                                                                                                                                        |                               |           |                    |                           |                      | 21.00 |
| 22.00     | HOME HEALTH AGENCY                                                                                                                                                          | 4,002                         | 510       | 7,129              | 0.00                      | 17.00                | 22.00 |
| 23.00     | AMBULATORY SURGICAL CENTER (D.P.)                                                                                                                                           |                               |           |                    |                           |                      | 23.00 |
| 24.00     | HOSPICE                                                                                                                                                                     | 16,733                        | 405       | 17,929             | 0.00                      | 32.00                | 24.00 |
| 24.10     | HOSPICE (non-distinct part)                                                                                                                                                 |                               |           | 0                  |                           |                      | 24.10 |
| 25.00     | CMHC - CMHC                                                                                                                                                                 |                               |           |                    |                           |                      | 25.00 |
| 26.00     | RURAL HEALTH CLINIC                                                                                                                                                         |                               |           |                    |                           |                      | 26.00 |
| 26.25     | FEDERALLY QUALIFIED HEALTH CENTER                                                                                                                                           | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 26.25 |
| 27.00     | Total (sum of lines 14-26)                                                                                                                                                  |                               |           |                    | 0.00                      | 1,221.00             | 27.00 |
| 28.00     | Observation Bed Days                                                                                                                                                        |                               | 32        | 1,243              |                           |                      | 28.00 |
| 29.00     | Ambulance Trips                                                                                                                                                             | 0                             |           |                    |                           |                      | 29.00 |
| 30.00     | Employee discount days (see instruction)                                                                                                                                    |                               |           | 0                  |                           |                      | 30.00 |
| 31.00     | Employee discount days - IRF                                                                                                                                                |                               |           | 0                  |                           |                      | 31.00 |
| 32.00     | Labor & delivery days (see instructions)                                                                                                                                    | 0                             | 0         | 12                 |                           |                      | 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: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2022 3:09 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          | 1,329       | 161       | 3,931                 | 1.00  |
| 2.00 HMO and other (see instructions)                                                                                                                                            |                          |            | 779         | 893       |                       | 2.00  |
| 3.00 HMO IPF Subprovider                                                                                                                                                         |                          |            |             | 0         |                       | 3.00  |
| 4.00 HMO IRF Subprovider                                                                                                                                                         |                          |            |             | 0         |                       | 4.00  |
| 5.00 Hospital Adults & Peds. Swing Bed SNF                                                                                                                                       |                          |            |             |           |                       | 5.00  |
| 6.00 Hospital Adults & Peds. Swing Bed NF                                                                                                                                        |                          |            |             |           |                       | 6.00  |
| 7.00 Total Adults and Peds. (exclude observation beds) (see instructions)                                                                                                        |                          |            |             |           |                       | 7.00  |
| 8.00 INTENSIVE CARE UNIT                                                                                                                                                         |                          |            |             |           |                       | 8.00  |
| 9.00 CORONARY CARE UNIT                                                                                                                                                          |                          |            |             |           |                       | 9.00  |
| 10.00 BURN INTENSIVE CARE UNIT                                                                                                                                                   |                          |            |             |           |                       | 10.00 |
| 11.00 SURGICAL INTENSIVE CARE UNIT                                                                                                                                               |                          |            |             |           |                       | 11.00 |
| 12.00 OTHER SPECIAL CARE (SPECIFY)                                                                                                                                               |                          |            |             |           |                       | 12.00 |
| 13.00 NURSERY                                                                                                                                                                    |                          |            |             |           |                       | 13.00 |
| 14.00 Total (see instructions)                                                                                                                                                   | 0.00                     | 0          | 1,329       | 161       | 3,931                 | 14.00 |
| 15.00 CAH visits                                                                                                                                                                 |                          |            |             |           |                       | 15.00 |
| 16.00 SUBPROVIDER - IPF                                                                                                                                                          |                          |            |             |           |                       | 16.00 |
| 17.00 SUBPROVIDER - IRF                                                                                                                                                          |                          |            |             |           |                       | 17.00 |
| 18.00 SUBPROVIDER                                                                                                                                                                |                          |            |             |           |                       | 18.00 |
| 19.00 SKILLED NURSING FACILITY                                                                                                                                                   |                          |            |             |           |                       | 19.00 |
| 20.00 NURSING FACILITY                                                                                                                                                           |                          |            |             |           |                       | 20.00 |
| 21.00 OTHER LONG TERM CARE                                                                                                                                                       |                          |            |             |           |                       | 21.00 |
| 22.00 HOME HEALTH AGENCY                                                                                                                                                         | 0.00                     |            |             |           |                       | 22.00 |
| 23.00 AMBULATORY SURGICAL CENTER (D.P.)                                                                                                                                          |                          |            |             |           |                       | 23.00 |
| 24.00 HOSPICE                                                                                                                                                                    | 0.00                     |            |             |           |                       | 24.00 |
| 24.10 HOSPICE (non-distinct part)                                                                                                                                                |                          |            |             |           |                       | 24.10 |
| 25.00 CMHC - CMHC                                                                                                                                                                |                          |            |             |           |                       | 25.00 |
| 26.00 RURAL HEALTH CLINIC                                                                                                                                                        |                          |            |             |           |                       | 26.00 |
| 26.25 FEDERALLY QUALIFIED HEALTH CENTER                                                                                                                                          | 0.00                     |            |             |           |                       | 26.25 |
| 27.00 Total (sum of lines 14-26)                                                                                                                                                 | 0.00                     |            |             |           |                       | 27.00 |
| 28.00 Observation Bed Days                                                                                                                                                       |                          |            |             |           |                       | 28.00 |
| 29.00 Ambulance Trips                                                                                                                                                            |                          |            |             |           |                       | 29.00 |
| 30.00 Employee discount days (see instruction)                                                                                                                                   |                          |            |             |           |                       | 30.00 |
| 31.00 Employee discount days - IRF                                                                                                                                               |                          |            |             |           |                       | 31.00 |
| 32.00 Labor & delivery days (see instructions)                                                                                                                                   |                          |            |             |           |                       | 32.00 |
| 32.01 Total ancillary labor & delivery room outpatient days (see instructions)                                                                                                   |                          |            |             |           |                       | 32.01 |
| 33.00 LTCH non-covered days                                                                                                                                                      |                          |            | 0           |           |                       | 33.00 |
| 33.01 LTCH site neutral days and discharges                                                                                                                                      |                          |            | 0           |           |                       | 33.01 |

## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet S-3  
Part II  
Date/Time Prepared:  
5/24/2022 3:09 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             | 101,638,403                                             | 0                                           | 101,638,403                                       | 2,537,942.00                                | 40.05  |
| 2.00                                   | Non-physician anesthetist Part A                                                      |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 3.00                                   | Non-physician anesthetist Part B                                                      |                    | 128,009                                                 | 0                                           | 128,009                                           | 2,054.00                                    | 62.32  |
| 4.00                                   | Physician-Part A - Administrative                                                     |                    | 458,569                                                 | 0                                           | 458,569                                           | 1,679.00                                    | 273.12 |
| 4.01                                   | Physicians - Part A - Teaching                                                        |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 5.00                                   | Physician and Non Physician-Part B                                                    |                    | 25,684,284                                              | 0                                           | 25,684,284                                        | 123,289.00                                  | 208.33 |
| 6.00                                   | Non-physician-Part B for hospital-based RHC and FQHC services                         |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 7.00                                   | Interns & residents (in an approved program)                                          | 21.00              | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 7.01                                   | Contracted interns and residents (in an approved programs)                            |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 8.00                                   | Home office and/or related organization personnel                                     |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 9.00                                   | SNF                                                                                   | 44.00              | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 10.00                                  | Excluded area salaries (see instructions)                                             |                    | 7,194,764                                               | 0                                           | 7,194,764                                         | 243,827.00                                  | 29.51  |
| <b>OTHER WAGES &amp; RELATED COSTS</b> |                                                                                       |                    |                                                         |                                             |                                                   |                                             |        |
| 11.00                                  | Contract labor: Direct Patient Care                                                   |                    | 2,011,642                                               | 0                                           | 2,011,642                                         | 19,180.00                                   | 104.88 |
| 12.00                                  | Contract labor: Top level management and other management and administrative services |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 13.00                                  | Contract labor: Physician-Part A - Administrative                                     |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 14.00                                  | Home office and/or related organization salaries and wage-related costs               |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 14.01                                  | Home office salaries                                                                  |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 14.02                                  | Related organization salaries                                                         |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 15.00                                  | Home office: Physician Part A - Administrative                                        |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 16.00                                  | Home office and Contract Physicians Part A - Teaching                                 |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 16.01                                  | Home office Physicians Part A - Teaching                                              |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 16.02                                  | Home office contract Physicians Part A - Teaching                                     |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| <b>WAGE-RELATED COSTS</b>              |                                                                                       |                    |                                                         |                                             |                                                   |                                             |        |
| 17.00                                  | Wage-related costs (core) (see instructions)                                          |                    | 32,482,451                                              | 0                                           | 32,482,451                                        |                                             |        |
| 18.00                                  | Wage-related costs (other) (see instructions)                                         |                    |                                                         |                                             |                                                   |                                             |        |
| 19.00                                  | Excluded areas                                                                        |                    | 3,569,151                                               | 0                                           | 3,569,151                                         |                                             |        |
| 20.00                                  | Non-physician anesthetist Part A                                                      |                    | 0                                                       | 0                                           | 0                                                 |                                             |        |
| 21.00                                  | Non-physician anesthetist Part B                                                      |                    | 42,192                                                  | 0                                           | 42,192                                            |                                             |        |
| 22.00                                  | Physician Part A - Administrative                                                     |                    | 64,229                                                  | 0                                           | 64,229                                            |                                             |        |
| 22.01                                  | Physician Part A - Teaching                                                           |                    | 0                                                       | 0                                           | 0                                                 |                                             |        |
| 23.00                                  | Physician Part B                                                                      |                    | 3,606,027                                               | 0                                           | 3,606,027                                         |                                             |        |
| 24.00                                  | Wage-related costs (RHC/FQHC)                                                         |                    | 0                                                       | 0                                           | 0                                                 |                                             |        |
| 25.00                                  | Interns & residents (in an approved program)                                          |                    | 0                                                       | 0                                           | 0                                                 |                                             |        |
| 25.50                                  | Home office wage-related (core)                                                       |                    | 0                                                       | 0                                           | 0                                                 |                                             |        |
| 25.51                                  | Related organization wage-related (core)                                              |                    | 0                                                       | 0                                           | 0                                                 |                                             |        |
| 25.52                                  | Home office: Physician Part A - Administrative - wage-related (core)                  |                    | 0                                                       | 0                                           | 0                                                 |                                             |        |

## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet S-3  
Part II  
Date/Time Prepared:  
5/24/2022 3:09 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                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 26.00 |
| 27.00                            | Administrative & General                                              | 5.00                   | 11,050,422         | 0                                                       | 11,050,422                                  | 360,150.00                                        | 30.68                                       | 27.00 |
| 28.00                            | Administrative & General under<br>contract (see inst.)                |                        | 643,990            | 0                                                       | 643,990                                     | 1,787.00                                          | 360.37                                      | 28.00 |
| 29.00                            | Maintenance & Repairs                                                 | 6.00                   | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 29.00 |
| 30.00                            | Operation of Plant                                                    | 7.00                   | 1,888,138          | 0                                                       | 1,888,138                                   | 64,630.00                                         | 29.21                                       | 30.00 |
| 31.00                            | Laundry & Linen Service                                               | 8.00                   | 56,142             | 0                                                       | 56,142                                      | 3,580.00                                          | 15.68                                       | 31.00 |
| 32.00                            | Housekeeping                                                          | 9.00                   | 1,391,729          | 0                                                       | 1,391,729                                   | 89,048.00                                         | 15.63                                       | 32.00 |
| 33.00                            | Housekeeping under contract<br>(see instructions)                     |                        | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 33.00 |
| 34.00                            | Dietary                                                               | 10.00                  | 833,378            | 0                                                       | 833,378                                     | 44,099.00                                         | 18.90                                       | 34.00 |
| 35.00                            | Dietary under contract (see<br>instructions)                          |                        | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 35.00 |
| 36.00                            | Cafeteria                                                             | 11.00                  | 92,505             | 0                                                       | 92,505                                      | 6,538.00                                          | 14.15                                       | 36.00 |
| 37.00                            | Maintenance of Personnel                                              | 12.00                  | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 37.00 |
| 38.00                            | Nursing Administration                                                | 13.00                  | 1,403,195          | 0                                                       | 1,403,195                                   | 42,177.00                                         | 33.27                                       | 38.00 |
| 39.00                            | Central Services and Supply                                           | 14.00                  | 662,013            | 0                                                       | 662,013                                     | 29,696.00                                         | 22.29                                       | 39.00 |
| 40.00                            | Pharmacy                                                              | 15.00                  | 1,932,278          | 0                                                       | 1,932,278                                   | 43,994.00                                         | 43.92                                       | 40.00 |
| 41.00                            | Medical Records & Medical<br>Records Library                          | 16.00                  | 2,187,966          | 0                                                       | 2,187,966                                   | 96,789.00                                         | 22.61                                       | 41.00 |
| 42.00                            | Social Service                                                        | 17.00                  | 916,255            | 0                                                       | 916,255                                     | 25,026.00                                         | 36.61                                       | 42.00 |
| 43.00                            | Other General Service                                                 | 18.00                  | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 43.00 |

## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet S-3  
Part III  
Date/Time Prepared:  
5/24/2022 3:09 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)                  | 76,470,100         | 0                                                           | 76,470,100                                  | 2,414,386.00                                      | 31.67                                       | 1.00 |
| 2.00                                   | Excluded area salaries (see instructions)        | 7,194,764          | 0                                                           | 7,194,764                                   | 243,827.00                                        | 29.51                                       | 2.00 |
| 3.00                                   | Subtotal salaries (line 1 minus line 2)          | 69,275,336         | 0                                                           | 69,275,336                                  | 2,170,559.00                                      | 31.92                                       | 3.00 |
| 4.00                                   | Subtotal other wages & related costs (see inst.) | 2,011,642          | 0                                                           | 2,011,642                                   | 19,180.00                                         | 104.88                                      | 4.00 |
| 5.00                                   | Subtotal wage-related costs (see inst.)          | 32,546,680         | 0                                                           | 32,546,680                                  | 0.00                                              | 46.98                                       | 5.00 |
| 6.00                                   | Total (sum of lines 3 thru 5)                    | 103,833,658        | 0                                                           | 103,833,658                                 | 2,189,739.00                                      | 47.42                                       | 6.00 |
| 7.00                                   | Total overhead cost (see instructions)           | 23,058,011         | 0                                                           | 23,058,011                                  | 807,514.00                                        | 28.55                                       | 7.00 |

| HOSPITAL WAGE RELATED COSTS                               |                                                                                                                             | Provider CCN: 52-0100 | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet S-3<br>Part IV<br>Date/Time Prepared:<br>5/24/2022 3:09 pm |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|----------------------------------------------------------------------|
|                                                           |                                                                                                                             |                       | Amount<br>Reported                          |                                                                      |
|                                                           |                                                                                                                             |                       | 1.00                                        |                                                                      |
| PART IV - WAGE RELATED COSTS                              |                                                                                                                             |                       |                                             |                                                                      |
| Part A - Core List                                        |                                                                                                                             |                       |                                             |                                                                      |
| RETIREMENT COST                                           |                                                                                                                             |                       |                                             |                                                                      |
| 1.00                                                      | 401K Employer Contributions                                                                                                 |                       | 0                                           | 1.00                                                                 |
| 2.00                                                      | Tax Sheltered Annuity (TSA) Employer Contribution                                                                           |                       | 3,806,900                                   | 2.00                                                                 |
| 3.00                                                      | Nonqualified Defined Benefit Plan Cost (see instructions)                                                                   |                       | 0                                           | 3.00                                                                 |
| 4.00                                                      | Qualified Defined Benefit Plan Cost (see instructions)                                                                      |                       | 5,430,553                                   | 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)                                                             |                       | 22,253,678                                  | 8.02                                                                 |
| 8.03                                                      | Health Insurance (Purchased)                                                                                                |                       | 0                                           | 8.03                                                                 |
| 9.00                                                      | Prescription Drug Plan                                                                                                      |                       | 0                                           | 9.00                                                                 |
| 10.00                                                     | Dental, Hearing and Vision Plan                                                                                             |                       | 442,389                                     | 10.00                                                                |
| 11.00                                                     | Life Insurance (If employee is owner or beneficiary)                                                                        |                       | 57,494                                      | 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)                                                                  |                       | 350,792                                     | 13.00                                                                |
| 14.00                                                     | Long-Term Care Insurance (If employee is owner or beneficiary)                                                              |                       | 0                                           | 14.00                                                                |
| 15.00                                                     | 'Workers' Compensation Insurance                                                                                            |                       | 454,366                                     | 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                                                                                                 |                       | 6,337,568                                   | 17.00                                                                |
| 18.00                                                     | Medicare Taxes - Employers Portion Only                                                                                     |                       | 0                                           | 18.00                                                                |
| 19.00                                                     | Unemployment Insurance                                                                                                      |                       | 138,412                                     | 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                                                                                                       |                       | 491,898                                     | 23.00                                                                |
| 24.00                                                     | Total Wage Related cost (Sum of lines 1 -23)                                                                                |                       | 39,764,050                                  | 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: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet S-3  
Part V  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description                               |                                                  | Contract Labor | Benefit Cost |       |
|-------------------------------------------------------|--------------------------------------------------|----------------|--------------|-------|
|                                                       |                                                  | 1.00           | 2.00         |       |
| PART V - Contract Labor and Benefit Cost              |                                                  |                |              |       |
| Hospital and Hospital-Based Component Identification: |                                                  |                |              |       |
| 1.00                                                  | Total facility's contract labor and benefit cost | 2,011,642      | 39,764,050   | 1.00  |
| 2.00                                                  | Hospital                                         | 2,011,642      | 39,764,050   | 2.00  |
| 3.00                                                  | Subprovider - IPF                                |                |              | 3.00  |
| 4.00                                                  | Subprovider - IRF                                |                |              | 4.00  |
| 5.00                                                  | Subprovider - (Other)                            | 0              | 0            | 5.00  |
| 6.00                                                  | Swing Beds - SNF                                 | 0              | 0            | 6.00  |
| 7.00                                                  | Swing Beds - NF                                  | 0              | 0            | 7.00  |
| 8.00                                                  | Hospital-Based SNF                               |                |              | 8.00  |
| 9.00                                                  | Hospital-Based NF                                |                |              | 9.00  |
| 10.00                                                 | Hospital-Based OLTC                              |                |              | 10.00 |
| 11.00                                                 | Hospital-Based HHA                               | 0              | 0            | 11.00 |
| 12.00                                                 | Separately Certified ASC                         |                |              | 12.00 |
| 13.00                                                 | Hospital-Based Hospice                           | 0              | 0            | 13.00 |
| 14.00                                                 | Hospital-Based Health Clinic RHC                 |                |              | 14.00 |
| 15.00                                                 | Hospital-Based Health Clinic FQHC                |                |              | 15.00 |
| 16.00                                                 | Hospital-Based-CMHC                              |                |              | 16.00 |
| 17.00                                                 | Renal Dialysis                                   | 0              | 0            | 17.00 |
| 18.00                                                 | Other                                            | 0              | 0            | 18.00 |

|                                          |                                                                                                                   |  |  |                                                       |               |                                             |                      |                                                           |       |  |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------|---------------|---------------------------------------------|----------------------|-----------------------------------------------------------|-------|--|
| HOME HEALTH AGENCY STATISTICAL DATA      |                                                                                                                   |  |  | Provider CCN: 52-0100<br>Component CCN: 52-7075       |               | Period:<br>From 01/01/2021<br>To 12/31/2021 |                      | Worksheet S-4<br>Date/Time Prepared:<br>5/24/2022 3:09 pm |       |  |
|                                          |                                                                                                                   |  |  |                                                       |               | Home Health<br>Agency I                     |                      | PPS                                                       |       |  |
|                                          |                                                                                                                   |  |  |                                                       |               | 1.00                                        |                      |                                                           |       |  |
| 0.00                                     | County                                                                                                            |  |  |                                                       |               | ROCK COUNTY                                 |                      | 0.00                                                      |       |  |
|                                          |                                                                                                                   |  |  | Title V                                               | Title XVIII   | Title XIX                                   | Other                | Total                                                     |       |  |
|                                          |                                                                                                                   |  |  | 1.00                                                  | 2.00          | 3.00                                        | 4.00                 | 5.00                                                      |       |  |
| HOME HEALTH AGENCY STATISTICAL DATA      |                                                                                                                   |  |  |                                                       |               |                                             |                      |                                                           |       |  |
| 1.00                                     | Home Health Aide Hours                                                                                            |  |  | 0                                                     | 0             | 0                                           | 0                    | 0                                                         | 1.00  |  |
| 2.00                                     | Unduplicated Census Count (see instructions)                                                                      |  |  | 0.00                                                  | 262.00        | 0.00                                        | 0.00                 | 0.00                                                      | 2.00  |  |
|                                          |                                                                                                                   |  |  | Number of Employees (Full Time Equivalent)            |               |                                             |                      |                                                           |       |  |
|                                          |                                                                                                                   |  |  | Enter the number of hours in<br>your normal work week |               |                                             | Staff                | Contract                                                  | Total |  |
|                                          |                                                                                                                   |  |  | 0                                                     |               |                                             | 1.00                 | 2.00                                                      | 3.00  |  |
| HOME HEALTH AGENCY - NUMBER OF EMPLOYEES |                                                                                                                   |  |  |                                                       |               |                                             |                      |                                                           |       |  |
| 3.00                                     | Administrator and Assistant Administrator(s)                                                                      |  |  | 40.00                                                 |               | 0.00                                        | 0.00                 | 0.00                                                      | 3.00  |  |
| 4.00                                     | Director(s) and Assistant Director(s)                                                                             |  |  |                                                       |               | 1.00                                        | 0.00                 | 1.00                                                      | 4.00  |  |
| 5.00                                     | Other Administrative Personnel                                                                                    |  |  |                                                       |               | 2.00                                        | 0.00                 | 2.00                                                      | 5.00  |  |
| 6.00                                     | Direct Nursing Service                                                                                            |  |  |                                                       |               | 8.00                                        | 0.00                 | 8.00                                                      | 6.00  |  |
| 7.00                                     | Nursing Supervisor                                                                                                |  |  |                                                       |               | 0.00                                        | 0.00                 | 0.00                                                      | 7.00  |  |
| 8.00                                     | Physical Therapy Service                                                                                          |  |  |                                                       |               | 4.00                                        | 0.00                 | 4.00                                                      | 8.00  |  |
| 9.00                                     | Physical Therapy Supervisor                                                                                       |  |  |                                                       |               | 0.00                                        | 0.00                 | 0.00                                                      | 9.00  |  |
| 10.00                                    | Occupational Therapy Service                                                                                      |  |  |                                                       |               | 1.00                                        | 0.00                 | 1.00                                                      | 10.00 |  |
| 11.00                                    | Occupational Therapy Supervisor                                                                                   |  |  |                                                       |               | 0.00                                        | 0.00                 | 0.00                                                      | 11.00 |  |
| 12.00                                    | Speech Pathology Service                                                                                          |  |  |                                                       |               | 0.00                                        | 0.00                 | 0.00                                                      | 12.00 |  |
| 13.00                                    | Speech Pathology Supervisor                                                                                       |  |  |                                                       |               | 0.00                                        | 0.00                 | 0.00                                                      | 13.00 |  |
| 14.00                                    | Medical Social Service                                                                                            |  |  |                                                       |               | 0.00                                        | 0.00                 | 0.00                                                      | 14.00 |  |
| 15.00                                    | Medical Social Service Supervisor                                                                                 |  |  |                                                       |               | 0.00                                        | 0.00                 | 0.00                                                      | 15.00 |  |
| 16.00                                    | Home Health Aide                                                                                                  |  |  |                                                       |               | 1.00                                        | 0.00                 | 1.00                                                      | 16.00 |  |
| 17.00                                    | Home Health Aide Supervisor                                                                                       |  |  |                                                       |               | 0.00                                        | 0.00                 | 0.00                                                      | 17.00 |  |
| 18.00                                    | Other (specify)                                                                                                   |  |  |                                                       |               | 0.00                                        | 0.00                 | 0.00                                                      | 18.00 |  |
|                                          |                                                                                                                   |  |  |                                                       |               |                                             |                      | CBSA Data                                                 |       |  |
|                                          |                                                                                                                   |  |  |                                                       |               |                                             |                      | 1.00                                                      |       |  |
| HOME HEALTH AGENCY CBSA CODES            |                                                                                                                   |  |  |                                                       |               |                                             |                      |                                                           |       |  |
| 19.00                                    | Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.               |  |  |                                                       |               |                                             |                      | 3                                                         | 19.00 |  |
| 20.00                                    | List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code). |  |  |                                                       |               |                                             |                      | 27500                                                     | 20.00 |  |
| 20.01                                    |                                                                                                                   |  |  |                                                       |               |                                             |                      | 40420                                                     | 20.01 |  |
| 20.02                                    |                                                                                                                   |  |  |                                                       |               |                                             |                      | 99952                                                     | 20.02 |  |
|                                          |                                                                                                                   |  |  | Full Episodes                                         |               | LUPA Episodes                               | PEP Only<br>Episodes | Total (cols.<br>1-4)                                      |       |  |
|                                          |                                                                                                                   |  |  | Without<br>Outliers                                   | With Outliers |                                             |                      |                                                           |       |  |
|                                          |                                                                                                                   |  |  | 1.00                                                  | 2.00          |                                             |                      |                                                           |       |  |
|                                          |                                                                                                                   |  |  | 3.00                                                  | 4.00          | 5.00                                        |                      |                                                           |       |  |
| PPS ACTIVITY DATA                        |                                                                                                                   |  |  |                                                       |               |                                             |                      |                                                           |       |  |
| 21.00                                    | Skilled Nursing Visits                                                                                            |  |  | 1,653                                                 | 109           | 43                                          | 0                    | 1,805                                                     | 21.00 |  |
| 22.00                                    | Skilled Nursing Visit Charges                                                                                     |  |  | 770,903                                               | 51,375        | 20,063                                      | 0                    | 842,341                                                   | 22.00 |  |
| 23.00                                    | Physical Therapy Visits                                                                                           |  |  | 1,296                                                 | 101           | 50                                          | 0                    | 1,447                                                     | 23.00 |  |
| 24.00                                    | Physical Therapy Visit Charges                                                                                    |  |  | 661,096                                               | 51,611        | 25,550                                      | 0                    | 738,257                                                   | 24.00 |  |
| 25.00                                    | Occupational Therapy Visits                                                                                       |  |  | 410                                                   | 32            | 10                                          | 0                    | 452                                                       | 25.00 |  |
| 26.00                                    | Occupational Therapy Visit Charges                                                                                |  |  | 208,619                                               | 16,352        | 5,110                                       | 0                    | 230,081                                                   | 26.00 |  |
| 27.00                                    | Speech Pathology Visits                                                                                           |  |  | 11                                                    | 6             | 0                                           | 0                    | 17                                                        | 27.00 |  |
| 28.00                                    | Speech Pathology Visit Charges                                                                                    |  |  | 5,581                                                 | 3,066         | 0                                           | 0                    | 8,647                                                     | 28.00 |  |
| 29.00                                    | Medical Social Service Visits                                                                                     |  |  | 0                                                     | 0             | 0                                           | 0                    | 0                                                         | 29.00 |  |
| 30.00                                    | Medical Social Service Visit Charges                                                                              |  |  | 0                                                     | 0             | 0                                           | 0                    | 0                                                         | 30.00 |  |
| 31.00                                    | Home Health Aide Visits                                                                                           |  |  | 222                                                   | 22            | 0                                           | 0                    | 244                                                       | 31.00 |  |
| 32.00                                    | Home Health Aide Visit Charges                                                                                    |  |  | 49,407                                                | 4,906         | 0                                           | 0                    | 54,313                                                    | 32.00 |  |
| 33.00                                    | Total visits (sum of lines 21, 23, 25, 27, 29, and 31)                                                            |  |  | 3,592                                                 | 270           | 103                                         | 0                    | 3,965                                                     | 33.00 |  |
| 34.00                                    | Other Charges                                                                                                     |  |  | 0                                                     | 0             | 0                                           | 0                    | 0                                                         | 34.00 |  |
| 35.00                                    | Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)                                                       |  |  | 1,695,606                                             | 127,310       | 50,723                                      | 0                    | 1,873,639                                                 | 35.00 |  |
| 36.00                                    | Total Number of Episodes (standard/non outlier)                                                                   |  |  | 417                                                   |               | 67                                          | 0                    | 484                                                       | 36.00 |  |
| 37.00                                    | Total Number of Outlier Episodes                                                                                  |  |  |                                                       | 15            |                                             | 0                    | 15                                                        | 37.00 |  |
| 38.00                                    | Total Non-Routine Medical Supply Charges                                                                          |  |  | 213,324                                               | 16,292        | 11,897                                      | 0                    | 241,513                                                   | 38.00 |  |

## HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet S-5

Date/Time Prepared:  
5/24/2022 3:09 pm

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                 | Outpatient      |                                     | Training                           |                                            | Home                                      |                |       |       |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------|------------------------------------|--------------------------------------------|-------------------------------------------|----------------|-------|-------|
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                 | Regular         | High Flux                           | Hemodialysis                       | CAPD / CCPD                                | Hemodialysis                              | CAPD / CCPD    |       |       |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.00            | 2.00                                | 3.00                               | 4.00                                       | 5.00                                      | 6.00           |       |       |
| 1.00                     | Number of patients in program at end of cost reporting period                                                                                                                                                                                                                                                                                                                                                                   | 70              | 0                                   | 0                                  | 0                                          | 0                                         | 23             | 1.00  |       |
| 2.00                     | Number of times per week patient receives dialysis                                                                                                                                                                                                                                                                                                                                                                              | 3.00            | 0.00                                | 0.00                               | 0.00                                       | 0.00                                      | 7.00           | 2.00  |       |
| 3.00                     | Average patient dialysis time including setup                                                                                                                                                                                                                                                                                                                                                                                   | 5.00            | 0.00                                | 0.00                               | 0.00                                       |                                           |                | 3.00  |       |
| 4.00                     | CAPD exchanges per day                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                                     |                                    | 0.00                                       |                                           | 4.00           | 4.00  |       |
| 5.00                     | Number of days in year dialysis furnished                                                                                                                                                                                                                                                                                                                                                                                       | 313             | 0                                   |                                    |                                            |                                           |                | 5.00  |       |
| 6.00                     | Number of stations                                                                                                                                                                                                                                                                                                                                                                                                              | 18              | 0                                   | 0                                  | 0                                          |                                           |                | 6.00  |       |
| 7.00                     | Treatment capacity per day per station                                                                                                                                                                                                                                                                                                                                                                                          | 7               | 0                                   |                                    |                                            |                                           |                | 7.00  |       |
| 8.00                     | Utilization (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                  | 0.00            | 0.00                                |                                    |                                            |                                           |                | 8.00  |       |
| 9.00                     | Average times dialyzers re-used                                                                                                                                                                                                                                                                                                                                                                                                 | 0.00            | 0.00                                |                                    |                                            |                                           |                | 9.00  |       |
| 10.00                    | Percentage of patients re-using dialyzers                                                                                                                                                                                                                                                                                                                                                                                       | 0.00            | 0.00                                |                                    |                                            |                                           |                | 10.00 |       |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                     |                                    |                                            |                                           | Y/N            |       |       |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                     |                                    |                                            |                                           | 1.00           |       |       |
| ESRD PPS                 |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                     |                                    |                                            |                                           |                |       |       |
| 10.01                    | Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)                                                                                                                                                                                                                                                                                  |                 |                                     |                                    |                                            |                                           | N              | 10.01 |       |
| 10.02                    | Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)                                                                                                                                                                                                                                                                                            |                 |                                     |                                    |                                            |                                           | Y              | 10.02 |       |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                     |                                    |                                            | Prior to 1/1                              | After 12/31    |       |       |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                     |                                    |                                            | 1.00                                      | 2.00           |       |       |
| 10.03                    | If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)                                                                                                                                                                                                                      |                 |                                     |                                    |                                            |                                           | 0              | 0     | 10.03 |
| TRANSPLANT INFORMATION   |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                     |                                    |                                            |                                           |                |       |       |
| 11.00                    | Number of patients on transplant list                                                                                                                                                                                                                                                                                                                                                                                           |                 |                                     |                                    |                                            |                                           | 6              |       | 11.00 |
| 12.00                    | Number of patients transplanted during the cost reporting period                                                                                                                                                                                                                                                                                                                                                                |                 |                                     |                                    |                                            |                                           | 3              |       | 12.00 |
| EPOETIN                  |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                     |                                    |                                            |                                           |                |       |       |
| 13.00                    | Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.                                                                                                                                                                                                                                                                                                                                            |                 |                                     |                                    |                                            |                                           |                |       | 13.00 |
| 14.00                    | Epoetin amount from Worksheet A for Home Dialysis program                                                                                                                                                                                                                                                                                                                                                                       |                 |                                     |                                    |                                            |                                           |                |       | 14.00 |
| 15.00                    | Number of EPO units furnished relating to the renal dialysis department                                                                                                                                                                                                                                                                                                                                                         |                 |                                     |                                    |                                            |                                           |                |       | 15.00 |
| 16.00                    | Number of EPO units furnished relating to the home dialysis department                                                                                                                                                                                                                                                                                                                                                          |                 |                                     |                                    |                                            |                                           |                |       | 16.00 |
| ARANESP                  |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                     |                                    |                                            |                                           |                |       |       |
| 17.00                    | Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.                                                                                                                                                                                                                                                                                                                                            |                 |                                     |                                    |                                            |                                           |                |       | 17.00 |
| 18.00                    | ARANESP amount from Worksheet A for Home Dialysis program                                                                                                                                                                                                                                                                                                                                                                       |                 |                                     |                                    |                                            |                                           |                |       | 18.00 |
| 19.00                    | Number of ARANESP units furnished relating to the renal dialysis department                                                                                                                                                                                                                                                                                                                                                     |                 |                                     |                                    |                                            |                                           |                |       | 19.00 |
| 20.00                    | Number of ARANESP units furnished relating to the home dialysis department                                                                                                                                                                                                                                                                                                                                                      |                 |                                     |                                    |                                            |                                           |                |       | 20.00 |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                     |                                    |                                            | MCP                                       | INITIAL METHOD |       |       |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                     |                                    |                                            | 1.00                                      | 2.00           |       |       |
| PHYSICIAN PAYMENT METHOD |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                     |                                    |                                            |                                           |                |       |       |
| 21.00                    | Enter "X" if method(s) is applicable                                                                                                                                                                                                                                                                                                                                                                                            |                 |                                     |                                    |                                            |                                           | X              |       | 21.00 |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                 | ESA Description | Net Cost of ESAs for Renal Patients | Net Cost of ESAs for Home Patients | Number of ESA Units - Renal Dialysis Dept. | Number of ESA Units - Home Dialysis Dept. |                |       |       |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.00            | 2.00                                | 3.00                               | 4.00                                       | 5.00                                      |                |       |       |
| ESAs                     |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                     |                                    |                                            |                                           |                |       |       |
| 22.00                    | Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions) |                 |                                     |                                    |                                            |                                           | 0              | 0     | 22.00 |

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet S-5

Date/Time Prepared:  
5/24/2022 3:09 pm

|       |                                                                                                                                                                                                                         | CCN  | Treatments |       |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------|-------|
|       |                                                                                                                                                                                                                         | 1.00 | 2.00       |       |
| 23.00 | If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions) |      | 0          | 23.00 |

## HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 52-0100

Period:

Worksheet S-9

Hospice CCN: 52-1525

From 01/01/2021  
To 12/31/2021PARTS I THROUGH IV  
Date/Time Prepared:  
5/24/2022 3:09 pm

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

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

|                                                                                                        |                                | Title XVIII | Title XIX | Other | Total (sum of cols. 1 through 3) |       |
|--------------------------------------------------------------------------------------------------------|--------------------------------|-------------|-----------|-------|----------------------------------|-------|
|                                                                                                        |                                | 1.00        | 2.00      | 3.00  | 4.00                             |       |
| PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015            |                                |             |           |       |                                  |       |
| 10.00                                                                                                  | Hospice Continuous Home Care   | 0           | 0         | 0     | 0                                | 10.00 |
| 11.00                                                                                                  | Hospice Routine Home Care      | 16,733      | 405       | 791   | 17,929                           | 11.00 |
| 12.00                                                                                                  | Hospice Inpatient Respite Care | 0           | 0         | 0     | 0                                | 12.00 |
| 13.00                                                                                                  | Hospice General Inpatient Care | 0           | 0         | 0     | 0                                | 13.00 |
| 14.00                                                                                                  | Total Hospice Days             | 16,733      | 405       | 791   | 17,929                           | 14.00 |
| PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015 |                                |             |           |       |                                  |       |
| 15.00                                                                                                  | Hospice Inpatient Respite Care | 0           | 0         | 0     | 0                                | 15.00 |
| 16.00                                                                                                  | Hospice General Inpatient Care | 0           | 0         | 0     | 0                                | 16.00 |

## HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet S-10

Date/Time Prepared:  
5/24/2022 3:09 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)                                                                                   |         | 0.193437                | 1.00             |
| <b>Medicaid (see instructions for each line)</b>                                                                                                |                                                                                                                                                                             |         |                         |                  |
| 2.00                                                                                                                                            | Net revenue from Medicaid                                                                                                                                                   |         | 20,555,495              | 2.00             |
| 3.00                                                                                                                                            | Did you receive DSH or supplemental payments from Medicaid?                                                                                                                 |         | Y                       | 3.00             |
| 4.00                                                                                                                                            | If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?                                                                                   |         | Y                       | 4.00             |
| 5.00                                                                                                                                            | If line 4 is no, then enter DSH and/or supplemental payments from Medicaid                                                                                                  |         | 0                       | 5.00             |
| 6.00                                                                                                                                            | Medicaid charges                                                                                                                                                            |         | 142,737,782             | 6.00             |
| 7.00                                                                                                                                            | Medicaid cost (line 1 times line 6)                                                                                                                                         |         | 27,610,768              | 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)                                                |         | 7,055,273               | 8.00             |
| <b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>                                                              |                                                                                                                                                                             |         |                         |                  |
| 9.00                                                                                                                                            | Net revenue from stand-alone CHIP                                                                                                                                           |         | 0                       | 9.00             |
| 10.00                                                                                                                                           | Stand-alone CHIP charges                                                                                                                                                    |         | 0                       | 10.00            |
| 11.00                                                                                                                                           | Stand-alone CHIP cost (line 1 times line 10)                                                                                                                                |         | 0                       | 11.00            |
| 12.00                                                                                                                                           | Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)                                                             |         | 0                       | 12.00            |
| <b>Other state or local government indigent care program (see instructions for each line)</b>                                                   |                                                                                                                                                                             |         |                         |                  |
| 13.00                                                                                                                                           | Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)                                                                                     |         | 0                       | 13.00            |
| 14.00                                                                                                                                           | Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)                                                                     |         | 0                       | 14.00            |
| 15.00                                                                                                                                           | State or local indigent care program cost (line 1 times line 14)                                                                                                            |         | 0                       | 15.00            |
| 16.00                                                                                                                                           | Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)                                        |         | 0                       | 16.00            |
| <b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b> |                                                                                                                                                                             |         |                         |                  |
| 17.00                                                                                                                                           | Private grants, donations, or endowment income restricted to funding charity care                                                                                           |         | 0                       | 17.00            |
| 18.00                                                                                                                                           | Government grants, appropriations or transfers for support of hospital operations                                                                                           |         | 0                       | 18.00            |
| 19.00                                                                                                                                           | Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)                                                           |         | 7,055,273               | 19.00            |
|                                                                                                                                                 |                                                                                                                                                                             |         | Uninsured patients      | Insured patients |
|                                                                                                                                                 |                                                                                                                                                                             |         | 1.00                    | 2.00             |
|                                                                                                                                                 |                                                                                                                                                                             |         | Total (col. 1 + col. 2) | 3.00             |
| <b>Uncompensated Care (see instructions for each line)</b>                                                                                      |                                                                                                                                                                             |         |                         |                  |
| 20.00                                                                                                                                           | Charity care charges and uninsured discounts for the entire facility (see instructions)                                                                                     | 184,731 | 75,473                  | 260,204          |
| 21.00                                                                                                                                           | Cost of patients approved for charity care and uninsured discounts (see instructions)                                                                                       | 35,734  | 75,473                  | 111,207          |
| 22.00                                                                                                                                           | Payments received from patients for amounts previously written off as charity care                                                                                          | 0       | 0                       | 0                |
| 23.00                                                                                                                                           | Cost of charity care (line 21 minus line 22)                                                                                                                                | 35,734  | 75,473                  | 111,207          |
|                                                                                                                                                 |                                                                                                                                                                             |         | 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)                                                                                                   |         | 11,302,818              | 26.00            |
| 27.00                                                                                                                                           | Medicare reimbursable bad debts for the entire hospital complex (see instructions)                                                                                          |         | 667,949                 | 27.00            |
| 27.01                                                                                                                                           | Medicare allowable bad debts for the entire hospital complex (see instructions)                                                                                             |         | 1,027,614               | 27.01            |
| 28.00                                                                                                                                           | Non-Medicare bad debt expense (see instructions)                                                                                                                            |         | 10,275,204              | 28.00            |
| 29.00                                                                                                                                           | Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)                                                                                      |         | 2,347,270               | 29.00            |
| 30.00                                                                                                                                           | Cost of uncompensated care (line 23 column 3 plus line 29)                                                                                                                  |         | 2,458,477               | 30.00            |
| 31.00                                                                                                                                           | Total unreimbursed and uncompensated care cost (line 19 plus line 30)                                                                                                       |         | 9,513,750               | 31.00            |

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A

Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description                       |       |                                        | Salaries   | Other       | Total (col. 1<br>+ col. 2) | Reclassificati<br>ons (See A-6) | Reclassified<br>Trial Balance<br>(col. 3 +<br>col. 4) |        |
|-----------------------------------------------|-------|----------------------------------------|------------|-------------|----------------------------|---------------------------------|-------------------------------------------------------|--------|
|                                               |       |                                        | 1.00       | 2.00        | 3.00                       | 4.00                            | 5.00                                                  |        |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                        |            |             |                            |                                 |                                                       |        |
| 1.00                                          | 00100 | CAP REL COSTS-BLDG & FIXT              |            | 8,529,993   | 8,529,993                  | 3,454,804                       | 11,984,797                                            | 1.00   |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP              |            | 3,496,555   | 3,496,555                  | 1,524,693                       | 5,021,248                                             | 2.00   |
| 3.00                                          | 00300 | OTHER CAP REL COSTS                    |            | 0           | 0                          | 0                               | 0                                                     | 3.00   |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT           | 0          | 33,407,569  | 33,407,569                 | 0                               | 33,407,569                                            | 4.00   |
| 5.00                                          | 00500 | ADMINISTRATIVE & GENERAL               | 11,050,422 | 27,028,193  | 38,078,615                 | -748,080                        | 37,330,535                                            | 5.00   |
| 6.00                                          | 00600 | MAINTENANCE & REPAIRS                  | 0          | 0           | 0                          | 0                               | 0                                                     | 6.00   |
| 7.00                                          | 00700 | OPERATION OF PLANT                     | 1,888,138  | 6,858,077   | 8,746,215                  | -40,773                         | 8,705,442                                             | 7.00   |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE                | 56,142     | 865,858     | 922,000                    | 0                               | 922,000                                               | 8.00   |
| 9.00                                          | 00900 | HOUSEKEEPING                           | 1,391,729  | 621,399     | 2,013,128                  | 0                               | 2,013,128                                             | 9.00   |
| 10.00                                         | 01000 | DIETARY                                | 833,378    | 558,527     | 1,391,905                  | 0                               | 1,391,905                                             | 10.00  |
| 11.00                                         | 01100 | CAFETERIA                              | 92,505     | 447,065     | 539,570                    | 0                               | 539,570                                               | 11.00  |
| 12.00                                         | 01200 | MAINTENANCE OF PERSONNEL               | 0          | 0           | 0                          | 0                               | 0                                                     | 12.00  |
| 13.00                                         | 01300 | NURSING ADMINISTRATION                 | 1,403,195  | 121,338     | 1,524,533                  | 0                               | 1,524,533                                             | 13.00  |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY              | 662,013    | 762,734     | 1,424,747                  | -348,940                        | 1,075,807                                             | 14.00  |
| 15.00                                         | 01500 | PHARMACY                               | 1,932,278  | -12,429     | 1,919,849                  | 0                               | 1,919,849                                             | 15.00  |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY              | 2,187,966  | 624,646     | 2,812,612                  | 0                               | 2,812,612                                             | 16.00  |
| 17.00                                         | 01700 | SOCIAL SERVICE                         | 916,255    | 39,104      | 955,359                    | -421                            | 954,938                                               | 17.00  |
| 19.00                                         | 01900 | NONPHYSICIAN ANESTHETISTS              | 0          | 0           | 0                          | 0                               | 0                                                     | 19.00  |
| 20.00                                         | 02000 | NURSING PROGRAM                        | 0          | 0           | 0                          | 0                               | 0                                                     | 20.00  |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0          | 0           | 0                          | 0                               | 0                                                     | 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-(SPECIFY)              | 0          | 0           | 0                          | 0                               | 0                                                     | 23.00  |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                        |            |             |                            |                                 |                                                       |        |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                    | 7,369,673  | 1,263,291   | 8,632,964                  | -22,110                         | 8,610,854                                             | 30.00  |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                    | 2,857,551  | 1,340,435   | 4,197,986                  | -3,501                          | 4,194,485                                             | 31.00  |
| 43.00                                         | 04300 | NURSERY                                | 187,147    | 0           | 187,147                    | 0                               | 187,147                                               | 43.00  |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                        |            |             |                            |                                 |                                                       |        |
| 50.00                                         | 05000 | OPERATING ROOM                         | 1,879,566  | 986,123     | 2,865,689                  | -45,168                         | 2,820,521                                             | 50.00  |
| 51.00                                         | 05100 | RECOVERY ROOM                          | 330,160    | 26,590      | 356,750                    | 0                               | 356,750                                               | 51.00  |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM             | 462,363    | 0           | 462,363                    | 0                               | 462,363                                               | 52.00  |
| 53.00                                         | 05300 | ANESTHESIOLOGY                         | 128,009    | 734,858     | 862,867                    | 0                               | 862,867                                               | 53.00  |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                   | 1,602,673  | 767,576     | 2,370,249                  | 0                               | 2,370,249                                             | 54.00  |
| 55.00                                         | 05500 | RADIOLOGY-THERAPEUTIC                  | 415,169    | 838,293     | 1,253,462                  | 0                               | 1,253,462                                             | 55.00  |
| 57.00                                         | 05700 | CT SCAN                                | 819,977    | 406,550     | 1,226,527                  | 0                               | 1,226,527                                             | 57.00  |
| 58.00                                         | 05800 | MRI                                    | 394,837    | 366,736     | 761,573                    | -45,724                         | 715,849                                               | 58.00  |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION                | 1,900,245  | 542,810     | 2,443,055                  | 0                               | 2,443,055                                             | 59.00  |
| 60.00                                         | 06000 | LABORATORY                             | 3,100,531  | 6,669,927   | 9,770,458                  | 0                               | 9,770,458                                             | 60.00  |
| 62.30                                         | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0          | 0           | 0                          | 0                               | 0                                                     | 62.30  |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                    | 967,234    | 541,610     | 1,508,844                  | -22,266                         | 1,486,578                                             | 65.00  |
| 66.00                                         | 06600 | PHYSICAL THERAPY                       | 2,246,550  | 136,337     | 2,382,887                  | -21,490                         | 2,361,397                                             | 66.00  |
| 67.00                                         | 06700 | OCCUPATIONAL THERAPY                   | 283,782    | 5,804       | 289,586                    | 0                               | 289,586                                               | 67.00  |
| 68.00                                         | 06800 | SPEECH PATHOLOGY                       | 168,734    | 11,576      | 180,310                    | 0                               | 180,310                                               | 68.00  |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                      | 285,605    | 13,117      | 298,722                    | 0                               | 298,722                                               | 69.00  |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0          | 12,156,901  | 12,156,901                 | 0                               | 12,156,901                                            | 71.00  |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS              | 0          | 22,162,520  | 22,162,520                 | 0                               | 22,162,520                                            | 73.00  |
| 74.00                                         | 07400 | RENAL DIALYSIS                         | 1,736,804  | 2,714,850   | 4,451,654                  | 0                               | 4,451,654                                             | 74.00  |
| 75.00                                         | 07500 | ASC (NON-DISTINCT PART)                | 909,594    | 532,632     | 1,442,226                  | 0                               | 1,442,226                                             | 75.00  |
| 76.00                                         | 03950 | OTHER                                  | 0          | 0           | 0                          | 0                               | 0                                                     | 76.00  |
| 76.01                                         | 03280 | SLEEP/EEG                              | 255,957    | 67,261      | 323,218                    | -2,150                          | 321,068                                               | 76.01  |
| 76.02                                         | 03340 | GI                                     | 667,376    | 299,385     | 966,761                    | 0                               | 966,761                                               | 76.02  |
| 76.03                                         | 03450 | NUCLEAR MED                            | 255,494    | 264,279     | 519,773                    | 0                               | 519,773                                               | 76.03  |
| 76.04                                         | 03550 | PSYCH                                  | 1,686,782  | 226,388     | 1,913,170                  | -3,091                          | 1,910,079                                             | 76.04  |
| 76.05                                         | 03630 | ULTRASOUND                             | 498,860    | 65,989      | 564,849                    | 0                               | 564,849                                               | 76.05  |
| 76.06                                         | 03650 | VASCULAR LAB                           | 485,147    | 214,671     | 699,818                    | 0                               | 699,818                                               | 76.06  |
| 76.07                                         | 03951 | MEDICAL OUTPATIENT                     | 428,658    | 37,441      | 466,099                    | 0                               | 466,099                                               | 76.07  |
| 76.97                                         | 07697 | CARDIAC REHABILITATION                 | 244,487    | 9,970       | 254,457                    | 0                               | 254,457                                               | 76.97  |
| 76.98                                         | 07698 | HYPERBARIC OXYGEN THERAPY              | 0          | 0           | 0                          | 0                               | 0                                                     | 76.98  |
| 76.99                                         | 07699 | LITHOTRIPSY                            | 0          | 301,750     | 301,750                    | 0                               | 301,750                                               | 76.99  |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                        |            |             |                            |                                 |                                                       |        |
| 90.00                                         | 09000 | CLINIC                                 | 35,514,653 | 6,010,858   | 41,525,511                 | 0                               | 41,525,511                                            | 90.00  |
| 91.00                                         | 09100 | EMERGENCY                              | 3,946,000  | 1,611,637   | 5,557,637                  | -104                            | 5,557,533                                             | 91.00  |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |            |             |                            |                                 |                                                       | 92.00  |
| 93.99                                         | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0          | 0           | 0                          | 0                               | 0                                                     | 93.99  |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |       |                                        |            |             |                            |                                 |                                                       |        |
| 101.00                                        | 10100 | HOME HEALTH AGENCY                     | 1,443,177  | 776,505     | 2,219,682                  | 0                               | 2,219,682                                             | 101.00 |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |       |                                        |            |             |                            |                                 |                                                       |        |
| 113.00                                        | 11300 | INTEREST EXPENSE                       |            | 3,560,217   | 3,560,217                  | -3,560,217                      | 0                                                     | 113.00 |
| 116.00                                        | 11600 | HOSPICE                                | 2,114,211  | 1,872,480   | 3,986,691                  | -93,353                         | 3,893,338                                             | 116.00 |
| 118.00                                        |       | SUBTOTALS (SUM OF LINES 1 through 117) | 98,001,027 | 150,885,996 | 248,887,023                | 22,109                          | 248,909,132                                           | 118.00 |
| <b>NONREIMBURSABLE COST CENTERS</b>           |       |                                        |            |             |                            |                                 |                                                       |        |
| 190.00                                        | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 31,411     | 6,000       | 37,411                     | 0                               | 37,411                                                | 190.00 |

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A

Date/Time Prepared:  
5/24/2022 3:09 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                                                  |        |
| 194.00                  | 07950 | PATHOLOGY                            | 25,488      | 4,852       | 30,340                     | 0                                 | 30,340                                                | 194.00 |
| 194.01                  | 07951 | PHYSIATRY CLINIC                     | 278,334     | 953         | 279,287                    | 0                                 | 279,287                                               | 194.01 |
| 194.02                  | 07952 | JANESVILLE MED CENTER                | 113,869     | 40,498      | 154,367                    | -18,340                           | 136,027                                               | 194.02 |
| 194.03                  | 07953 | OCCUPATIONAL HEALTH AND WELLNESS     | 1,246,019   | 229,482     | 1,475,501                  | 0                                 | 1,475,501                                             | 194.03 |
| 194.04                  | 07954 | ASSISTED LIVING CENTERS              | 1,705,800   | 901,682     | 2,607,482                  | -3,769                            | 2,603,713                                             | 194.04 |
| 194.05                  | 07955 | NORTHPOINTE FITNESS & SPA CENTER     | 236,455     | 1,775,373   | 2,011,828                  | 0                                 | 2,011,828                                             | 194.05 |
| 200.00                  |       | TOTAL (SUM OF LINES 118 through 199) | 101,638,403 | 153,844,836 | 255,483,239                | 0                                 | 255,483,239                                           | 200.00 |

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A

Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description                |       |                                        | Adjustments<br>(See A-8)<br>6.00 | Net Expenses<br>For Allocation<br>7.00 |        |
|----------------------------------------|-------|----------------------------------------|----------------------------------|----------------------------------------|--------|
| GENERAL SERVICE COST CENTERS           |       |                                        |                                  |                                        |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              | -1,132,930                       | 10,851,867                             | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              | 0                                | 5,021,248                              | 2.00   |
| 3.00                                   | 00300 | OTHER CAP REL COSTS                    | 0                                | 0                                      | 3.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           | -14,659,409                      | 18,748,160                             | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               | -8,637,328                       | 28,693,207                             | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  | 0                                | 0                                      | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     | -778,563                         | 7,926,879                              | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                | -28,768                          | 893,232                                | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           | -313,730                         | 1,699,398                              | 9.00   |
| 10.00                                  | 01000 | DIETARY                                | -881                             | 1,391,024                              | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              | -377,829                         | 161,741                                | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               | 0                                | 0                                      | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 | -452,414                         | 1,072,119                              | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              | 0                                | 1,075,807                              | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | -250                             | 1,919,599                              | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | -831,981                         | 1,980,631                              | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 0                                | 954,938                                | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              | 0                                | 0                                      | 19.00  |
| 20.00                                  | 02000 | NURSING PROGRAM                        | 0                                | 0                                      | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0                                | 0                                      | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 0                                | 0                                      | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)              | 0                                | 0                                      | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                                  |                                        |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | -346                             | 8,610,508                              | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | -49                              | 4,194,436                              | 31.00  |
| 43.00                                  | 04300 | NURSERY                                | 0                                | 187,147                                | 43.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                                  |                                        |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 0                                | 2,820,521                              | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 0                                | 356,750                                | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 0                                | 462,363                                | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | -128,009                         | 734,858                                | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | -382,904                         | 1,987,345                              | 54.00  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 0                                | 1,253,462                              | 55.00  |
| 57.00                                  | 05700 | CT SCAN                                | 0                                | 1,226,527                              | 57.00  |
| 58.00                                  | 05800 | MRI                                    | 0                                | 715,849                                | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 0                                | 2,443,055                              | 59.00  |
| 60.00                                  | 06000 | LABORATORY                             | -17,210                          | 9,753,248                              | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0                                | 0                                      | 62.30  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 0                                | 1,486,578                              | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | -1,195,453                       | 1,165,944                              | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 0                                | 289,586                                | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 0                                | 180,310                                | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | -29,796                          | 268,926                                | 69.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | -686,966                         | 11,469,935                             | 71.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | -7,536,446                       | 14,626,074                             | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | -240                             | 4,451,414                              | 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                | 0                                | 1,442,226                              | 75.00  |
| 76.00                                  | 03950 | OTHER                                  | 0                                | 0                                      | 76.00  |
| 76.01                                  | 03280 | SLEEP/EEG                              | 0                                | 321,068                                | 76.01  |
| 76.02                                  | 03340 | GI                                     | -20                              | 966,741                                | 76.02  |
| 76.03                                  | 03450 | NUCLEAR MED                            | 0                                | 519,773                                | 76.03  |
| 76.04                                  | 03550 | PSYCH                                  | -72,306                          | 1,837,773                              | 76.04  |
| 76.05                                  | 03630 | ULTRASOUND                             | -79,808                          | 485,041                                | 76.05  |
| 76.06                                  | 03650 | VASCULAR LAB                           | 0                                | 699,818                                | 76.06  |
| 76.07                                  | 03951 | MEDICAL OUTPATIENT                     | 0                                | 466,099                                | 76.07  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 0                                | 254,457                                | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 0                                | 0                                      | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                            | 0                                | 301,750                                | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |                                  |                                        |        |
| 90.00                                  | 09000 | CLINIC                                 | -41,525,511                      | 0                                      | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                              | -2,975                           | 5,554,558                              | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    | 0                                | 0                                      | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0                                | 0                                      | 93.99  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                        |                                  |                                        |        |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                     | -75                              | 2,219,607                              | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                                  |                                        |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       | 0                                | 0                                      | 113.00 |
| 116.00                                 | 11600 | HOSPICE                                | -241,243                         | 3,652,095                              | 116.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | -79,113,440                      | 169,795,692                            | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |                                  |                                        |        |
| 190.00                                 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0                                | 37,411                                 | 190.00 |
| 194.00                                 | 07950 | PATHOLOGY                              | 0                                | 30,340                                 | 194.00 |
| 194.01                                 | 07951 | PHYSIATRY CLINIC                       | 0                                | 279,287                                | 194.01 |

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A

Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description |       |                                      | Adjustments<br>(See A-8) | Net Expenses<br>For Allocation |        |
|-------------------------|-------|--------------------------------------|--------------------------|--------------------------------|--------|
|                         |       |                                      | 6.00                     | 7.00                           |        |
| 194.02                  | 07952 | JANESVILLE MED CENTER                | 0                        | 136,027                        | 194.02 |
| 194.03                  | 07953 | OCCUPATIONAL HEALTH AND WELLNESS     | 0                        | 1,475,501                      | 194.03 |
| 194.04                  | 07954 | ASSISTED LIVING CENTERS              | 0                        | 2,603,713                      | 194.04 |
| 194.05                  | 07955 | NORTHPOINTE FITNESS & SPA CENTER     | 0                        | 2,011,828                      | 194.05 |
| 200.00                  |       | TOTAL (SUM OF LINES 118 through 199) | -79,113,440              | 176,369,799                    | 200.00 |

## RECLASSIFICATIONS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A-6

Date/Time Prepared:  
5/24/2022 3:09 pm

|        | Increases                               |        |        |           |        |  |
|--------|-----------------------------------------|--------|--------|-----------|--------|--|
|        | Cost Center                             | Line # | Salary | Other     |        |  |
|        | 2.00                                    | 3.00   | 4.00   | 5.00      |        |  |
|        | A - RECLASS INTEREST EXPENSE TO CAPITAL |        |        |           |        |  |
| 1.00   | CAP REL COSTS-BLDG & FIXT               | 1.00   | 0      | 2,864,202 | 1.00   |  |
| 2.00   | CAP REL COSTS-MVBLE EQUIP               | 2.00   | 0      | 696,015   | 2.00   |  |
|        | 0                                       |        | 0      | 3,560,217 |        |  |
|        | B - RENTS & LEASES                      |        |        |           |        |  |
| 1.00   | CAP REL COSTS-BLDG & FIXT               | 1.00   | 0      | 590,602   | 1.00   |  |
| 2.00   | CAP REL COSTS-MVBLE EQUIP               | 2.00   | 0      | 828,678   | 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  |  |
|        | 0                                       |        | 0      | 1,419,280 |        |  |
| 500.00 | Grand Total: Increases                  |        | 0      | 4,979,497 | 500.00 |  |

## RECLASSIFICATIONS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet A-6  
Date/Time Prepared:  
5/24/2022 3:09 pm

|        | Decreases                               |        |        |           | Wkst. A-7 Ref. |  |        |
|--------|-----------------------------------------|--------|--------|-----------|----------------|--|--------|
|        | Cost Center                             | Line # | Salary | Other     |                |  |        |
|        | 6.00                                    | 7.00   | 8.00   | 9.00      | 10.00          |  |        |
|        | A - RECLASS INTEREST EXPENSE TO CAPITAL |        |        |           |                |  |        |
| 1.00   | INTEREST EXPENSE                        | 113.00 | 0      | 2,864,202 | 11             |  | 1.00   |
| 2.00   | INTEREST EXPENSE                        | 113.00 | 0      | 696,015   | 11             |  | 2.00   |
|        | 0                                       |        | 0      | 3,560,217 |                |  |        |
|        | B - RENTS & LEASES                      |        |        |           |                |  |        |
| 1.00   | ADMINISTRATIVE & GENERAL                | 5.00   | 0      | 748,080   | 10             |  | 1.00   |
| 2.00   | OPERATION OF PLANT                      | 7.00   | 0      | 40,773    | 10             |  | 2.00   |
| 3.00   | CENTRAL SERVICES & SUPPLY               | 14.00  | 0      | 348,940   | 10             |  | 3.00   |
| 4.00   | SOCIAL SERVICE                          | 17.00  | 0      | 421       | 10             |  | 4.00   |
| 5.00   | ADULTS & PEDIATRICS                     | 30.00  | 0      | 22,110    | 10             |  | 5.00   |
| 6.00   | INTENSIVE CARE UNIT                     | 31.00  | 0      | 3,501     | 10             |  | 6.00   |
| 7.00   | OPERATING ROOM                          | 50.00  | 0      | 45,168    | 10             |  | 7.00   |
| 8.00   | MRI                                     | 58.00  | 0      | 45,724    | 10             |  | 8.00   |
| 9.00   | RESPIRATORY THERAPY                     | 65.00  | 0      | 22,266    | 10             |  | 9.00   |
| 10.00  | PHYSICAL THERAPY                        | 66.00  | 0      | 21,490    | 10             |  | 10.00  |
| 11.00  | SLEEP/EEG                               | 76.01  | 0      | 2,150     | 10             |  | 11.00  |
| 12.00  | PSYCH                                   | 76.04  | 0      | 3,091     | 10             |  | 12.00  |
| 13.00  | EMERGENCY                               | 91.00  | 0      | 104       | 10             |  | 13.00  |
| 14.00  | HOSPICE                                 | 116.00 | 0      | 93,353    | 10             |  | 14.00  |
| 15.00  | JANESVILLE MED CENTER                   | 194.02 | 0      | 18,340    | 10             |  | 15.00  |
| 16.00  | ASSISTED LIVING CENTERS                 | 194.04 | 0      | 3,769     | 10             |  | 16.00  |
|        | 0                                       |        | 0      | 1,419,280 |                |  |        |
| 500.00 | Grand Total: Decreases                  |        | 0      | 4,979,497 |                |  | 500.00 |

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet A-7  
Part I  
Date/Time Prepared:  
5/24/2022 3:09 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                        | 8,100,877             | 3,094                          | 0        | 3,094      | 0                            | 1.00  |       |
| 2.00                                                   | Land Improvements           | 7,454,091             | 628,439                        | 0        | 628,439    | 0                            | 2.00  |       |
| 3.00                                                   | Buildings and Fixtures      | 152,444,072           | 5,049,284                      | 0        | 5,049,284  | 277,746                      | 3.00  |       |
| 4.00                                                   | Building Improvements       | 0                     | 0                              | 0        | 0          | 0                            | 4.00  |       |
| 5.00                                                   | Fixed Equipment             | 43,678,860            | 691,217                        | 0        | 691,217    | 35,149                       | 5.00  |       |
| 6.00                                                   | Movable Equipment           | 64,109,648            | 4,498,262                      | 0        | 4,498,262  | 613,527                      | 6.00  |       |
| 7.00                                                   | HIT designated Assets       | 0                     | 0                              | 0        | 0          | 0                            | 7.00  |       |
| 8.00                                                   | Subtotal (sum of lines 1-7) | 275,787,548           | 10,870,296                     | 0        | 10,870,296 | 926,422                      | 8.00  |       |
| 9.00                                                   | Reconciling Items           | 0                     | 0                              | 0        | 0          | 0                            | 9.00  |       |
| 10.00                                                  | Total (line 8 minus line 9) | 275,787,548           | 10,870,296                     | 0        | 10,870,296 | 926,422                      | 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                        | 8,103,971             | 0                              |          |            |                              |       | 1.00  |
| 2.00                                                   | Land Improvements           | 8,082,530             | 3,678,602                      |          |            |                              |       |       |
| 3.00                                                   | Buildings and Fixtures      | 157,215,610           | 25,651,595                     |          |            |                              |       |       |
| 4.00                                                   | Building Improvements       | 0                     | 0                              |          |            |                              |       | 4.00  |
| 5.00                                                   | Fixed Equipment             | 44,334,928            | 15,029,341                     |          |            |                              |       |       |
| 6.00                                                   | Movable Equipment           | 67,994,383            | 42,594,287                     |          |            |                              |       |       |
| 7.00                                                   | HIT designated Assets       | 0                     | 0                              |          |            |                              |       | 7.00  |
| 8.00                                                   | Subtotal (sum of lines 1-7) | 285,731,422           | 86,953,825                     |          |            |                              |       |       |
| 9.00                                                   | Reconciling Items           | 0                     | 0                              |          |            |                              |       |       |
| 10.00                                                  | Total (line 8 minus line 9) | 285,731,422           | 86,953,825                     |          |            |                              |       | 10.00 |

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet A-7  
Part II  
Date/Time Prepared:  
5/24/2022 3:09 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                                                     | 8,529,993                                | 0                      | 0        | 0                            | 0                        | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                                                     | 3,496,555                                | 0                      | 0        | 0                            | 0                        | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                                                      | 12,026,548                               | 0                      | 0        | 0                            | 0                        | 3.00 |
| Cost Center Description |                                                                               | SUMMARY OF CAPITAL                       |                        |          |                              |                          |      |
|                         |                                                                               | Other                                    | Total (1) (sum         |          |                              |                          |      |
|                         |                                                                               | Capital-Related Costs (see instructions) | 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                                        | 8,529,993              |          |                              |                          | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                                                     | 0                                        | 3,496,555              |          |                              |                          | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                                                      | 0                                        | 12,026,548             |          |                              |                          | 3.00 |

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet A-7  
Part III  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description |                                                    | COMPUTATION OF RATIOS       |                              |                                          | ALLOCATION OF OTHER CAPITAL                    |                                       |      |
|-------------------------|----------------------------------------------------|-----------------------------|------------------------------|------------------------------------------|------------------------------------------------|---------------------------------------|------|
|                         |                                                    | Gross Assets                | Capitalized Leases           | Gross Assets for Ratio (col. 1 - col. 2) | Ratio (see instructions)                       | Insurance                             |      |
|                         |                                                    | 1.00                        | 2.00                         | 3.00                                     | 4.00                                           | 5.00                                  |      |
|                         | PART III - RECONCILIATION OF CAPITAL COSTS CENTERS |                             |                              |                                          |                                                |                                       |      |
| 1.00                    | CAP REL COSTS-BLDG & FIXT                          | 217,737,040                 | 0                            | 217,737,040                              | 0.762034                                       | 0                                     | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                          | 67,994,382                  | 0                            | 67,994,382                               | 0.237966                                       | 0                                     | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                           | 285,731,422                 | 0                            | 285,731,422                              | 1.000000                                       | 0                                     | 3.00 |
| Cost Center Description |                                                    | ALLOCATION OF OTHER CAPITAL |                              |                                          | SUMMARY OF CAPITAL                             |                                       |      |
|                         |                                                    | Taxes                       | Other Capital-Related Costs  | Total (sum of cols. 5 through 7)         | Depreciation                                   | Lease                                 |      |
|                         |                                                    | 6.00                        | 7.00                         | 8.00                                     | 9.00                                           | 10.00                                 |      |
|                         | PART III - RECONCILIATION OF CAPITAL COSTS CENTERS |                             |                              |                                          |                                                |                                       |      |
| 1.00                    | CAP REL COSTS-BLDG & FIXT                          | 0                           | 0                            | 0                                        | 7,397,063                                      | 590,602                               | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                          | 0                           | 0                            | 0                                        | 3,496,555                                      | 828,678                               | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                           | 0                           | 0                            | 0                                        | 10,893,618                                     | 1,419,280                             | 3.00 |
| Cost Center Description |                                                    | SUMMARY OF CAPITAL          |                              |                                          |                                                |                                       |      |
|                         |                                                    | Interest                    | Insurance (see instructions) | Taxes (see instructions)                 | Other Capital-Related Costs (see instructions) | Total (2) (sum of cols. 9 through 14) |      |
|                         |                                                    | 11.00                       | 12.00                        | 13.00                                    | 14.00                                          | 15.00                                 |      |
|                         | PART III - RECONCILIATION OF CAPITAL COSTS CENTERS |                             |                              |                                          |                                                |                                       |      |
| 1.00                    | CAP REL COSTS-BLDG & FIXT                          | 2,864,202                   | 0                            | 0                                        | 0                                              | 10,851,867                            | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                          | 696,015                     | 0                            | 0                                        | 0                                              | 5,021,248                             | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                           | 3,560,217                   | 0                            | 0                                        | 0                                              | 15,873,115                            | 3.00 |

## ADJUSTMENTS TO EXPENSES

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A-8

Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description |                                                                                         | Basis/Code (2) | Amount      | Expense Classification on Worksheet A<br>To/From Which the Amount is to be Adjusted |        | Wkst. A-7 Ref. |       |
|-------------------------|-----------------------------------------------------------------------------------------|----------------|-------------|-------------------------------------------------------------------------------------|--------|----------------|-------|
|                         |                                                                                         |                |             | Cost Center                                                                         | Line # |                |       |
|                         |                                                                                         | 1.00           | 2.00        | 3.00                                                                                | 4.00   | 5.00           |       |
| 1.00                    | Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)                               |                |             | 0CAP REL COSTS-BLDG & FIXT                                                          | 1.00   | 0              | 1.00  |
| 2.00                    | Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)                               |                |             | 0CAP REL COSTS-MVBLE EQUIP                                                          | 2.00   | 0              | 2.00  |
| 3.00                    | Investment income - other (chapter 2)                                                   |                |             | 0                                                                                   | 0.00   | 0              | 3.00  |
| 4.00                    | Trade, quantity, and time discounts (chapter 8)                                         |                |             | 0                                                                                   | 0.00   | 0              | 4.00  |
| 5.00                    | Refunds and rebates of expenses (chapter 8)                                             |                |             | 0                                                                                   | 0.00   | 0              | 5.00  |
| 6.00                    | Rental of provider space by suppliers (chapter 8)                                       |                |             | 0                                                                                   | 0.00   | 0              | 6.00  |
| 7.00                    | Telephone services (pay stations excluded) (chapter 21)                                 |                |             | 0                                                                                   | 0.00   | 0              | 7.00  |
| 8.00                    | Television and radio service (chapter 21)                                               | A              |             | 0OPERATION OF PLANT                                                                 | 7.00   | 0              | 8.00  |
| 9.00                    | Parking lot (chapter 21)                                                                |                |             | 0                                                                                   | 0.00   | 0              | 9.00  |
| 10.00                   | Provider-based physician adjustment                                                     | A-8-2          | -25,958,066 |                                                                                     |        | 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          |             | 0                                                                                   |        | 0              | 12.00 |
| 13.00                   | Laundry and linen service                                                               |                |             | 0                                                                                   | 0.00   | 0              | 13.00 |
| 14.00                   | Cafeteria-employees and guests                                                          |                |             | 0                                                                                   | 0.00   | 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          |             | 0RESPIRATORY THERAPY                                                                | 65.00  |                | 23.00 |
| 24.00                   | Adjustment for physical therapy costs in excess of limitation (chapter 14)              | A-8-3          |             | 0PHYSICAL THERAPY                                                                   | 66.00  |                | 24.00 |
| 25.00                   | Utilization review - physicians' compensation (chapter 21)                              |                |             | 0*** Cost Center Deleted ***                                                        | 114.00 |                | 25.00 |
| 26.00                   | Depreciation - CAP REL COSTS-BLDG & FIXT                                                |                |             | 0CAP REL COSTS-BLDG & FIXT                                                          | 1.00   | 0              | 26.00 |
| 27.00                   | Depreciation - CAP REL COSTS-MVBLE EQUIP                                                |                |             | 0CAP REL COSTS-MVBLE EQUIP                                                          | 2.00   | 0              | 27.00 |
| 28.00                   | Non-physician Anesthetist                                                               |                |             | 0NONPHYSICIAN ANESTHETISTS                                                          | 19.00  |                | 28.00 |
| 29.00                   | Physicians' assistant                                                                   |                |             | 0                                                                                   | 0.00   | 0              | 29.00 |
| 30.00                   | Adjustment for occupational therapy costs in excess of limitation (chapter 14)          | A-8-3          |             | 0OCCUPATIONAL THERAPY                                                               | 67.00  |                | 30.00 |
| 30.99                   | Hospice (non-distinct) (see instructions)                                               |                |             | 0ADULTS & PEDIATRICS                                                                | 30.00  |                | 30.99 |
| 31.00                   | Adjustment for speech pathology costs in excess of limitation (chapter 14)              | A-8-3          |             | 0SPEECH PATHOLOGY                                                                   | 68.00  |                | 31.00 |
| 32.00                   | CAH HIT Adjustment for Depreciation and Interest                                        |                |             | 0                                                                                   | 0.00   | 0              | 32.00 |
| 33.00                   | CRNA OFFSET                                                                             | A              | -44,573     | EMPLOYEE BENEFITS DEPARTMENT                                                        | 4.00   | 0              | 33.00 |

## ADJUSTMENTS TO EXPENSES

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A-8

Date/Time Prepared:  
5/24/2022 3:09 pm

|                                                                                        |                |             | Expense Classification on Worksheet A<br>To/From Which the Amount is to be Adjusted |        |                |       |
|----------------------------------------------------------------------------------------|----------------|-------------|-------------------------------------------------------------------------------------|--------|----------------|-------|
| Cost Center Description                                                                | Basis/Code (2) | Amount      | Cost Center                                                                         | Line # | Wkst. A-7 Ref. |       |
|                                                                                        |                |             |                                                                                     |        |                |       |
|                                                                                        | 1.00           | 2.00        | 3.00                                                                                | 4.00   | 5.00           |       |
| 34.00 CRNA OFFSET                                                                      | A              | -128,009    | ANESTHESIOLOGY                                                                      | 53.00  | 0              | 34.00 |
| 37.00 ADVERTISING OFFSET                                                               | A              | -1,187,978  | ADMINISTRATIVE & GENERAL                                                            | 5.00   | 0              | 37.00 |
| 38.00 ADVERTISING OFFSET                                                               | A              | -1,209      | OPERATION OF PLANT                                                                  | 7.00   | 0              | 38.00 |
| 39.00 ADVERTISING OFFSET                                                               | A              | -881        | DIETARY                                                                             | 10.00  | 0              | 39.00 |
| 40.00 ADVERTISING OFFSET                                                               | A              | -246        | ADULTS & PEDIATRICS                                                                 | 30.00  | 0              | 40.00 |
| 41.00 ADVERTISING OFFSET                                                               | A              | -49         | INTENSIVE CARE UNIT                                                                 | 31.00  | 0              | 41.00 |
| 42.00 ADVERTISING OFFSET                                                               | A              | -20         | GI                                                                                  | 76.02  | 0              | 42.00 |
| 43.00 ADVERTISING OFFSET                                                               | A              | -500        | PSYCH                                                                               | 76.04  | 0              | 43.00 |
| 44.00 ADVERTISING OFFSET                                                               | A              | -15,669     | HOSPICE                                                                             | 116.00 | 0              | 44.00 |
| 44.01 MISC REV OFFSET                                                                  | B              | -446,441    | ADMINISTRATIVE & GENERAL                                                            | 5.00   | 0              | 44.01 |
| 44.02 MISC REV OFFSET                                                                  | B              | -37         | HOUSEKEEPING                                                                        | 9.00   | 0              | 44.02 |
| 44.03 MISC REV OFFSET                                                                  | B              | -377,829    | CAFETERIA                                                                           | 11.00  | 0              | 44.03 |
| 44.04 MISC REV OFFSET                                                                  | B              | -250        | PHARMACY                                                                            | 15.00  | 0              | 44.04 |
| 44.05 MISC REV OFFSET                                                                  | B              | -17         | MEDICAL RECORDS & LIBRARY                                                           | 16.00  | 0              | 44.05 |
| 44.06 MISC REV OFFSET                                                                  | B              | -100        | ADULTS & PEDIATRICS                                                                 | 30.00  | 0              | 44.06 |
| 44.07 MISC REV OFFSET                                                                  | B              | -15         | RADIOLOGY-DIAGNOSTIC                                                                | 54.00  | 0              | 44.07 |
| 44.08 MISC REV OFFSET                                                                  | B              | -3,993      | PHYSICAL THERAPY                                                                    | 66.00  | 0              | 44.08 |
| 44.09 MISC REV OFFSET                                                                  | B              | -240        | RENAL DIALYSIS                                                                      | 74.00  | 0              | 44.09 |
| 44.10 MISC REV OFFSET                                                                  | B              | -71,806     | PSYCH                                                                               | 76.04  | 0              | 44.10 |
| 44.11 MISC REV OFFSET                                                                  | B              | -2,975      | EMERGENCY                                                                           | 91.00  | 0              | 44.11 |
| 44.12 MISC REV OFFSET                                                                  | B              | -75         | HOME HEALTH AGENCY                                                                  | 101.00 | 0              | 44.12 |
| 44.13 MISC REV OFFSET                                                                  | B              | -225,574    | HOSPICE                                                                             | 116.00 | 0              | 44.13 |
| 44.14 REMOVE EST OF CLINIC PROF COSTS                                                  | A              | -1,132,930  | CAP REL COSTS-BLDG & FIXT                                                           | 1.00   | 9              | 44.14 |
| 44.15 REMOVE EST OF CLINIC PROF COSTS                                                  | A              | -14,614,836 | EMPLOYEE BENEFITS DEPARTMENT                                                        | 4.00   | 0              | 44.15 |
| 44.16 REMOVE EST OF CLINIC PROF COSTS                                                  | A              | -7,002,909  | ADMINISTRATIVE & GENERAL                                                            | 5.00   | 0              | 44.16 |
| 44.17 REMOVE EST OF CLINIC PROF COSTS                                                  | A              | -777,354    | OPERATION OF PLANT                                                                  | 7.00   | 0              | 44.17 |
| 44.18 REMOVE EST OF CLINIC PROF COSTS                                                  | A              | -28,768     | LAUNDRY & LINEN SERVICE                                                             | 8.00   | 0              | 44.18 |
| 44.19 REMOVE EST OF CLINIC PROF COSTS                                                  | A              | -313,693    | HOUSEKEEPING                                                                        | 9.00   | 0              | 44.19 |
| 44.20 REMOVE EST OF CLINIC PROF COSTS                                                  | A              | -452,414    | NURSING ADMINISTRATION                                                              | 13.00  | 0              | 44.20 |
| 44.21 REMOVE EST OF CLINIC PROF COSTS                                                  | A              | -831,964    | MEDICAL RECORDS & LIBRARY                                                           | 16.00  | 0              | 44.21 |
| 44.22 REMOVE EST OF CLINIC PROF COSTS                                                  | A              | -382,889    | RADIOLOGY-DIAGNOSTIC                                                                | 54.00  | 0              | 44.22 |
| 44.23 REMOVE EST OF CLINIC PROF COSTS                                                  | A              | -17,210     | LABORATORY                                                                          | 60.00  | 0              | 44.23 |
| 44.24 REMOVE EST OF CLINIC PROF COSTS                                                  | A              | -1,191,460  | PHYSICAL THERAPY                                                                    | 66.00  | 0              | 44.24 |
| 44.25 REMOVE EST OF CLINIC PROF COSTS                                                  | A              | -29,796     | ELECTROCARDIOLOGY                                                                   | 69.00  | 0              | 44.25 |
| 44.26 REMOVE EST OF CLINIC PROF COSTS                                                  | A              | -686,966    | MEDICAL SUPPLIES CHARGED TO PATIENT                                                 | 71.00  | 0              | 44.26 |
| 44.27 REMOVE EST OF CLINIC PROF COSTS                                                  | A              | -7,536,446  | DRUGS CHARGED TO PATIENTS                                                           | 73.00  | 0              | 44.27 |
| 44.28 REMOVE EST OF CLINIC PROF COSTS                                                  | A              | -79,808     | ULTRASOUND                                                                          | 76.05  | 0              | 44.28 |
| 44.29 REMOVE EST OF CLINIC PROF COSTS                                                  | A              | -15,567,445 | CLINIC                                                                              | 90.00  | 0              | 44.29 |
| 50.00 TOTAL (sum of lines 1 thru 49)<br>(Transfer to Worksheet A, column 6, line 200.) |                | -79,113,440 |                                                                                     |        |                | 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.

## PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet A-8-2

Date/Time Prepared:  
5/24/2022 3:09 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   | 90.00          | AGGREGATE-CLINIC                 | 3,998,402                           | 3,952,063                         | 46,339                                     | 179,000                             | 255                                     | 1.00   |
| 2.00   | 90.00          | AGGREGATE-CLINIC                 | 1,253,823                           | 1,244,023                         | 9,800                                      | 197,500                             | 71                                      | 2.00   |
| 3.00   | 90.00          | AGGREGATE-CLINIC                 | 4,061,252                           | 4,012,652                         | 48,600                                     | 246,400                             | 227                                     | 3.00   |
| 4.00   | 90.00          | AGGREGATE-CLINIC                 | 864,601                             | 864,601                           | 0                                          | 169,700                             | 0                                       | 4.00   |
| 5.00   | 90.00          | AGGREGATE-CLINIC                 | 2,003,386                           | 1,991,386                         | 12,000                                     | 237,100                             | 63                                      | 5.00   |
| 6.00   | 90.00          | AGGREGATE-CLINIC                 | 13,961,389                          | 13,619,559                        | 341,830                                    | 211,500                             | 1,063                                   | 6.00   |
| 7.00   | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 7.00   |
| 8.00   | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 8.00   |
| 9.00   | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 9.00   |
| 10.00  | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 10.00  |
| 200.00 |                |                                  | 26,142,853                          | 25,684,284                        | 458,569                                    |                                     | 1,679                                   | 200.00 |
|        | Wkst. A Line # | Cost Center/Physician Identifier | Unadjusted RCE Limit                | 5 Percent of Unadjusted RCE Limit | Cost of Memberships & Continuing Education | Provider Component Share of col. 12 | Physician Cost of Malpractice Insurance |        |
|        | 1.00           | 2.00                             | 8.00                                | 9.00                              | 12.00                                      | 13.00                               | 14.00                                   |        |
| 1.00   | 90.00          | AGGREGATE-CLINIC                 | 21,945                              | 1,097                             | 56,231                                     | 652                                 | 22,370                                  | 1.00   |
| 2.00   | 90.00          | AGGREGATE-CLINIC                 | 6,742                               | 337                               | 21,540                                     | 168                                 | 12,989                                  | 2.00   |
| 3.00   | 90.00          | AGGREGATE-CLINIC                 | 26,891                              | 1,345                             | 18,213                                     | 218                                 | 69,488                                  | 3.00   |
| 4.00   | 90.00          | AGGREGATE-CLINIC                 | 0                                   | 0                                 | 12,348                                     | 0                                   | 10,173                                  | 4.00   |
| 5.00   | 90.00          | AGGREGATE-CLINIC                 | 7,181                               | 359                               | 23,392                                     | 140                                 | 38,748                                  | 5.00   |
| 6.00   | 90.00          | AGGREGATE-CLINIC                 | 108,089                             | 5,404                             | 140,357                                    | 3,436                               | 322,660                                 | 6.00   |
| 7.00   | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 7.00   |
| 8.00   | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 8.00   |
| 9.00   | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 9.00   |
| 10.00  | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 10.00  |
| 200.00 |                |                                  | 170,848                             | 8,542                             | 272,081                                    | 4,614                               | 476,428                                 | 200.00 |
|        | Wkst. A Line # | Cost Center/Physician Identifier | Provider Component Share of col. 14 | Adjusted RCE Limit                | RCE Disallowance                           | Adjustment                          |                                         |        |
|        | 1.00           | 2.00                             | 15.00                               | 16.00                             | 17.00                                      | 18.00                               |                                         |        |
| 1.00   | 90.00          | AGGREGATE-CLINIC                 | 259                                 | 22,856                            | 23,483                                     | 3,975,546                           |                                         | 1.00   |
| 2.00   | 90.00          | AGGREGATE-CLINIC                 | 102                                 | 7,012                             | 2,788                                      | 1,246,811                           |                                         | 2.00   |
| 3.00   | 90.00          | AGGREGATE-CLINIC                 | 832                                 | 27,941                            | 20,659                                     | 4,033,311                           |                                         | 3.00   |
| 4.00   | 90.00          | AGGREGATE-CLINIC                 | 0                                   | 0                                 | 0                                          | 864,601                             |                                         | 4.00   |
| 5.00   | 90.00          | AGGREGATE-CLINIC                 | 232                                 | 7,553                             | 4,447                                      | 1,995,833                           |                                         | 5.00   |
| 6.00   | 90.00          | AGGREGATE-CLINIC                 | 7,900                               | 119,425                           | 222,405                                    | 13,841,964                          |                                         | 6.00   |
| 7.00   | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   |                                         | 7.00   |
| 8.00   | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   |                                         | 8.00   |
| 9.00   | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   |                                         | 9.00   |
| 10.00  | 0.00           |                                  | 0                                   | 0                                 | 0                                          | 0                                   |                                         | 10.00  |
| 200.00 |                |                                  | 9,325                               | 184,787                           | 273,782                                    | 25,958,066                          |                                         | 200.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description                |       |                                        | CAPITAL RELATED COSTS                                             |             | EMPLOYEE<br>BENEFITS<br>DEPARTMENT | Subtotal   |        |
|----------------------------------------|-------|----------------------------------------|-------------------------------------------------------------------|-------------|------------------------------------|------------|--------|
|                                        |       |                                        | Net Expenses<br>for Cost<br>Allocation<br>(from Wkst A<br>col. 7) | BLDG & FIXT | MVBLE EQUIP                        |            |        |
|                                        |       |                                        | 0                                                                 | 1.00        | 2.00                               | 4.00       | 4A     |
| GENERAL SERVICE COST CENTERS           |       |                                        |                                                                   |             |                                    |            |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              | 10,851,867                                                        | 10,851,867  |                                    |            | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              | 5,021,248                                                         |             | 5,021,248                          |            | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           | 18,748,160                                                        | 0           | 0                                  | 18,748,160 | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               | 28,693,207                                                        | 2,884,955   | 1,260,668                          | 3,133,166  | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  | 0                                                                 | 0           | 0                                  | 0          | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     | 7,926,879                                                         | 578,764     | 74,892                             | 535,346    | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                | 893,232                                                           | 27,554      | 2,579                              | 15,918     | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           | 1,699,398                                                         | 8,068       | 0                                  | 394,598    | 9.00   |
| 10.00                                  | 01000 | DIETARY                                | 1,391,024                                                         | 82,663      | 5,887                              | 236,288    | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              | 161,741                                                           | 76,670      | 973                                | 26,228     | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               | 0                                                                 | 0           | 0                                  | 0          | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 | 1,072,119                                                         | 32,058      | 173,126                            | 397,849    | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              | 1,075,807                                                         | 141,725     | 424,622                            | 187,701    | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 1,919,599                                                         | 47,023      | 93,557                             | 547,861    | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 1,980,631                                                         | 180,823     | 114                                | 620,356    | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 954,938                                                           | 8,777       | 464                                | 259,787    | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              | 0                                                                 | 0           | 0                                  | 0          | 19.00  |
| 20.00                                  | 02000 | NURSING PROGRAM                        | 0                                                                 | 0           | 0                                  | 0          | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0                                                                 | 0           | 0                                  | 0          | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 0                                                                 | 0           | 0                                  | 0          | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM- (SPECIFY)             | 0                                                                 | 0           | 0                                  | 0          | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                                                                   |             |                                    |            |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 8,610,508                                                         | 746,200     | 145,754                            | 2,089,531  | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 4,194,436                                                         | 63,744      | 135,164                            | 810,204    | 31.00  |
| 43.00                                  | 04300 | NURSERY                                | 187,147                                                           | 0           | 0                                  | 53,062     | 43.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                                                                   |             |                                    |            |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 2,820,521                                                         | 207,508     | 300,516                            | 532,915    | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 356,750                                                           | 22,660      | 0                                  | 93,611     | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 462,363                                                           | 0           | 0                                  | 131,094    | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 734,858                                                           | 8,600       | 3,038                              | 36,295     | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 1,987,345                                                         | 244,992     | 305,795                            | 454,407    | 54.00  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 1,253,462                                                         | 120,324     | 84,400                             | 117,713    | 55.00  |
| 57.00                                  | 05700 | CT SCAN                                | 1,226,527                                                         | 23,547      | 0                                  | 232,489    | 57.00  |
| 58.00                                  | 05800 | MRI                                    | 715,849                                                           | 16,809      | 50,432                             | 111,949    | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 2,443,055                                                         | 71,333      | 616,827                            | 538,778    | 59.00  |
| 60.00                                  | 06000 | LABORATORY                             | 9,753,248                                                         | 264,514     | 121,274                            | 879,097    | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0                                                                 | 0           | 0                                  | 0          | 62.30  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 1,486,578                                                         | 44,151      | 94,864                             | 274,241    | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 1,165,944                                                         | 279,922     | 33,611                             | 636,967    | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 289,586                                                           | 14,114      | 0                                  | 80,461     | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 180,310                                                           | 8,068       | 2,061                              | 47,841     | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 268,926                                                           | 8,688       | 1,416                              | 80,978     | 69.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 11,469,935                                                        | 0           | 0                                  | 0          | 71.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 14,626,074                                                        | 0           | 0                                  | 0          | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 4,451,414                                                         | 125,129     | 15,435                             | 492,438    | 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                | 1,442,226                                                         | 688,219     | 477,642                            | 257,898    | 75.00  |
| 76.00                                  | 03950 | OTHER                                  | 0                                                                 | 0           | 0                                  | 0          | 76.00  |
| 76.01                                  | 03280 | SLEEP/EEG                              | 321,068                                                           | 11,986      | 17,818                             | 72,572     | 76.01  |
| 76.02                                  | 03340 | GI                                     | 966,741                                                           | 54,736      | 68,760                             | 189,222    | 76.02  |
| 76.03                                  | 03450 | NUCLEAR MED                            | 519,773                                                           | 13,848      | 99,959                             | 72,440     | 76.03  |
| 76.04                                  | 03550 | PSYCH                                  | 1,837,773                                                         | 111,494     | 4,967                              | 478,255    | 76.04  |
| 76.05                                  | 03630 | ULTRASOUND                             | 485,041                                                           | 27,607      | 15,899                             | 141,442    | 76.05  |
| 76.06                                  | 03650 | VASCULAR LAB                           | 699,818                                                           | 35,391      | 5,826                              | 137,554    | 76.06  |
| 76.07                                  | 03951 | MEDICAL OUTPATIENT                     | 466,099                                                           | 17,731      | 384                                | 121,538    | 76.07  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 254,457                                                           | 29,842      | 13,650                             | 69,320     | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 0                                                                 | 0           | 0                                  | 0          | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                            | 301,750                                                           | 0           | 0                                  | 0          | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |                                                                   |             |                                    |            |        |
| 90.00                                  | 09000 | CLINIC                                 | 0                                                                 | 0           | 0                                  | 0          | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                              | 5,554,558                                                         | 466,597     | 157,034                            | 1,118,813  | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    | 0                                                                 | 0           | 0                                  | 0          | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0                                                                 | 0           | 0                                  | 0          | 93.99  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                        |                                                                   |             |                                    |            |        |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                     | 2,219,607                                                         | 26,597      | 8,729                              | 409,185    | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                                                                   |             |                                    |            |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       | 0                                                                 | 0           | 0                                  | 0          | 113.00 |
| 116.00                                 | 11600 | HOSPICE                                | 3,652,095                                                         | 44,328      | 109,676                            | 599,444    | 116.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 169,795,692                                                       | 7,867,759   | 4,927,813                          | 17,716,852 | 118.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description      |       | Net Expenses<br>for Cost<br>Allocation<br>(from Wkst A<br>col. 7) | CAPITAL RELATED COSTS |             | EMPLOYEE<br>BENEFITS<br>DEPARTMENT | Subtotal   |                    |
|------------------------------|-------|-------------------------------------------------------------------|-----------------------|-------------|------------------------------------|------------|--------------------|
|                              |       |                                                                   | BLDG & FIXT           | MVBLE EQUIP |                                    |            |                    |
|                              |       | 0                                                                 | 1.00                  | 2.00        | 4.00                               | 4A         |                    |
| NONREIMBURSABLE COST CENTERS |       |                                                                   |                       |             |                                    |            |                    |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN                               | 37,411                | 20,781      | 451                                | 8,906      | 67,549 190.00      |
| 194.00                       | 07950 | PATHOLOGY                                                         | 30,340                | 9,202       | 5,330                              | 7,227      | 52,099 194.00      |
| 194.01                       | 07951 | PHYSIATRY CLINIC                                                  | 279,287               | 11,951      | 1,417                              | 78,916     | 371,571 194.01     |
| 194.02                       | 07952 | JANESVILLE MED CENTER                                             | 136,027               | 89,135      | 20,650                             | 32,285     | 278,097 194.02     |
| 194.03                       | 07953 | OCCUPATIONAL HEALTH AND WELLNESS                                  | 1,475,501             | 154,740     | 18,392                             | 353,285    | 2,001,918 194.03   |
| 194.04                       | 07954 | ASSISTED LIVING CENTERS                                           | 2,603,713             | 1,687,709   | 28,189                             | 483,647    | 4,803,258 194.04   |
| 194.05                       | 07955 | NORTHPOINTE FITNESS & SPA CENTER                                  | 2,011,828             | 1,010,590   | 19,006                             | 67,042     | 3,108,466 194.05   |
| 200.00                       |       | Cross Foot Adjustments                                            |                       |             |                                    |            | 0 200.00           |
| 201.00                       |       | Negative Cost Centers                                             |                       | 0           | 0                                  | 0          | 0 201.00           |
| 202.00                       |       | TOTAL (sum lines 118 through 201)                                 | 176,369,799           | 10,851,867  | 5,021,248                          | 18,748,160 | 176,369,799 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description                |       |                                        | ADMINISTRATIVE<br>& GENERAL | MAINTENANCE &<br>REPAIRS | OPERATION OF<br>PLANT | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPING |        |
|----------------------------------------|-------|----------------------------------------|-----------------------------|--------------------------|-----------------------|----------------------------|--------------|--------|
|                                        |       |                                        | 5.00                        | 6.00                     | 7.00                  | 8.00                       | 9.00         |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |                             |                          |                       |                            |              |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |                             |                          |                       |                            |              | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |                             |                          |                       |                            |              | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |                             |                          |                       |                            |              | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               | 35,971,996                  |                          |                       |                            |              | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  | 0                           | 0                        |                       |                            |              | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     | 2,335,625                   |                          | 11,451,506            |                            |              | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                | 240,658                     | 0                        | 42,709                | 1,222,650                  |              | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           | 538,580                     | 0                        | 12,505                | 0                          | 2,653,149    | 9.00   |
| 10.00                                  | 01000 | DIETARY                                | 439,630                     | 0                        | 128,126               | 0                          | 29,829       | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              | 68,054                      | 0                        | 118,837               | 0                          | 27,666       | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               | 0                           | 0                        | 0                     | 0                          | 0            | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 | 429,199                     | 0                        | 49,689                | 0                          | 11,568       | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              | 468,836                     | 0                        | 219,672               | 0                          | 51,141       | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 668,219                     | 0                        | 72,885                | 0                          | 16,968       | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 712,771                     | 0                        | 280,272               | 0                          | 65,250       | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 313,598                     | 0                        | 13,604                | 0                          | 3,167        | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              | 0                           | 0                        | 0                     | 0                          | 0            | 19.00  |
| 20.00                                  | 02000 | NURSING PROGRAM                        | 0                           | 0                        | 0                     | 0                          | 0            | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0                           | 0                        | 0                     | 0                          | 0            | 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-(SPECIFY)              | 0                           | 0                        | 0                     | 0                          | 0            | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                             |                          |                       |                            |              |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 2,970,042                   | 0                        | 1,156,597             | 542,930                    | 269,265      | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 1,333,227                   | 0                        | 98,802                | 68,396                     | 23,002       | 31.00  |
| 43.00                                  | 04300 | NURSERY                                | 61,545                      | 0                        | 0                     | 0                          | 0            | 43.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                             |                          |                       |                            |              |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 989,364                     | 0                        | 321,634               | 178,555                    | 74,879       | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 121,195                     | 0                        | 35,123                | 0                          | 8,177        | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 152,053                     | 0                        | 0                     | 0                          | 0            | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 200,563                     | 0                        | 13,329                | 0                          | 3,103        | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 766,733                     | 0                        | 379,734               | 101,484                    | 88,405       | 54.00  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 403,769                     | 0                        | 186,500               | 0                          | 43,419       | 55.00  |
| 57.00                                  | 05700 | CT SCAN                                | 379,855                     | 0                        | 36,498                | 0                          | 8,497        | 57.00  |
| 58.00                                  | 05800 | MRI                                    | 229,322                     | 0                        | 26,054                | 0                          | 6,066        | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 940,307                     | 0                        | 110,564               | 0                          | 25,740       | 59.00  |
| 60.00                                  | 06000 | LABORATORY                             | 2,823,011                   | 0                        | 409,992               | 0                          | 95,450       | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0                           | 0                        | 0                     | 0                          | 0            | 62.30  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 486,766                     | 0                        | 68,433                | 0                          | 15,932       | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 542,265                     | 0                        | 433,875               | 28,044                     | 101,010      | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 98,428                      | 0                        | 21,877                | 0                          | 5,093        | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 61,051                      | 0                        | 12,505                | 0                          | 2,911        | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 92,239                      | 0                        | 13,467                | 0                          | 3,135        | 69.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 2,938,769                   | 0                        | 0                     | 0                          | 0            | 71.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 3,747,393                   | 0                        | 0                     | 0                          | 0            | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 1,302,704                   | 0                        | 193,948               | 45,194                     | 45,153       | 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                | 734,308                     | 0                        | 1,066,728             | 37,930                     | 248,343      | 75.00  |
| 76.00                                  | 03950 | OTHER                                  | 0                           | 0                        | 0                     | 0                          | 0            | 76.00  |
| 76.01                                  | 03280 | SLEEP/EEG                              | 108,493                     | 0                        | 18,579                | 0                          | 4,325        | 76.01  |
| 76.02                                  | 03340 | GI                                     | 327,817                     | 0                        | 84,840                | 0                          | 19,751       | 76.02  |
| 76.03                                  | 03450 | NUCLEAR MED                            | 180,893                     | 0                        | 21,464                | 0                          | 4,997        | 76.03  |
| 76.04                                  | 03550 | PSYCH                                  | 623,240                     | 0                        | 172,814               | 0                          | 40,232       | 76.04  |
| 76.05                                  | 03630 | ULTRASOUND                             | 171,661                     | 0                        | 42,791                | 0                          | 9,962        | 76.05  |
| 76.06                                  | 03650 | VASCULAR LAB                           | 225,108                     | 0                        | 54,856                | 14,728                     | 12,771       | 76.06  |
| 76.07                                  | 03951 | MEDICAL OUTPATIENT                     | 155,203                     | 0                        | 27,483                | 0                          | 6,398        | 76.07  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 94,100                      | 0                        | 46,254                | 0                          | 10,768       | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 0                           | 0                        | 0                     | 0                          | 0            | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                            | 77,313                      | 0                        | 0                     | 0                          | 0            | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |                             |                          |                       |                            |              |        |
| 90.00                                  | 09000 | CLINIC                                 | 0                           | 0                        | 0                     | 0                          | 0            | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                              | 1,869,601                   | 0                        | 723,217               | 205,389                    | 168,371      | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                             |                          |                       |                            |              | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0                           | 0                        | 0                     | 0                          | 0            | 93.99  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                        |                             |                          |                       |                            |              |        |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                     | 682,587                     | 0                        | 41,225                | 0                          | 9,597        | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                             |                          |                       |                            |              |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       |                             |                          |                       |                            |              | 113.00 |
| 116.00                                 | 11600 | HOSPICE                                | 1,128,766                   | 0                        | 68,708                | 0                          | 15,996       | 116.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 33,234,861                  | 0                        | 6,826,190             | 1,222,650                  | 1,576,337    | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |                             |                          |                       |                            |              |        |
| 190.00                                 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 17,307                      | 0                        | 32,210                | 0                          | 7,499        | 190.00 |
| 194.00                                 | 07950 | PATHOLOGY                              | 13,349                      | 0                        | 14,264                | 0                          | 3,321        | 194.00 |
| 194.01                                 | 07951 | PHYSIATRY CLINIC                       | 95,202                      | 0                        | 18,524                | 0                          | 4,312        | 194.01 |
| 194.02                                 | 07952 | JANESVILLE MED CENTER                  | 71,253                      | 0                        | 138,157               | 0                          | 32,164       | 194.02 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description |       |                                   | ADMINISTRATIVE<br>& GENERAL | MAINTENANCE &<br>REPAIRS | OPERATION OF<br>PLANT | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPING |        |
|-------------------------|-------|-----------------------------------|-----------------------------|--------------------------|-----------------------|----------------------------|--------------|--------|
|                         |       |                                   | 5.00                        | 6.00                     | 7.00                  | 8.00                       | 9.00         |        |
| 194.03                  | 07953 | OCCUPATIONAL HEALTH AND WELLNESS  | 512,921                     | 0                        | 239,845               | 0                          | 55,838       | 194.03 |
| 194.04                  | 07954 | ASSISTED LIVING CENTERS           | 1,230,667                   | 0                        | 2,615,919             | 0                          | 609,008      | 194.04 |
| 194.05                  | 07955 | NORTHPOINTE FITNESS & SPA CENTER  | 796,436                     | 0                        | 1,566,397             | 0                          | 364,670      | 194.05 |
| 200.00                  |       | Cross Foot Adjustments            |                             |                          |                       |                            |              | 200.00 |
| 201.00                  |       | Negative Cost Centers             | 0                           | 0                        | 0                     | 0                          | 0            | 201.00 |
| 202.00                  |       | TOTAL (sum lines 118 through 201) | 35,971,996                  | 0                        | 11,451,506            | 1,222,650                  | 2,653,149    | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description                |       |                                        | DIETARY   | CAFETERIA | MAINTENANCE OF PERSONNEL | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY |        |
|----------------------------------------|-------|----------------------------------------|-----------|-----------|--------------------------|------------------------|---------------------------|--------|
|                                        |       |                                        | 10.00     | 11.00     | 12.00                    | 13.00                  | 14.00                     |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |           |           |                          |                        |                           |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |           |           |                          |                        |                           | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |           |           |                          |                        |                           | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |           |           |                          |                        |                           | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               |           |           |                          |                        |                           | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  |           |           |                          |                        |                           | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     |           |           |                          |                        |                           | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                |           |           |                          |                        |                           | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           |           |           |                          |                        |                           | 9.00   |
| 10.00                                  | 01000 | DIETARY                                | 2,313,447 |           |                          |                        |                           | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              | 0         | 480,169   |                          |                        |                           | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               | 0         | 0         | 0                        |                        |                           | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 | 0         | 15,316    | 0                        | 2,180,924              |                           | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              | 0         | 10,721    | 0                        | 0                      | 2,580,225                 | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 0         | 16,082    | 0                        | 0                      | 15,598                    | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 0         | 35,994    | 0                        | 0                      | 1                         | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 0         | 9,190     | 0                        | 0                      | 70                        | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              | 0         | 0         | 0                        | 0                      | 0                         | 19.00  |
| 20.00                                  | 02000 | NURSING PROGRAM                        | 0         | 0         | 0                        | 0                      | 0                         | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0         | 0         | 0                        | 0                      | 0                         | 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-(SPECIFY)              | 0         | 0         | 0                        | 0                      | 0                         | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |           |           |                          |                        |                           |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 1,963,682 | 88,839    | 0                        | 805,692                | 106,028                   | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 349,765   | 29,101    | 0                        | 263,933                | 47,926                    | 31.00  |
| 43.00                                  | 04300 | NURSERY                                | 0         | 1,532     | 0                        | 13,891                 | 0                         | 43.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |           |           |                          |                        |                           |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 0         | 19,911    | 0                        | 180,586                | 1,157,269                 | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 0         | 3,063     | 0                        | 27,782                 | 10,204                    | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 0         | 4,595     | 0                        | 41,674                 | 0                         | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 0         | 766       | 0                        | 6,946                  | 36,368                    | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 0         | 20,677    | 0                        | 0                      | 4,625                     | 54.00  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 0         | 3,829     | 0                        | 0                      | 1,184                     | 55.00  |
| 57.00                                  | 05700 | CT SCAN                                | 0         | 8,424     | 0                        | 0                      | 9,984                     | 57.00  |
| 58.00                                  | 05800 | MRI                                    | 0         | 3,829     | 0                        | 0                      | 659                       | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 0         | 16,082    | 0                        | 0                      | 351,851                   | 59.00  |
| 60.00                                  | 06000 | LABORATORY                             | 0         | 41,354    | 0                        | 0                      | 3,294                     | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0         | 0         | 0                        | 0                      | 0                         | 62.30  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 0         | 9,956     | 0                        | 0                      | 28,470                    | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 0         | 19,911    | 0                        | 0                      | 35,545                    | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 0         | 2,297     | 0                        | 0                      | 472                       | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 0         | 1,532     | 0                        | 0                      | 721                       | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 0         | 4,595     | 0                        | 0                      | 2,977                     | 69.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0         | 0         | 0                        | 0                      | 134,734                   | 71.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 0         | 0         | 0                        | 0                      | 0                         | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 0         | 21,443    | 0                        | 194,477                | 189,489                   | 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                | 0         | 10,721    | 0                        | 97,239                 | 174,297                   | 75.00  |
| 76.00                                  | 03950 | OTHER                                  | 0         | 0         | 0                        | 0                      | 0                         | 76.00  |
| 76.01                                  | 03280 | SLEEP/EEG                              | 0         | 3,063     | 0                        | 27,782                 | 97                        | 76.01  |
| 76.02                                  | 03340 | GI                                     | 0         | 6,892     | 0                        | 62,511                 | 105,357                   | 76.02  |
| 76.03                                  | 03450 | NUCLEAR MED                            | 0         | 2,297     | 0                        | 0                      | 371                       | 76.03  |
| 76.04                                  | 03550 | PSYCH                                  | 0         | 13,019    | 0                        | 0                      | 23                        | 76.04  |
| 76.05                                  | 03630 | ULTRASOUND                             | 0         | 4,595     | 0                        | 0                      | 9,968                     | 76.05  |
| 76.06                                  | 03650 | VASCULAR LAB                           | 0         | 3,829     | 0                        | 34,728                 | 849                       | 76.06  |
| 76.07                                  | 03951 | MEDICAL OUTPATIENT                     | 0         | 3,829     | 0                        | 34,728                 | 19,378                    | 76.07  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 0         | 2,297     | 0                        | 20,837                 | 336                       | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 0         | 0         | 0                        | 0                      | 0                         | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                            | 0         | 0         | 0                        | 0                      | 8                         | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |           |           |                          |                        |                           |        |
| 90.00                                  | 09000 | CLINIC                                 | 0         | 0         | 0                        | 0                      | 0                         | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                              | 0         | 40,588    | 0                        | 368,118                | 121,607                   | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)   | 0         | 0         | 0                        | 0                      | 0                         | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0         | 0         | 0                        | 0                      | 0                         | 93.99  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                        |           |           |                          |                        |                           |        |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                     | 0         | 0         | 0                        | 0                      | 6,229                     | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |           |           |                          |                        |                           |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       | 0         | 0         | 0                        | 0                      | 0                         | 113.00 |
| 116.00                                 | 11600 | HOSPICE                                | 0         | 0         | 0                        | 0                      | 3,030                     | 116.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 2,313,447 | 480,169   | 0                        | 2,180,924              | 2,579,019                 | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |           |           |                          |                        |                           |        |
| 190.00                                 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0         | 0         | 0                        | 0                      | 0                         | 190.00 |
| 194.00                                 | 07950 | PATHOLOGY                              | 0         | 0         | 0                        | 0                      | 81                        | 194.00 |
| 194.01                                 | 07951 | PHYSIATRY CLINIC                       | 0         | 0         | 0                        | 0                      | 10                        | 194.01 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description |       | DIETARY                           | CAFETERIA | MAINTENANCE OF PERSONNEL | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY |           |
|-------------------------|-------|-----------------------------------|-----------|--------------------------|------------------------|---------------------------|-----------|
|                         |       | 10.00                             | 11.00     | 12.00                    | 13.00                  | 14.00                     |           |
| 194.02                  | 07952 | JANESVILLE MED CENTER             | 0         | 0                        | 0                      | 0                         | 194.02    |
| 194.03                  | 07953 | OCCUPATIONAL HEALTH AND WELLNESS  | 0         | 0                        | 0                      | 531                       | 194.03    |
| 194.04                  | 07954 | ASSISTED LIVING CENTERS           | 0         | 0                        | 0                      | 582                       | 194.04    |
| 194.05                  | 07955 | NORTHPOINTE FITNESS & SPA CENTER  | 0         | 0                        | 0                      | 2                         | 194.05    |
| 200.00                  |       | Cross Foot Adjustments            |           |                          |                        |                           | 200.00    |
| 201.00                  |       | Negative Cost Centers             | 0         | 0                        | 0                      | 0                         | 201.00    |
| 202.00                  |       | TOTAL (sum lines 118 through 201) | 2,313,447 | 480,169                  | 0                      | 2,180,924                 | 2,580,225 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description                |       |                                        | PHARMACY  | MEDICAL<br>RECORDS &<br>LIBRARY | SOCIAL SERVICE | NONPHYSICIAN<br>ANESTHETISTS | NURSING<br>PROGRAM |        |
|----------------------------------------|-------|----------------------------------------|-----------|---------------------------------|----------------|------------------------------|--------------------|--------|
|                                        |       |                                        | 15.00     | 16.00                           | 17.00          | 19.00                        | 20.00              |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |           |                                 |                |                              |                    |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |           |                                 |                |                              |                    | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |           |                                 |                |                              |                    | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |           |                                 |                |                              |                    | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               |           |                                 |                |                              |                    | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  |           |                                 |                |                              |                    | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     |           |                                 |                |                              |                    | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                |           |                                 |                |                              |                    | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           |           |                                 |                |                              |                    | 9.00   |
| 10.00                                  | 01000 | DIETARY                                |           |                                 |                |                              |                    | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              |           |                                 |                |                              |                    | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               |           |                                 |                |                              |                    | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 |           |                                 |                |                              |                    | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              |           |                                 |                |                              |                    | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 3,397,792 |                                 |                |                              |                    | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 0         | 3,876,212                       |                |                              |                    | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 1,662     | 0                               | 1,565,257      |                              |                    | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              | 0         | 0                               | 0              | 0                            |                    | 19.00  |
| 20.00                                  | 02000 | NURSING PROGRAM                        | 0         | 0                               | 0              |                              | 0                  | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0         | 0                               | 0              |                              |                    | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 0         | 0                               | 0              |                              |                    | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)              | 0         | 0                               | 0              |                              |                    | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |           |                                 |                |                              |                    |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 5,368     | 135,162                         | 1,565,257      | 0                            | 0                  | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 4,748     | 102,580                         | 0              | 0                            | 0                  | 31.00  |
| 43.00                                  | 04300 | NURSERY                                | 0         | 7,429                           | 0              | 0                            | 0                  | 43.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |           |                                 |                |                              |                    |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 41,269    | 187,367                         | 0              | 0                            | 0                  | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 764       | 28,838                          | 0              | 0                            | 0                  | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 0         | 19,946                          | 0              | 0                            | 0                  | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 14,152    | 33,953                          | 0              | 0                            | 0                  | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 2,206     | 94,122                          | 0              | 0                            | 0                  | 54.00  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 6         | 114,779                         | 0              | 0                            | 0                  | 55.00  |
| 57.00                                  | 05700 | CT SCAN                                | 525       | 339,891                         | 0              | 0                            | 0                  | 57.00  |
| 58.00                                  | 05800 | MRI                                    | 1,305     | 91,777                          | 0              | 0                            | 0                  | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 23,498    | 130,166                         | 0              | 0                            | 0                  | 59.00  |
| 60.00                                  | 06000 | LABORATORY                             | 187       | 521,022                         | 0              | 0                            | 0                  | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0         | 0                               | 0              | 0                            | 0                  | 62.30  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 1,003     | 23,545                          | 0              | 0                            | 0                  | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 16        | 67,748                          | 0              | 0                            | 0                  | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 19        | 12,195                          | 0              | 0                            | 0                  | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 0         | 5,317                           | 0              | 0                            | 0                  | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 2         | 90,902                          | 0              | 0                            | 0                  | 69.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0         | 612,843                         | 0              | 0                            | 0                  | 71.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 3,083,044 | 542,976                         | 0              | 0                            | 0                  | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 117,507   | 90,049                          | 0              | 0                            | 0                  | 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                | 4,521     | 26,020                          | 0              | 0                            | 0                  | 75.00  |
| 76.00                                  | 03950 | OTHER                                  | 0         | 0                               | 0              | 0                            | 0                  | 76.00  |
| 76.01                                  | 03280 | SLEEP/EEG                              | 0         | 11,370                          | 0              | 0                            | 0                  | 76.01  |
| 76.02                                  | 03340 | GI                                     | 8,438     | 127,430                         | 0              | 0                            | 0                  | 76.02  |
| 76.03                                  | 03450 | NUCLEAR MED                            | 72,063    | 43,817                          | 0              | 0                            | 0                  | 76.03  |
| 76.04                                  | 03550 | PSYCH                                  | 0         | 12,953                          | 0              | 0                            | 0                  | 76.04  |
| 76.05                                  | 03630 | ULTRASOUND                             | 337       | 54,600                          | 0              | 0                            | 0                  | 76.05  |
| 76.06                                  | 03650 | VASCULAR LAB                           | 68        | 33,721                          | 0              | 0                            | 0                  | 76.06  |
| 76.07                                  | 03951 | MEDICAL OUTPATIENT                     | 1,320     | 3,544                           | 0              | 0                            | 0                  | 76.07  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 7         | 2,606                           | 0              | 0                            | 0                  | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 0         | 0                               | 0              | 0                            | 0                  | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                            | 0         | 19,402                          | 0              | 0                            | 0                  | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |           |                                 |                |                              |                    |        |
| 90.00                                  | 09000 | CLINIC                                 | 0         | 0                               | 0              | 0                            | 0                  | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                              | 1,773     | 262,860                         | 0              | 0                            | 0                  | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |           |                                 |                |                              |                    | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0         | 0                               | 0              | 0                            | 0                  | 93.99  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                        |           |                                 |                |                              |                    |        |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                     | 2,077     | 7,614                           | 0              | 0                            | 0                  | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |           |                                 |                |                              |                    |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       |           |                                 |                |                              |                    | 113.00 |
| 116.00                                 | 11600 | HOSPICE                                | 534       | 17,668                          | 0              |                              | 0                  | 116.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 3,388,419 | 3,876,212                       | 1,565,257      | 0                            | 0                  | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |           |                                 |                |                              |                    |        |
| 190.00                                 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0         | 0                               | 0              | 0                            | 0                  | 190.00 |
| 194.00                                 | 07950 | PATHOLOGY                              | 0         | 0                               | 0              | 0                            | 0                  | 194.00 |
| 194.01                                 | 07951 | PHYSIATRY CLINIC                       | 0         | 0                               | 0              | 0                            | 0                  | 194.01 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description |       | PHARMACY                          | MEDICAL<br>RECORDS &<br>LIBRARY | SOCIAL SERVICE | NONPHYSICIAN<br>ANESTHETISTS | NURSING<br>PROGRAM |          |
|-------------------------|-------|-----------------------------------|---------------------------------|----------------|------------------------------|--------------------|----------|
|                         |       | 15.00                             | 16.00                           | 17.00          | 19.00                        | 20.00              |          |
| 194.02                  | 07952 | JANESVILLE MED CENTER             | 0                               | 0              | 0                            | 0                  | 0 194.02 |
| 194.03                  | 07953 | OCCUPATIONAL HEALTH AND WELLNESS  | 9,280                           | 0              | 0                            | 0                  | 0 194.03 |
| 194.04                  | 07954 | ASSISTED LIVING CENTERS           | 86                              | 0              | 0                            | 0                  | 0 194.04 |
| 194.05                  | 07955 | NORTHPOINTE FITNESS & SPA CENTER  | 7                               | 0              | 0                            | 0                  | 0 194.05 |
| 200.00                  |       | Cross Foot Adjustments            |                                 |                |                              | 0                  | 0 200.00 |
| 201.00                  |       | Negative Cost Centers             | 0                               | 0              | 0                            | 0                  | 0 201.00 |
| 202.00                  |       | TOTAL (sum lines 118 through 201) | 3,397,792                       | 3,876,212      | 1,565,257                    | 0                  | 0 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description                |       |                                        | INTERNS & RESIDENTS             |                                 | PARAMED ED PRGM | Subtotal    | Intern & Residents Cost & Post Stepdown Adjustments |        |
|----------------------------------------|-------|----------------------------------------|---------------------------------|---------------------------------|-----------------|-------------|-----------------------------------------------------|--------|
|                                        |       |                                        | SERVICES-SALARY & FRINGES APPRV | SERVICES-OTHER PRGM COSTS APPRV |                 |             |                                                     |        |
|                                        |       |                                        | 21.00                           | 22.00                           | 23.00           | 24.00       | 25.00                                               |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |                                 |                                 |                 |             |                                                     |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |                                 |                                 |                 |             |                                                     | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |                                 |                                 |                 |             |                                                     | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |                                 |                                 |                 |             |                                                     | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               |                                 |                                 |                 |             |                                                     | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  |                                 |                                 |                 |             |                                                     | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     |                                 |                                 |                 |             |                                                     | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                |                                 |                                 |                 |             |                                                     | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           |                                 |                                 |                 |             |                                                     | 9.00   |
| 10.00                                  | 01000 | DIETARY                                |                                 |                                 |                 |             |                                                     | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              |                                 |                                 |                 |             |                                                     | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               |                                 |                                 |                 |             |                                                     | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 |                                 |                                 |                 |             |                                                     | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              |                                 |                                 |                 |             |                                                     | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               |                                 |                                 |                 |             |                                                     | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              |                                 |                                 |                 |             |                                                     | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         |                                 |                                 |                 |             |                                                     | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              |                                 |                                 |                 |             |                                                     | 19.00  |
| 20.00                                  | 02000 | NURSING PROGRAM                        |                                 |                                 |                 |             |                                                     | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0                               |                                 |                 |             |                                                     | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    |                                 | 0                               |                 |             |                                                     | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)              |                                 |                                 | 0               |             |                                                     | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                                 |                                 |                 |             |                                                     |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 0                               | 0                               | 0               | 21,200,855  | 0                                                   | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 0                               | 0                               | 0               | 7,525,028   | 0                                                   | 31.00  |
| 43.00                                  | 04300 | NURSERY                                | 0                               | 0                               | 0               | 324,606     | 0                                                   | 43.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                                 |                                 |                 |             |                                                     |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 0                               | 0                               | 0               | 7,012,294   | 0                                                   | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 0                               | 0                               | 0               | 708,167     | 0                                                   | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 0                               | 0                               | 0               | 811,725     | 0                                                   | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 0                               | 0                               | 0               | 1,091,971   | 0                                                   | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 0                               | 0                               | 0               | 4,450,525   | 0                                                   | 54.00  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 0                               | 0                               | 0               | 2,329,385   | 0                                                   | 55.00  |
| 57.00                                  | 05700 | CT SCAN                                | 0                               | 0                               | 0               | 2,266,237   | 0                                                   | 57.00  |
| 58.00                                  | 05800 | MRI                                    | 0                               | 0                               | 0               | 1,254,051   | 0                                                   | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 0                               | 0                               | 0               | 5,268,201   | 0                                                   | 59.00  |
| 60.00                                  | 06000 | LABORATORY                             | 0                               | 0                               | 0               | 14,912,443  | 0                                                   | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0                               | 0                               | 0               | 0           | 0                                                   | 62.30  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 0                               | 0                               | 0               | 2,533,939   | 0                                                   | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 0                               | 0                               | 0               | 3,344,858   | 0                                                   | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 0                               | 0                               | 0               | 524,542     | 0                                                   | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 0                               | 0                               | 0               | 322,317     | 0                                                   | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 0                               | 0                               | 0               | 567,325     | 0                                                   | 69.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0                               | 0                               | 0               | 15,156,281  | 0                                                   | 71.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 0                               | 0                               | 0               | 21,999,487  | 0                                                   | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 0                               | 0                               | 0               | 7,284,380   | 0                                                   | 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                | 0                               | 0                               | 0               | 5,266,092   | 0                                                   | 75.00  |
| 76.00                                  | 03950 | OTHER                                  | 0                               | 0                               | 0               | 0           | 0                                                   | 76.00  |
| 76.01                                  | 03280 | SLEEP/EEG                              | 0                               | 0                               | 0               | 597,153     | 0                                                   | 76.01  |
| 76.02                                  | 03340 | GI                                     | 0                               | 0                               | 0               | 2,022,495   | 0                                                   | 76.02  |
| 76.03                                  | 03450 | NUCLEAR MED                            | 0                               | 0                               | 0               | 1,031,922   | 0                                                   | 76.03  |
| 76.04                                  | 03550 | PSYCH                                  | 0                               | 0                               | 0               | 3,294,770   | 0                                                   | 76.04  |
| 76.05                                  | 03630 | ULTRASOUND                             | 0                               | 0                               | 0               | 963,903     | 0                                                   | 76.05  |
| 76.06                                  | 03650 | VASCULAR LAB                           | 0                               | 0                               | 0               | 1,259,247   | 0                                                   | 76.06  |
| 76.07                                  | 03951 | MEDICAL OUTPATIENT                     | 0                               | 0                               | 0               | 857,635     | 0                                                   | 76.07  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 0                               | 0                               | 0               | 544,474     | 0                                                   | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 0                               | 0                               | 0               | 0           | 0                                                   | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                            | 0                               | 0                               | 0               | 398,473     | 0                                                   | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |                                 |                                 |                 |             |                                                     |        |
| 90.00                                  | 09000 | CLINIC                                 | 0                               | 0                               | 0               | 0           | 0                                                   | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                              | 0                               | 0                               | 0               | 11,058,526  | 0                                                   | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                                 |                                 |                 |             |                                                     | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0                               | 0                               | 0               | 0           | 0                                                   | 93.99  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                        |                                 |                                 |                 |             |                                                     |        |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                     | 0                               | 0                               | 0               | 3,413,447   | 0                                                   | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                                 |                                 |                 |             |                                                     |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       |                                 |                                 |                 |             |                                                     | 113.00 |
| 116.00                                 | 11600 | HOSPICE                                |                                 |                                 | 0               | 5,640,245   | 0                                                   | 116.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 0                               | 0                               | 0               | 157,236,999 | 0                                                   | 118.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description      |       |                                     | INTERNS & RESIDENTS                    |                                       | PARAMED ED<br>PRGM | Subtotal    | Intern &<br>Residents Cost<br>& Post<br>Stepdown<br>Adjustments |        |
|------------------------------|-------|-------------------------------------|----------------------------------------|---------------------------------------|--------------------|-------------|-----------------------------------------------------------------|--------|
|                              |       |                                     | SERVICES-SALAR<br>Y & FRINGES<br>APPRV | SERVICES-OTHER<br>PRGM COSTS<br>APPRV |                    |             |                                                                 |        |
|                              |       |                                     | 21.00                                  | 22.00                                 | 23.00              | 24.00       | 25.00                                                           |        |
| NONREIMBURSABLE COST CENTERS |       |                                     |                                        |                                       |                    |             |                                                                 |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0                                      | 0                                     | 0                  | 124,565     | 0                                                               | 190.00 |
| 194.00                       | 07950 | PATHOLOGY                           | 0                                      | 0                                     | 0                  | 83,114      | 0                                                               | 194.00 |
| 194.01                       | 07951 | PHYSIATRY CLINIC                    | 0                                      | 0                                     | 0                  | 489,619     | 0                                                               | 194.01 |
| 194.02                       | 07952 | JANESVILLE MED CENTER               | 0                                      | 0                                     | 0                  | 519,671     | 0                                                               | 194.02 |
| 194.03                       | 07953 | OCCUPATIONAL HEALTH AND WELLNESS    | 0                                      | 0                                     | 0                  | 2,820,333   | 0                                                               | 194.03 |
| 194.04                       | 07954 | ASSISTED LIVING CENTERS             | 0                                      | 0                                     | 0                  | 9,259,520   | 0                                                               | 194.04 |
| 194.05                       | 07955 | NORTHPOINTE FITNESS & SPA CENTER    | 0                                      | 0                                     | 0                  | 5,835,978   | 0                                                               | 194.05 |
| 200.00                       |       | Cross Foot Adjustments              | 0                                      | 0                                     | 0                  | 0           | 0                                                               | 200.00 |
| 201.00                       |       | Negative Cost Centers               | 0                                      | 0                                     | 0                  | 0           | 0                                                               | 201.00 |
| 202.00                       |       | TOTAL (sum lines 118 through 201)   | 0                                      | 0                                     | 0                  | 176,369,799 | 0                                                               | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description                |       | Total                                  |        |
|----------------------------------------|-------|----------------------------------------|--------|
|                                        |       | 26.00                                  |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           | 9.00   |
| 10.00                                  | 01000 | DIETARY                                | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              | 19.00  |
| 20.00                                  | 02000 | NURSING PROGRAM                        | 20.00  |
| 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-(SPECIFY)              | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 31.00  |
| 43.00                                  | 04300 | NURSERY                                | 43.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 54.00  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 55.00  |
| 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  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 62.30  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 69.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 71.00  |
| 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                                  | 03950 | OTHER                                  | 76.00  |
| 76.01                                  | 03280 | SLEEP/EEG                              | 76.01  |
| 76.02                                  | 03340 | GI                                     | 76.02  |
| 76.03                                  | 03450 | NUCLEAR MED                            | 76.03  |
| 76.04                                  | 03550 | PSYCH                                  | 76.04  |
| 76.05                                  | 03630 | ULTRASOUND                             | 76.05  |
| 76.06                                  | 03650 | VASCULAR LAB                           | 76.06  |
| 76.07                                  | 03951 | MEDICAL OUTPATIENT                     | 76.07  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                            | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |        |
| 90.00                                  | 09000 | CLINIC                                 | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                              | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 93.99  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                        |        |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                     | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       | 113.00 |
| 116.00                                 | 11600 | HOSPICE                                | 116.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |        |
| 190.00                                 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 190.00 |
| 194.00                                 | 07950 | PATHOLOGY                              | 194.00 |
| 194.01                                 | 07951 | PHYSIATRY CLINIC                       | 194.01 |
| 194.02                                 | 07952 | JANESVILLE MED CENTER                  | 194.02 |
| 194.03                                 | 07953 | OCCUPATIONAL HEALTH AND WELLNESS       | 194.03 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description |       |                                   | Total       |        |
|-------------------------|-------|-----------------------------------|-------------|--------|
|                         |       |                                   | 26.00       |        |
| 194.04                  | 07954 | ASSISTED LIVING CENTERS           | 9,259,520   | 194.04 |
| 194.05                  | 07955 | NORTHPOINTE FITNESS & SPA CENTER  | 5,835,978   | 194.05 |
| 200.00                  |       | Cross Foot Adjustments            | 0           | 200.00 |
| 201.00                  |       | Negative Cost Centers             | 0           | 201.00 |
| 202.00                  |       | TOTAL (sum lines 118 through 201) | 176,369,799 | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description                |       |                                        | CAPITAL RELATED COSTS                                |             | Subtotal    | EMPLOYEE<br>BENEFITS<br>DEPARTMENT |          |
|----------------------------------------|-------|----------------------------------------|------------------------------------------------------|-------------|-------------|------------------------------------|----------|
|                                        |       |                                        | Directly<br>Assigned New<br>Capital<br>Related Costs | BLDG & FIXT | MVBLE EQUIP |                                    |          |
|                                        |       |                                        | 0                                                    | 1.00        | 2.00        | 2A                                 | 4.00     |
| GENERAL SERVICE COST CENTERS           |       |                                        |                                                      |             |             |                                    |          |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |                                                      |             |             |                                    | 1.00     |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |                                                      |             |             |                                    | 2.00     |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           | 0                                                    | 0           | 0           | 0                                  | 4.00     |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               | 0                                                    | 2,884,955   | 1,260,668   | 4,145,623                          | 0 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  | 0                                                    | 0           | 0           | 0                                  | 0 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     | 0                                                    | 578,764     | 74,892      | 653,656                            | 0 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                | 0                                                    | 27,554      | 2,579       | 30,133                             | 0 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           | 0                                                    | 8,068       | 0           | 8,068                              | 0 9.00   |
| 10.00                                  | 01000 | DIETARY                                | 0                                                    | 82,663      | 5,887       | 88,550                             | 0 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              | 0                                                    | 76,670      | 973         | 77,643                             | 0 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               | 0                                                    | 0           | 0           | 0                                  | 0 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 | 0                                                    | 32,058      | 173,126     | 205,184                            | 0 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              | 0                                                    | 141,725     | 424,622     | 566,347                            | 0 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 0                                                    | 47,023      | 93,557      | 140,580                            | 0 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 0                                                    | 180,823     | 114         | 180,937                            | 0 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 0                                                    | 8,777       | 464         | 9,241                              | 0 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              | 0                                                    | 0           | 0           | 0                                  | 0 19.00  |
| 20.00                                  | 02000 | NURSING PROGRAM                        | 0                                                    | 0           | 0           | 0                                  | 0 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0                                                    | 0           | 0           | 0                                  | 0 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-(SPECIFY)              | 0                                                    | 0           | 0           | 0                                  | 0 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                                                      |             |             |                                    |          |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 0                                                    | 746,200     | 145,754     | 891,954                            | 0 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 0                                                    | 63,744      | 135,164     | 198,908                            | 0 31.00  |
| 43.00                                  | 04300 | NURSERY                                | 0                                                    | 0           | 0           | 0                                  | 0 43.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                                                      |             |             |                                    |          |
| 50.00                                  | 05000 | OPERATING ROOM                         | 0                                                    | 207,508     | 300,516     | 508,024                            | 0 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 0                                                    | 22,660      | 0           | 22,660                             | 0 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 0                                                    | 0           | 0           | 0                                  | 0 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 0                                                    | 8,600       | 3,038       | 11,638                             | 0 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 0                                                    | 244,992     | 305,795     | 550,787                            | 0 54.00  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 0                                                    | 120,324     | 84,400      | 204,724                            | 0 55.00  |
| 57.00                                  | 05700 | CT SCAN                                | 0                                                    | 23,547      | 0           | 23,547                             | 0 57.00  |
| 58.00                                  | 05800 | MRI                                    | 0                                                    | 16,809      | 50,432      | 67,241                             | 0 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 0                                                    | 71,333      | 616,827     | 688,160                            | 0 59.00  |
| 60.00                                  | 06000 | LABORATORY                             | 0                                                    | 264,514     | 121,274     | 385,788                            | 0 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0                                                    | 0           | 0           | 0                                  | 0 62.30  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 0                                                    | 44,151      | 94,864      | 139,015                            | 0 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 0                                                    | 279,922     | 33,611      | 313,533                            | 0 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 0                                                    | 14,114      | 0           | 14,114                             | 0 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 0                                                    | 8,068       | 2,061       | 10,129                             | 0 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 0                                                    | 8,688       | 1,416       | 10,104                             | 0 69.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0                                                    | 0           | 0           | 0                                  | 0 71.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 0                                                    | 0           | 0           | 0                                  | 0 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 0                                                    | 125,129     | 15,435      | 140,564                            | 0 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                | 0                                                    | 688,219     | 477,642     | 1,165,861                          | 0 75.00  |
| 76.00                                  | 03950 | OTHER                                  | 0                                                    | 0           | 0           | 0                                  | 0 76.00  |
| 76.01                                  | 03280 | SLEEP/EEG                              | 0                                                    | 11,986      | 17,818      | 29,804                             | 0 76.01  |
| 76.02                                  | 03340 | GI                                     | 0                                                    | 54,736      | 68,760      | 123,496                            | 0 76.02  |
| 76.03                                  | 03450 | NUCLEAR MED                            | 0                                                    | 13,848      | 99,959      | 113,807                            | 0 76.03  |
| 76.04                                  | 03550 | PSYCH                                  | 0                                                    | 111,494     | 4,967       | 116,461                            | 0 76.04  |
| 76.05                                  | 03630 | ULTRASOUND                             | 0                                                    | 27,607      | 15,899      | 43,506                             | 0 76.05  |
| 76.06                                  | 03650 | VASCULAR LAB                           | 0                                                    | 35,391      | 5,826       | 41,217                             | 0 76.06  |
| 76.07                                  | 03951 | MEDICAL OUTPATIENT                     | 0                                                    | 17,731      | 384         | 18,115                             | 0 76.07  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 0                                                    | 29,842      | 13,650      | 43,492                             | 0 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 0                                                    | 0           | 0           | 0                                  | 0 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                            | 0                                                    | 0           | 0           | 0                                  | 0 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |                                                      |             |             |                                    |          |
| 90.00                                  | 09000 | CLINIC                                 | 0                                                    | 0           | 0           | 0                                  | 0 90.00  |
| 91.00                                  | 09100 | EMERGENCY                              | 0                                                    | 466,597     | 157,034     | 623,631                            | 0 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                                                      |             |             | 0                                  | 0 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0                                                    | 0           | 0           | 0                                  | 0 93.99  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                        |                                                      |             |             |                                    |          |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                     | 0                                                    | 26,597      | 8,729       | 35,326                             | 0 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                                                      |             |             |                                    |          |
| 113.00                                 | 11300 | INTEREST EXPENSE                       |                                                      |             |             |                                    | 113.00   |
| 116.00                                 | 11600 | HOSPICE                                | 0                                                    | 44,328      | 109,676     | 154,004                            | 0 116.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 0                                                    | 7,867,759   | 4,927,813   | 12,795,572                         | 0 118.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description      |       |                                     | CAPITAL RELATED COSTS                                |             | Subtotal    | EMPLOYEE<br>BENEFITS<br>DEPARTMENT |          |
|------------------------------|-------|-------------------------------------|------------------------------------------------------|-------------|-------------|------------------------------------|----------|
|                              |       |                                     | Directly<br>Assigned New<br>Capital<br>Related Costs | BLDG & FIXT | MVBLE EQUIP |                                    |          |
|                              |       |                                     | 0                                                    | 1.00        | 2.00        | 2A                                 | 4.00     |
| NONREIMBURSABLE COST CENTERS |       |                                     |                                                      |             |             |                                    |          |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0                                                    | 20,781      | 451         | 21,232                             | 0 190.00 |
| 194.00                       | 07950 | PATHOLOGY                           | 0                                                    | 9,202       | 5,330       | 14,532                             | 0 194.00 |
| 194.01                       | 07951 | PHYSIATRY CLINIC                    | 0                                                    | 11,951      | 1,417       | 13,368                             | 0 194.01 |
| 194.02                       | 07952 | JANESVILLE MED CENTER               | 0                                                    | 89,135      | 20,650      | 109,785                            | 0 194.02 |
| 194.03                       | 07953 | OCCUPATIONAL HEALTH AND WELLNESS    | 0                                                    | 154,740     | 18,392      | 173,132                            | 0 194.03 |
| 194.04                       | 07954 | ASSISTED LIVING CENTERS             | 0                                                    | 1,687,709   | 28,189      | 1,715,898                          | 0 194.04 |
| 194.05                       | 07955 | NORTHPOINTE FITNESS & SPA CENTER    | 0                                                    | 1,010,590   | 19,006      | 1,029,596                          | 0 194.05 |
| 200.00                       |       | Cross Foot Adjustments              |                                                      |             |             | 0                                  | 200.00   |
| 201.00                       |       | Negative Cost Centers               |                                                      | 0           | 0           | 0                                  | 0 201.00 |
| 202.00                       |       | TOTAL (sum lines 118 through 201)   | 0                                                    | 10,851,867  | 5,021,248   | 15,873,115                         | 0 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description                |       |                                        | ADMINISTRATIVE<br>& GENERAL | MAINTENANCE &<br>REPAIRS | OPERATION OF<br>PLANT | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPING |        |
|----------------------------------------|-------|----------------------------------------|-----------------------------|--------------------------|-----------------------|----------------------------|--------------|--------|
|                                        |       |                                        | 5.00                        | 6.00                     | 7.00                  | 8.00                       | 9.00         |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |                             |                          |                       |                            |              |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |                             |                          |                       |                            |              | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |                             |                          |                       |                            |              | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |                             |                          |                       |                            |              | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               | 4,145,623                   |                          |                       |                            |              | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  | 0                           | 0                        |                       |                            |              | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     | 269,174                     | 0                        | 922,830               |                            |              | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                | 27,735                      | 0                        | 3,442                 | 61,310                     |              | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           | 62,070                      | 0                        | 1,008                 | 0                          | 71,146       | 9.00   |
| 10.00                                  | 01000 | DIETARY                                | 50,666                      | 0                        | 10,325                | 0                          | 800          | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              | 7,843                       | 0                        | 9,577                 | 0                          | 742          | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               | 0                           | 0                        | 0                     | 0                          | 0            | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 | 49,464                      | 0                        | 4,004                 | 0                          | 310          | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              | 54,032                      | 0                        | 17,702                | 0                          | 1,371        | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 77,010                      | 0                        | 5,874                 | 0                          | 455          | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 82,145                      | 0                        | 22,586                | 0                          | 1,750        | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 36,141                      | 0                        | 1,096                 | 0                          | 85           | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              | 0                           | 0                        | 0                     | 0                          | 0            | 19.00  |
| 20.00                                  | 02000 | NURSING PROGRAM                        | 0                           | 0                        | 0                     | 0                          | 0            | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0                           | 0                        | 0                     | 0                          | 0            | 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-(SPECIFY)              | 0                           | 0                        | 0                     | 0                          | 0            | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                             |                          |                       |                            |              |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 342,288                     | 0                        | 93,205                | 27,225                     | 7,221        | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 153,650                     | 0                        | 7,962                 | 3,430                      | 617          | 31.00  |
| 43.00                                  | 04300 | NURSERY                                | 7,093                       | 0                        | 0                     | 0                          | 0            | 43.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                             |                          |                       |                            |              |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 114,021                     | 0                        | 25,919                | 8,954                      | 2,008        | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 13,967                      | 0                        | 2,830                 | 0                          | 219          | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 17,524                      | 0                        | 0                     | 0                          | 0            | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 23,114                      | 0                        | 1,074                 | 0                          | 83           | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 88,364                      | 0                        | 30,601                | 5,089                      | 2,371        | 54.00  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 46,533                      | 0                        | 15,029                | 0                          | 1,164        | 55.00  |
| 57.00                                  | 05700 | CT SCAN                                | 43,777                      | 0                        | 2,941                 | 0                          | 228          | 57.00  |
| 58.00                                  | 05800 | MRI                                    | 26,429                      | 0                        | 2,100                 | 0                          | 163          | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 108,368                     | 0                        | 8,910                 | 0                          | 690          | 59.00  |
| 60.00                                  | 06000 | LABORATORY                             | 325,343                     | 0                        | 33,040                | 0                          | 2,560        | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0                           | 0                        | 0                     | 0                          | 0            | 62.30  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 56,098                      | 0                        | 5,515                 | 0                          | 427          | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 62,494                      | 0                        | 34,964                | 1,406                      | 2,709        | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 11,344                      | 0                        | 1,763                 | 0                          | 137          | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 7,036                       | 0                        | 1,008                 | 0                          | 78           | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 10,630                      | 0                        | 1,085                 | 0                          | 84           | 69.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 338,684                     | 0                        | 0                     | 0                          | 0            | 71.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 431,834                     | 0                        | 0                     | 0                          | 0            | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 150,133                     | 0                        | 15,629                | 2,266                      | 1,211        | 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                | 84,627                      | 0                        | 85,963                | 1,902                      | 6,659        | 75.00  |
| 76.00                                  | 03950 | OTHER                                  | 0                           | 0                        | 0                     | 0                          | 0            | 76.00  |
| 76.01                                  | 03280 | SLEEP/EEG                              | 12,503                      | 0                        | 1,497                 | 0                          | 116          | 76.01  |
| 76.02                                  | 03340 | GI                                     | 37,780                      | 0                        | 6,837                 | 0                          | 530          | 76.02  |
| 76.03                                  | 03450 | NUCLEAR MED                            | 20,847                      | 0                        | 1,730                 | 0                          | 134          | 76.03  |
| 76.04                                  | 03550 | PSYCH                                  | 71,827                      | 0                        | 13,926                | 0                          | 1,079        | 76.04  |
| 76.05                                  | 03630 | ULTRASOUND                             | 19,783                      | 0                        | 3,448                 | 0                          | 267          | 76.05  |
| 76.06                                  | 03650 | VASCULAR LAB                           | 25,943                      | 0                        | 4,421                 | 739                        | 342          | 76.06  |
| 76.07                                  | 03951 | MEDICAL OUTPATIENT                     | 17,887                      | 0                        | 2,215                 | 0                          | 172          | 76.07  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 10,845                      | 0                        | 3,727                 | 0                          | 289          | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 0                           | 0                        | 0                     | 0                          | 0            | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                            | 8,910                       | 0                        | 0                     | 0                          | 0            | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |                             |                          |                       |                            |              |        |
| 90.00                                  | 09000 | CLINIC                                 | 0                           | 0                        | 0                     | 0                          | 0            | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                              | 215,466                     | 0                        | 58,281                | 10,299                     | 4,515        | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                             |                          |                       |                            |              | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0                           | 0                        | 0                     | 0                          | 0            | 93.99  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                        |                             |                          |                       |                            |              |        |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                     | 78,666                      | 0                        | 3,322                 | 0                          | 257          | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                             |                          |                       |                            |              |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       |                             |                          |                       |                            |              | 113.00 |
| 116.00                                 | 11600 | HOSPICE                                | 130,087                     | 0                        | 5,537                 | 0                          | 429          | 116.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 3,830,175                   | 0                        | 550,093               | 61,310                     | 42,272       | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |                             |                          |                       |                            |              |        |
| 190.00                                 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 1,995                       | 0                        | 2,596                 | 0                          | 201          | 190.00 |
| 194.00                                 | 07950 | PATHOLOGY                              | 1,538                       | 0                        | 1,149                 | 0                          | 89           | 194.00 |
| 194.01                                 | 07951 | PHYSIATRY CLINIC                       | 10,972                      | 0                        | 1,493                 | 0                          | 116          | 194.01 |
| 194.02                                 | 07952 | JANESVILLE MED CENTER                  | 8,212                       | 0                        | 11,134                | 0                          | 863          | 194.02 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description |       |                                   | ADMINISTRATIVE<br>& GENERAL | MAINTENANCE &<br>REPAIRS | OPERATION OF<br>PLANT | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPING |        |
|-------------------------|-------|-----------------------------------|-----------------------------|--------------------------|-----------------------|----------------------------|--------------|--------|
|                         |       |                                   | 5.00                        | 6.00                     | 7.00                  | 8.00                       | 9.00         |        |
| 194.03                  | 07953 | OCCUPATIONAL HEALTH AND WELLNESS  | 59,113                      | 0                        | 19,328                | 0                          | 1,497        | 194.03 |
| 194.04                  | 07954 | ASSISTED LIVING CENTERS           | 141,831                     | 0                        | 210,807               | 0                          | 16,329       | 194.04 |
| 194.05                  | 07955 | NORTHPOINTE FITNESS & SPA CENTER  | 91,787                      | 0                        | 126,230               | 0                          | 9,779        | 194.05 |
| 200.00                  |       | Cross Foot Adjustments            |                             |                          |                       |                            |              | 200.00 |
| 201.00                  |       | Negative Cost Centers             | 0                           | 0                        | 0                     | 0                          | 0            | 201.00 |
| 202.00                  |       | TOTAL (sum lines 118 through 201) | 4,145,623                   | 0                        | 922,830               | 61,310                     | 71,146       | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description                |       |                                        | DIETARY | CAFETERIA | MAINTENANCE OF PERSONNEL | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY |        |
|----------------------------------------|-------|----------------------------------------|---------|-----------|--------------------------|------------------------|---------------------------|--------|
|                                        |       |                                        | 10.00   | 11.00     | 12.00                    | 13.00                  | 14.00                     |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |         |           |                          |                        |                           |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |         |           |                          |                        |                           | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |         |           |                          |                        |                           | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |         |           |                          |                        |                           | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               |         |           |                          |                        |                           | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  |         |           |                          |                        |                           | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     |         |           |                          |                        |                           | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                |         |           |                          |                        |                           | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           |         |           |                          |                        |                           | 9.00   |
| 10.00                                  | 01000 | DIETARY                                | 150,341 |           |                          |                        |                           | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              | 0       | 95,805    |                          |                        |                           | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               | 0       | 0         | 0                        |                        |                           | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 | 0       | 3,056     | 0                        | 262,018                |                           | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              | 0       | 2,139     | 0                        | 0                      | 641,591                   | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 0       | 3,209     | 0                        | 0                      | 3,879                     | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 0       | 7,182     | 0                        | 0                      | 0                         | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 0       | 1,834     | 0                        | 0                      | 17                        | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              | 0       | 0         | 0                        | 0                      | 0                         | 19.00  |
| 20.00                                  | 02000 | NURSING PROGRAM                        | 0       | 0         | 0                        | 0                      | 0                         | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0       | 0         | 0                        | 0                      | 0                         | 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-(SPECIFY)              | 0       | 0         | 0                        | 0                      | 0                         | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |         |           |                          |                        |                           |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 127,611 | 17,724    | 0                        | 96,797                 | 26,365                    | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 22,730  | 5,806     | 0                        | 31,709                 | 11,917                    | 31.00  |
| 43.00                                  | 04300 | NURSERY                                | 0       | 306       | 0                        | 1,669                  | 0                         | 43.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |         |           |                          |                        |                           |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 0       | 3,973     | 0                        | 21,696                 | 287,764                   | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 0       | 611       | 0                        | 3,338                  | 2,537                     | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 0       | 917       | 0                        | 5,007                  | 0                         | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 0       | 153       | 0                        | 834                    | 9,043                     | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 0       | 4,126     | 0                        | 0                      | 1,150                     | 54.00  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 0       | 764       | 0                        | 0                      | 294                       | 55.00  |
| 57.00                                  | 05700 | CT SCAN                                | 0       | 1,681     | 0                        | 0                      | 2,483                     | 57.00  |
| 58.00                                  | 05800 | MRI                                    | 0       | 764       | 0                        | 0                      | 164                       | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 0       | 3,209     | 0                        | 0                      | 87,490                    | 59.00  |
| 60.00                                  | 06000 | LABORATORY                             | 0       | 8,251     | 0                        | 0                      | 819                       | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0       | 0         | 0                        | 0                      | 0                         | 62.30  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 0       | 1,986     | 0                        | 0                      | 7,079                     | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 0       | 3,973     | 0                        | 0                      | 8,838                     | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 0       | 458       | 0                        | 0                      | 117                       | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 0       | 306       | 0                        | 0                      | 179                       | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 0       | 917       | 0                        | 0                      | 740                       | 69.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0       | 0         | 0                        | 0                      | 33,502                    | 71.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 0       | 0         | 0                        | 0                      | 0                         | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 0       | 4,278     | 0                        | 23,365                 | 47,118                    | 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                | 0       | 2,139     | 0                        | 11,682                 | 43,340                    | 75.00  |
| 76.00                                  | 03950 | OTHER                                  | 0       | 0         | 0                        | 0                      | 0                         | 76.00  |
| 76.01                                  | 03280 | SLEEP/EEG                              | 0       | 611       | 0                        | 3,338                  | 24                        | 76.01  |
| 76.02                                  | 03340 | GI                                     | 0       | 1,375     | 0                        | 7,510                  | 26,198                    | 76.02  |
| 76.03                                  | 03450 | NUCLEAR MED                            | 0       | 458       | 0                        | 0                      | 92                        | 76.03  |
| 76.04                                  | 03550 | PSYCH                                  | 0       | 2,598     | 0                        | 0                      | 6                         | 76.04  |
| 76.05                                  | 03630 | ULTRASOUND                             | 0       | 917       | 0                        | 0                      | 2,479                     | 76.05  |
| 76.06                                  | 03650 | VASCULAR LAB                           | 0       | 764       | 0                        | 4,172                  | 211                       | 76.06  |
| 76.07                                  | 03951 | MEDICAL OUTPATIENT                     | 0       | 764       | 0                        | 4,172                  | 4,818                     | 76.07  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 0       | 458       | 0                        | 2,503                  | 84                        | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 0       | 0         | 0                        | 0                      | 0                         | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                            | 0       | 0         | 0                        | 0                      | 2                         | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |         |           |                          |                        |                           |        |
| 90.00                                  | 09000 | CLINIC                                 | 0       | 0         | 0                        | 0                      | 0                         | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                              | 0       | 8,098     | 0                        | 44,226                 | 30,239                    | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    | 0       | 0         | 0                        | 0                      | 0                         | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0       | 0         | 0                        | 0                      | 0                         | 93.99  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                        |         |           |                          |                        |                           |        |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                     | 0       | 0         | 0                        | 0                      | 1,549                     | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |         |           |                          |                        |                           |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       | 0       | 0         | 0                        | 0                      | 753                       | 113.00 |
| 116.00                                 | 11600 | HOSPICE                                | 0       | 0         | 0                        | 0                      | 0                         | 116.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 150,341 | 95,805    | 0                        | 262,018                | 641,290                   | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |         |           |                          |                        |                           |        |
| 190.00                                 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0       | 0         | 0                        | 0                      | 0                         | 190.00 |
| 194.00                                 | 07950 | PATHOLOGY                              | 0       | 0         | 0                        | 0                      | 20                        | 194.00 |
| 194.01                                 | 07951 | PHYSIATRY CLINIC                       | 0       | 0         | 0                        | 0                      | 3                         | 194.01 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description |       | DIETARY                           | CAFETERIA | MAINTENANCE OF<br>PERSONNEL | NURSING<br>ADMINISTRATION | CENTRAL<br>SERVICES &<br>SUPPLY |                |
|-------------------------|-------|-----------------------------------|-----------|-----------------------------|---------------------------|---------------------------------|----------------|
|                         |       | 10.00                             | 11.00     | 12.00                       | 13.00                     | 14.00                           |                |
| 194.02                  | 07952 | JANESVILLE MED CENTER             | 0         | 0                           | 0                         | 0                               | 194.02         |
| 194.03                  | 07953 | OCCUPATIONAL HEALTH AND WELLNESS  | 0         | 0                           | 0                         | 132                             | 194.03         |
| 194.04                  | 07954 | ASSISTED LIVING CENTERS           | 0         | 0                           | 0                         | 145                             | 194.04         |
| 194.05                  | 07955 | NORTHPOINTE FITNESS & SPA CENTER  | 0         | 0                           | 0                         | 1                               | 194.05         |
| 200.00                  |       | Cross Foot Adjustments            |           |                             |                           |                                 | 200.00         |
| 201.00                  |       | Negative Cost Centers             | 0         | 0                           | 0                         | 0                               | 201.00         |
| 202.00                  |       | TOTAL (sum lines 118 through 201) | 150,341   | 95,805                      | 0                         | 262,018                         | 641,591 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description                |       |                                        | PHARMACY | MEDICAL<br>RECORDS &<br>LIBRARY | SOCIAL SERVICE | NONPHYSICIAN<br>ANESTHETISTS | NURSING<br>PROGRAM |        |
|----------------------------------------|-------|----------------------------------------|----------|---------------------------------|----------------|------------------------------|--------------------|--------|
|                                        |       |                                        | 15.00    | 16.00                           | 17.00          | 19.00                        | 20.00              |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |          |                                 |                |                              |                    |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |          |                                 |                |                              |                    | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |          |                                 |                |                              |                    | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |          |                                 |                |                              |                    | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               |          |                                 |                |                              |                    | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  |          |                                 |                |                              |                    | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     |          |                                 |                |                              |                    | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                |          |                                 |                |                              |                    | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           |          |                                 |                |                              |                    | 9.00   |
| 10.00                                  | 01000 | DIETARY                                |          |                                 |                |                              |                    | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              |          |                                 |                |                              |                    | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               |          |                                 |                |                              |                    | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 |          |                                 |                |                              |                    | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              |          |                                 |                |                              |                    | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 231,007  |                                 |                |                              |                    | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 0        | 294,600                         |                |                              |                    | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 113      | 0                               | 48,527         |                              |                    | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              | 0        | 0                               | 0              | 0                            |                    | 19.00  |
| 20.00                                  | 02000 | NURSING PROGRAM                        | 0        | 0                               | 0              |                              | 0                  | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0        | 0                               | 0              |                              |                    | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 0        | 0                               | 0              |                              |                    | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)              | 0        | 0                               | 0              |                              |                    | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |          |                                 |                |                              |                    |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 365      | 10,260                          | 48,527         |                              |                    | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 323      | 7,787                           | 0              |                              |                    | 31.00  |
| 43.00                                  | 04300 | NURSERY                                | 0        | 564                             | 0              |                              |                    | 43.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |          |                                 |                |                              |                    |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 2,806    | 14,222                          | 0              |                              |                    | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 52       | 2,189                           | 0              |                              |                    | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 0        | 1,514                           | 0              |                              |                    | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 962      | 2,577                           | 0              |                              |                    | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 150      | 7,145                           | 0              |                              |                    | 54.00  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 0        | 8,712                           | 0              |                              |                    | 55.00  |
| 57.00                                  | 05700 | CT SCAN                                | 36       | 25,800                          | 0              |                              |                    | 57.00  |
| 58.00                                  | 05800 | MRI                                    | 89       | 6,966                           | 0              |                              |                    | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 1,598    | 9,881                           | 0              |                              |                    | 59.00  |
| 60.00                                  | 06000 | LABORATORY                             | 13       | 39,549                          | 0              |                              |                    | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0        | 0                               | 0              |                              |                    | 62.30  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 68       | 1,787                           | 0              |                              |                    | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 1        | 5,143                           | 0              |                              |                    | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 1        | 926                             | 0              |                              |                    | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 0        | 404                             | 0              |                              |                    | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 0        | 6,900                           | 0              |                              |                    | 69.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0        | 46,886                          | 0              |                              |                    | 71.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 209,608  | 41,216                          | 0              |                              |                    | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 7,989    | 6,835                           | 0              |                              |                    | 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                | 307      | 1,975                           | 0              |                              |                    | 75.00  |
| 76.00                                  | 03950 | OTHER                                  | 0        | 0                               | 0              |                              |                    | 76.00  |
| 76.01                                  | 03280 | SLEEP/EEG                              | 0        | 863                             | 0              |                              |                    | 76.01  |
| 76.02                                  | 03340 | GI                                     | 574      | 9,673                           | 0              |                              |                    | 76.02  |
| 76.03                                  | 03450 | NUCLEAR MED                            | 4,899    | 3,326                           | 0              |                              |                    | 76.03  |
| 76.04                                  | 03550 | PSYCH                                  | 0        | 983                             | 0              |                              |                    | 76.04  |
| 76.05                                  | 03630 | ULTRASOUND                             | 23       | 4,145                           | 0              |                              |                    | 76.05  |
| 76.06                                  | 03650 | VASCULAR LAB                           | 5        | 2,560                           | 0              |                              |                    | 76.06  |
| 76.07                                  | 03951 | MEDICAL OUTPATIENT                     | 90       | 269                             | 0              |                              |                    | 76.07  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 0        | 198                             | 0              |                              |                    | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 0        | 0                               | 0              |                              |                    | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                            | 0        | 1,473                           | 0              |                              |                    | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |          |                                 |                |                              |                    |        |
| 90.00                                  | 09000 | CLINIC                                 | 0        | 0                               | 0              |                              |                    | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                              | 121      | 19,953                          | 0              |                              |                    | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |          |                                 |                |                              |                    | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0        | 0                               | 0              |                              |                    | 93.99  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                        |          |                                 |                |                              |                    |        |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                     | 141      | 578                             | 0              |                              |                    | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |          |                                 |                |                              |                    |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       |          |                                 |                |                              |                    | 113.00 |
| 116.00                                 | 11600 | HOSPICE                                | 36       | 1,341                           | 0              |                              |                    | 116.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 230,370  | 294,600                         | 48,527         | 0                            | 0                  | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |          |                                 |                |                              |                    |        |
| 190.00                                 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0        | 0                               | 0              |                              |                    | 190.00 |
| 194.00                                 | 07950 | PATHOLOGY                              | 0        | 0                               | 0              |                              |                    | 194.00 |
| 194.01                                 | 07951 | PHYSIATRY CLINIC                       | 0        | 0                               | 0              |                              |                    | 194.01 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description |       | PHARMACY                          | MEDICAL<br>RECORDS &<br>LIBRARY | SOCIAL SERVICE | NONPHYSICIAN<br>ANESTHETISTS | NURSING<br>PROGRAM |        |
|-------------------------|-------|-----------------------------------|---------------------------------|----------------|------------------------------|--------------------|--------|
|                         |       | 15.00                             | 16.00                           | 17.00          | 19.00                        | 20.00              |        |
| 194.02                  | 07952 | JANESVILLE MED CENTER             | 0                               | 0              | 0                            |                    | 194.02 |
| 194.03                  | 07953 | OCCUPATIONAL HEALTH AND WELLNESS  | 631                             | 0              | 0                            |                    | 194.03 |
| 194.04                  | 07954 | ASSISTED LIVING CENTERS           | 6                               | 0              | 0                            |                    | 194.04 |
| 194.05                  | 07955 | NORTHPOINTE FITNESS & SPA CENTER  | 0                               | 0              | 0                            |                    | 194.05 |
| 200.00                  |       | Cross Foot Adjustments            |                                 |                | 0                            | 0                  | 200.00 |
| 201.00                  |       | Negative Cost Centers             | 0                               | 0              | 0                            | 0                  | 201.00 |
| 202.00                  |       | TOTAL (sum lines 118 through 201) | 231,007                         | 294,600        | 48,527                       | 0                  | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description                |       |                                        | INTERNS & RESIDENTS             |                                 | PARAMED ED PRGM | Subtotal   | Intern & Residents Cost & Post Stepdown Adjustments |        |
|----------------------------------------|-------|----------------------------------------|---------------------------------|---------------------------------|-----------------|------------|-----------------------------------------------------|--------|
|                                        |       |                                        | SERVICES-SALARY & FRINGES APPRV | SERVICES-OTHER PRGM COSTS APPRV |                 |            |                                                     |        |
|                                        |       |                                        | 21.00                           | 22.00                           | 23.00           | 24.00      | 25.00                                               |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |                                 |                                 |                 |            |                                                     |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |                                 |                                 |                 |            |                                                     | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |                                 |                                 |                 |            |                                                     | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |                                 |                                 |                 |            |                                                     | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               |                                 |                                 |                 |            |                                                     | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  |                                 |                                 |                 |            |                                                     | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     |                                 |                                 |                 |            |                                                     | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                |                                 |                                 |                 |            |                                                     | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           |                                 |                                 |                 |            |                                                     | 9.00   |
| 10.00                                  | 01000 | DIETARY                                |                                 |                                 |                 |            |                                                     | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              |                                 |                                 |                 |            |                                                     | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               |                                 |                                 |                 |            |                                                     | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 |                                 |                                 |                 |            |                                                     | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              |                                 |                                 |                 |            |                                                     | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               |                                 |                                 |                 |            |                                                     | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              |                                 |                                 |                 |            |                                                     | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         |                                 |                                 |                 |            |                                                     | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              |                                 |                                 |                 |            |                                                     | 19.00  |
| 20.00                                  | 02000 | NURSING PROGRAM                        |                                 |                                 |                 |            |                                                     | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0                               |                                 |                 |            |                                                     | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    |                                 | 0                               |                 |            |                                                     | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)              |                                 |                                 | 0               |            |                                                     | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                                 |                                 |                 |            |                                                     |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    |                                 |                                 |                 | 1,689,542  | 0                                                   | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    |                                 |                                 |                 | 444,839    | 0                                                   | 31.00  |
| 43.00                                  | 04300 | NURSERY                                |                                 |                                 |                 | 9,632      | 0                                                   | 43.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                                 |                                 |                 |            |                                                     |        |
| 50.00                                  | 05000 | OPERATING ROOM                         |                                 |                                 |                 | 989,387    | 0                                                   | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          |                                 |                                 |                 | 48,403     | 0                                                   | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             |                                 |                                 |                 | 24,962     | 0                                                   | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         |                                 |                                 |                 | 49,478     | 0                                                   | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   |                                 |                                 |                 | 689,783    | 0                                                   | 54.00  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  |                                 |                                 |                 | 277,220    | 0                                                   | 55.00  |
| 57.00                                  | 05700 | CT SCAN                                |                                 |                                 |                 | 100,493    | 0                                                   | 57.00  |
| 58.00                                  | 05800 | MRI                                    |                                 |                                 |                 | 103,916    | 0                                                   | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                |                                 |                                 |                 | 908,306    | 0                                                   | 59.00  |
| 60.00                                  | 06000 | LABORATORY                             |                                 |                                 |                 | 795,363    | 0                                                   | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        |                                 |                                 |                 | 0          | 0                                                   | 62.30  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    |                                 |                                 |                 | 211,975    | 0                                                   | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       |                                 |                                 |                 | 433,061    | 0                                                   | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   |                                 |                                 |                 | 28,860     | 0                                                   | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       |                                 |                                 |                 | 19,140     | 0                                                   | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      |                                 |                                 |                 | 30,460     | 0                                                   | 69.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    |                                 |                                 |                 | 419,072    | 0                                                   | 71.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              |                                 |                                 |                 | 682,658    | 0                                                   | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         |                                 |                                 |                 | 399,388    | 0                                                   | 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                |                                 |                                 |                 | 1,404,455  | 0                                                   | 75.00  |
| 76.00                                  | 03950 | OTHER                                  |                                 |                                 |                 | 0          | 0                                                   | 76.00  |
| 76.01                                  | 03280 | SLEEP/EEG                              |                                 |                                 |                 | 48,756     | 0                                                   | 76.01  |
| 76.02                                  | 03340 | GI                                     |                                 |                                 |                 | 213,973    | 0                                                   | 76.02  |
| 76.03                                  | 03450 | NUCLEAR MED                            |                                 |                                 |                 | 145,293    | 0                                                   | 76.03  |
| 76.04                                  | 03550 | PSYCH                                  |                                 |                                 |                 | 206,880    | 0                                                   | 76.04  |
| 76.05                                  | 03630 | ULTRASOUND                             |                                 |                                 |                 | 74,568     | 0                                                   | 76.05  |
| 76.06                                  | 03650 | VASCULAR LAB                           |                                 |                                 |                 | 80,374     | 0                                                   | 76.06  |
| 76.07                                  | 03951 | MEDICAL OUTPATIENT                     |                                 |                                 |                 | 48,502     | 0                                                   | 76.07  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 |                                 |                                 |                 | 61,596     | 0                                                   | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              |                                 |                                 |                 | 0          | 0                                                   | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                            |                                 |                                 |                 | 10,385     | 0                                                   | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |                                 |                                 |                 |            |                                                     |        |
| 90.00                                  | 09000 | CLINIC                                 |                                 |                                 |                 | 0          | 0                                                   | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                              |                                 |                                 |                 | 1,014,829  | 0                                                   | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                                 |                                 |                 |            | 0                                                   | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        |                                 |                                 |                 | 0          | 0                                                   | 93.99  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                        |                                 |                                 |                 |            |                                                     |        |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                     |                                 |                                 |                 | 119,839    | 0                                                   | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                                 |                                 |                 |            |                                                     |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       |                                 |                                 |                 |            |                                                     | 113.00 |
| 116.00                                 | 11600 | HOSPICE                                |                                 |                                 |                 | 292,187    | 0                                                   | 116.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 0                               | 0                               | 0               | 12,077,575 | 0                                                   | 118.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description      |       |                                     | INTERNS & RESIDENTS                    |                                       | PARAMED ED<br>PRGM | Subtotal   | Intern &<br>Residents Cost<br>& Post<br>Stepdown<br>Adjustments |        |
|------------------------------|-------|-------------------------------------|----------------------------------------|---------------------------------------|--------------------|------------|-----------------------------------------------------------------|--------|
|                              |       |                                     | SERVICES-SALAR<br>Y & FRINGES<br>APPRV | SERVICES-OTHER<br>PRGM COSTS<br>APPRV |                    |            |                                                                 |        |
|                              |       |                                     | 21.00                                  | 22.00                                 | 23.00              | 24.00      | 25.00                                                           |        |
| NONREIMBURSABLE COST CENTERS |       |                                     |                                        |                                       |                    |            |                                                                 |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN |                                        |                                       |                    | 26,024     | 0                                                               | 190.00 |
| 194.00                       | 07950 | PATHOLOGY                           |                                        |                                       |                    | 17,328     | 0                                                               | 194.00 |
| 194.01                       | 07951 | PHYSIATRY CLINIC                    |                                        |                                       |                    | 25,952     | 0                                                               | 194.01 |
| 194.02                       | 07952 | JANESVILLE MED CENTER               |                                        |                                       |                    | 129,994    | 0                                                               | 194.02 |
| 194.03                       | 07953 | OCCUPATIONAL HEALTH AND WELLNESS    |                                        |                                       |                    | 253,833    | 0                                                               | 194.03 |
| 194.04                       | 07954 | ASSISTED LIVING CENTERS             |                                        |                                       |                    | 2,085,016  | 0                                                               | 194.04 |
| 194.05                       | 07955 | NORTHPOINTE FITNESS & SPA CENTER    |                                        |                                       |                    | 1,257,393  | 0                                                               | 194.05 |
| 200.00                       |       | Cross Foot Adjustments              | 0                                      | 0                                     | 0                  | 0          | 0                                                               | 200.00 |
| 201.00                       |       | Negative Cost Centers               | 0                                      | 0                                     | 0                  | 0          | 0                                                               | 201.00 |
| 202.00                       |       | TOTAL (sum lines 118 through 201)   | 0                                      | 0                                     | 0                  | 15,873,115 | 0                                                               | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description                |       | Total                                  |        |
|----------------------------------------|-------|----------------------------------------|--------|
|                                        |       | 26.00                                  |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           | 9.00   |
| 10.00                                  | 01000 | DIETARY                                | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              | 19.00  |
| 20.00                                  | 02000 | NURSING PROGRAM                        | 20.00  |
| 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-(SPECIFY)              | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 31.00  |
| 43.00                                  | 04300 | NURSERY                                | 43.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 54.00  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 55.00  |
| 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  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 62.30  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 69.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 71.00  |
| 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                                  | 03950 | OTHER                                  | 76.00  |
| 76.01                                  | 03280 | SLEEP/EEG                              | 76.01  |
| 76.02                                  | 03340 | GI                                     | 76.02  |
| 76.03                                  | 03450 | NUCLEAR MED                            | 76.03  |
| 76.04                                  | 03550 | PSYCH                                  | 76.04  |
| 76.05                                  | 03630 | ULTRASOUND                             | 76.05  |
| 76.06                                  | 03650 | VASCULAR LAB                           | 76.06  |
| 76.07                                  | 03951 | MEDICAL OUTPATIENT                     | 76.07  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                            | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |        |
| 90.00                                  | 09000 | CLINIC                                 | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                              | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 93.99  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                        |        |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                     | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       | 113.00 |
| 116.00                                 | 11600 | HOSPICE                                | 116.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |        |
| 190.00                                 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 190.00 |
| 194.00                                 | 07950 | PATHOLOGY                              | 194.00 |
| 194.01                                 | 07951 | PHYSIATRY CLINIC                       | 194.01 |
| 194.02                                 | 07952 | JANESVILLE MED CENTER                  | 194.02 |
| 194.03                                 | 07953 | OCCUPATIONAL HEALTH AND WELLNESS       | 194.03 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description |       |                                   | Total      |        |
|-------------------------|-------|-----------------------------------|------------|--------|
|                         |       |                                   | 26.00      |        |
| 194.04                  | 07954 | ASSISTED LIVING CENTERS           | 2,085,016  | 194.04 |
| 194.05                  | 07955 | NORTHPOINTE FITNESS & SPA CENTER  | 1,257,393  | 194.05 |
| 200.00                  |       | Cross Foot Adjustments            | 0          | 200.00 |
| 201.00                  |       | Negative Cost Centers             | 0          | 201.00 |
| 202.00                  |       | TOTAL (sum lines 118 through 201) | 15,873,115 | 202.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B-1

Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description                |       |                                        | CAPITAL RELATED COSTS        |                               | EMPLOYEE<br>BENEFITS<br>DEPARTMENT<br>(GROSS<br>SALARIES) | Reconciliation | ADMINISTRATIVE<br>& GENERAL<br>(ACCUM COST) |        |
|----------------------------------------|-------|----------------------------------------|------------------------------|-------------------------------|-----------------------------------------------------------|----------------|---------------------------------------------|--------|
|                                        |       |                                        | BLDG & FIXT<br>(SQUARE FEET) | MVBLE EQUIP<br>(DOLLAR VALUE) |                                                           |                |                                             |        |
|                                        |       |                                        | 1.00                         | 2.00                          | 4.00                                                      | 5A             | 5.00                                        |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |                              |                               |                                                           |                |                                             |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              | 612,021                      |                               |                                                           |                |                                             | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |                              | 4,552,489                     |                                                           |                |                                             | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           | 0                            | 0                             | 66,123,750                                                |                |                                             | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               | 162,705                      | 1,142,981                     | 11,050,422                                                | -35,971,996    | 140,397,803                                 | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  | 0                            | 0                             | 0                                                         | 0              | 0                                           | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     | 32,641                       | 67,900                        | 1,888,138                                                 | 0              | 9,115,881                                   | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                | 1,554                        | 2,338                         | 56,142                                                    | 0              | 939,283                                     | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           | 455                          | 0                             | 1,391,729                                                 | 0              | 2,102,064                                   | 9.00   |
| 10.00                                  | 01000 | DIETARY                                | 4,662                        | 5,337                         | 833,378                                                   | 0              | 1,715,862                                   | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              | 4,324                        | 882                           | 92,505                                                    | 0              | 265,612                                     | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               | 0                            | 0                             | 0                                                         | 0              | 0                                           | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 | 1,808                        | 156,964                       | 1,403,195                                                 | 0              | 1,675,152                                   | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              | 7,993                        | 384,981                       | 662,013                                                   | 0              | 1,829,855                                   | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 2,652                        | 84,823                        | 1,932,278                                                 | 0              | 2,608,040                                   | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 10,198                       | 103                           | 2,187,966                                                 | 0              | 2,781,924                                   | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 495                          | 421                           | 916,255                                                   | 0              | 1,223,966                                   | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              | 0                            | 0                             | 0                                                         | 0              | 0                                           | 19.00  |
| 20.00                                  | 02000 | NURSING PROGRAM                        | 0                            | 0                             | 0                                                         | 0              | 0                                           | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0                            | 0                             | 0                                                         | 0              | 0                                           | 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-(SPECIFY)              | 0                            | 0                             | 0                                                         | 0              | 0                                           | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                              |                               |                                                           |                |                                             |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 42,084                       | 132,147                       | 7,369,673                                                 | 0              | 11,591,993                                  | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 3,595                        | 122,546                       | 2,857,551                                                 | 0              | 5,203,548                                   | 31.00  |
| 43.00                                  | 04300 | NURSERY                                | 0                            | 0                             | 187,147                                                   | 0              | 240,209                                     | 43.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                              |                               |                                                           |                |                                             |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 11,703                       | 272,461                       | 1,879,566                                                 | 0              | 3,861,460                                   | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 1,278                        | 0                             | 330,160                                                   | 0              | 473,021                                     | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 0                            | 0                             | 462,363                                                   | 0              | 593,457                                     | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 485                          | 2,754                         | 128,009                                                   | 0              | 782,791                                     | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 13,817                       | 277,247                       | 1,602,673                                                 | 0              | 2,992,539                                   | 54.00  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 6,786                        | 76,521                        | 415,169                                                   | 0              | 1,575,899                                   | 55.00  |
| 57.00                                  | 05700 | CT SCAN                                | 1,328                        | 0                             | 819,977                                                   | 0              | 1,482,563                                   | 57.00  |
| 58.00                                  | 05800 | MRI                                    | 948                          | 45,724                        | 394,837                                                   | 0              | 895,039                                     | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 4,023                        | 559,243                       | 1,900,245                                                 | 0              | 3,669,993                                   | 59.00  |
| 60.00                                  | 06000 | LABORATORY                             | 14,918                       | 109,952                       | 3,100,531                                                 | 0              | 11,018,133                                  | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0                            | 0                             | 0                                                         | 0              | 0                                           | 62.30  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 2,490                        | 86,008                        | 967,234                                                   | 0              | 1,899,834                                   | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 15,787                       | 30,473                        | 2,246,550                                                 | 0              | 2,116,444                                   | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 796                          | 0                             | 283,782                                                   | 0              | 384,161                                     | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 455                          | 1,869                         | 168,734                                                   | 0              | 238,280                                     | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 490                          | 1,284                         | 285,605                                                   | 0              | 360,008                                     | 69.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0                            | 0                             | 0                                                         | 0              | 11,469,935                                  | 71.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 0                            | 0                             | 0                                                         | 0              | 14,626,074                                  | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 7,057                        | 13,994                        | 1,736,804                                                 | 0              | 5,084,416                                   | 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                | 38,814                       | 433,052                       | 909,594                                                   | 0              | 2,865,985                                   | 75.00  |
| 76.00                                  | 03950 | OTHER                                  | 0                            | 0                             | 0                                                         | 0              | 0                                           | 76.00  |
| 76.01                                  | 03280 | SLEEP/EEG                              | 676                          | 16,155                        | 255,957                                                   | 0              | 423,444                                     | 76.01  |
| 76.02                                  | 03340 | GI                                     | 3,087                        | 62,341                        | 667,376                                                   | 0              | 1,279,459                                   | 76.02  |
| 76.03                                  | 03450 | NUCLEAR MED                            | 781                          | 90,627                        | 255,494                                                   | 0              | 706,020                                     | 76.03  |
| 76.04                                  | 03550 | PSYCH                                  | 6,288                        | 4,503                         | 1,686,782                                                 | 0              | 2,432,489                                   | 76.04  |
| 76.05                                  | 03630 | ULTRASOUND                             | 1,557                        | 14,415                        | 498,860                                                   | 0              | 669,989                                     | 76.05  |
| 76.06                                  | 03650 | VASCULAR LAB                           | 1,996                        | 5,282                         | 485,147                                                   | 0              | 878,589                                     | 76.06  |
| 76.07                                  | 03951 | MEDICAL OUTPATIENT                     | 1,000                        | 348                           | 428,658                                                   | 0              | 605,752                                     | 76.07  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 1,683                        | 12,376                        | 244,487                                                   | 0              | 367,269                                     | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 0                            | 0                             | 0                                                         | 0              | 0                                           | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                            | 0                            | 0                             | 0                                                         | 0              | 301,750                                     | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |                              |                               |                                                           |                |                                             |        |
| 90.00                                  | 09000 | CLINIC                                 | 0                            | 0                             | 0                                                         | 0              | 0                                           | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                              | 26,315                       | 142,374                       | 3,946,000                                                 | 0              | 7,297,002                                   | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)   | 0                            | 0                             | 0                                                         | 0              | 0                                           | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0                            | 0                             | 0                                                         | 0              | 0                                           | 93.99  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                        |                              |                               |                                                           |                |                                             |        |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                     | 1,500                        | 7,914                         | 1,443,177                                                 | 0              | 2,664,118                                   | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                              |                               |                                                           |                |                                             |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       | 0                            | 0                             | 0                                                         | 0              | 0                                           | 113.00 |
| 116.00                                 | 11600 | HOSPICE                                | 2,500                        | 99,437                        | 2,114,211                                                 | 0              | 4,405,543                                   | 116.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 443,724                      | 4,467,777                     | 62,486,374                                                | -35,971,996    | 129,714,845                                 | 118.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B-1

Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description |                              |                                                        | CAPITAL RELATED COSTS        |                               | EMPLOYEE<br>BENEFITS<br>DEPARTMENT<br>(GROSS<br>SALARIES) | Reconciliation | ADMINISTRATIVE<br>& GENERAL<br>(ACCUM COST) |        |
|-------------------------|------------------------------|--------------------------------------------------------|------------------------------|-------------------------------|-----------------------------------------------------------|----------------|---------------------------------------------|--------|
|                         |                              |                                                        | BLDG & FIXT<br>(SQUARE FEET) | MVBLE EQUIP<br>(DOLLAR VALUE) |                                                           |                |                                             |        |
|                         |                              |                                                        |                              |                               |                                                           |                |                                             |        |
|                         |                              |                                                        | 1.00                         | 2.00                          | 4.00                                                      | 5A             | 5.00                                        |        |
|                         | NONREIMBURSABLE COST CENTERS |                                                        |                              |                               |                                                           |                |                                             |        |
| 190.00                  | 19000                        | GIFT, FLOWER, COFFEE SHOP & CANTEEN                    | 1,172                        | 409                           | 31,411                                                    | 0              | 67,549                                      | 190.00 |
| 194.00                  | 07950                        | PATHOLOGY                                              | 519                          | 4,832                         | 25,488                                                    | 0              | 52,099                                      | 194.00 |
| 194.01                  | 07951                        | PHYSIATRY CLINIC                                       | 674                          | 1,285                         | 278,334                                                   | 0              | 371,571                                     | 194.01 |
| 194.02                  | 07952                        | JANESVILLE MED CENTER                                  | 5,027                        | 18,722                        | 113,869                                                   | 0              | 278,097                                     | 194.02 |
| 194.03                  | 07953                        | OCCUPATIONAL HEALTH AND WELLNESS                       | 8,727                        | 16,675                        | 1,246,019                                                 | 0              | 2,001,918                                   | 194.03 |
| 194.04                  | 07954                        | ASSISTED LIVING CENTERS                                | 95,183                       | 25,557                        | 1,705,800                                                 | 0              | 4,803,258                                   | 194.04 |
| 194.05                  | 07955                        | NORTHPOINTE FITNESS & SPA CENTER                       | 56,995                       | 17,232                        | 236,455                                                   | 0              | 3,108,466                                   | 194.05 |
| 200.00                  |                              | Cross Foot Adjustments                                 |                              |                               |                                                           |                |                                             | 200.00 |
| 201.00                  |                              | Negative Cost Centers                                  |                              |                               |                                                           |                |                                             | 201.00 |
| 202.00                  |                              | Cost to be allocated (per Wkst. B, Part I)             | 10,851,867                   | 5,021,248                     | 18,748,160                                                |                | 35,971,996                                  | 202.00 |
| 203.00                  |                              | Unit cost multiplier (Wkst. B, Part I)                 | 17.731200                    | 1.102968                      | 0.283531                                                  |                | 0.256215                                    | 203.00 |
| 204.00                  |                              | Cost to be allocated (per Wkst. B, Part II)            |                              |                               | 0                                                         |                | 4,145,623                                   | 204.00 |
| 205.00                  |                              | Unit cost multiplier (Wkst. B, Part II)                |                              |                               | 0.000000                                                  |                | 0.029528                                    | 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: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B-1

Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description                       |       |                                        | MAINTENANCE &<br>REPAIRS<br>(SQUARE FEET) | OPERATION OF<br>PLANT<br>(SQUARE FEET) | LAUNDRY &<br>LINEN SERVICE<br>(POUNDS OF<br>LAUNDRY) | HOUSEKEEPING<br>(SQUARE FEET) | DIETARY<br>(MEALS SERVED) |        |
|-----------------------------------------------|-------|----------------------------------------|-------------------------------------------|----------------------------------------|------------------------------------------------------|-------------------------------|---------------------------|--------|
|                                               |       |                                        | 6.00                                      | 7.00                                   | 8.00                                                 | 9.00                          | 10.00                     |        |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                        |                                           |                                        |                                                      |                               |                           |        |
| 1.00                                          | 00100 | CAP REL COSTS-BLDG & FIXT              |                                           |                                        |                                                      |                               |                           | 1.00   |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP              |                                           |                                        |                                                      |                               |                           | 2.00   |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |                                           |                                        |                                                      |                               |                           | 4.00   |
| 5.00                                          | 00500 | ADMINISTRATIVE & GENERAL               |                                           |                                        |                                                      |                               |                           | 5.00   |
| 6.00                                          | 00600 | MAINTENANCE & REPAIRS                  | 0                                         |                                        |                                                      |                               |                           | 6.00   |
| 7.00                                          | 00700 | OPERATION OF PLANT                     | 0                                         | 416,675                                |                                                      |                               |                           | 7.00   |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE                | 0                                         | 1,554                                  | 606,000                                              |                               |                           | 8.00   |
| 9.00                                          | 00900 | HOUSEKEEPING                           | 0                                         | 455                                    | 0                                                    | 414,666                       |                           | 9.00   |
| 10.00                                         | 01000 | DIETARY                                | 0                                         | 4,662                                  | 0                                                    | 4,662                         | 17,217                    | 10.00  |
| 11.00                                         | 01100 | CAFETERIA                              | 0                                         | 4,324                                  | 0                                                    | 4,324                         | 0                         | 11.00  |
| 12.00                                         | 01200 | MAINTENANCE OF PERSONNEL               | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 12.00  |
| 13.00                                         | 01300 | NURSING ADMINISTRATION                 | 0                                         | 1,808                                  | 0                                                    | 1,808                         | 0                         | 13.00  |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY              | 0                                         | 7,993                                  | 0                                                    | 7,993                         | 0                         | 14.00  |
| 15.00                                         | 01500 | PHARMACY                               | 0                                         | 2,652                                  | 0                                                    | 2,652                         | 0                         | 15.00  |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY              | 0                                         | 10,198                                 | 0                                                    | 10,198                        | 0                         | 16.00  |
| 17.00                                         | 01700 | SOCIAL SERVICE                         | 0                                         | 495                                    | 0                                                    | 495                           | 0                         | 17.00  |
| 19.00                                         | 01900 | NONPHYSICIAN ANESTHETISTS              | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 19.00  |
| 20.00                                         | 02000 | NURSING PROGRAM                        | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 20.00  |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 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-(SPECIFY)              | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 23.00  |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                        |                                           |                                        |                                                      |                               |                           |        |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                    | 0                                         | 42,084                                 | 269,100                                              | 42,084                        | 14,614                    | 30.00  |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                    | 0                                         | 3,595                                  | 33,900                                               | 3,595                         | 2,603                     | 31.00  |
| 43.00                                         | 04300 | NURSERY                                | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 43.00  |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                        |                                           |                                        |                                                      |                               |                           |        |
| 50.00                                         | 05000 | OPERATING ROOM                         | 0                                         | 11,703                                 | 88,500                                               | 11,703                        | 0                         | 50.00  |
| 51.00                                         | 05100 | RECOVERY ROOM                          | 0                                         | 1,278                                  | 0                                                    | 1,278                         | 0                         | 51.00  |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM             | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 52.00  |
| 53.00                                         | 05300 | ANESTHESIOLOGY                         | 0                                         | 485                                    | 0                                                    | 485                           | 0                         | 53.00  |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                   | 0                                         | 13,817                                 | 50,300                                               | 13,817                        | 0                         | 54.00  |
| 55.00                                         | 05500 | RADIOLOGY-THERAPEUTIC                  | 0                                         | 6,786                                  | 0                                                    | 6,786                         | 0                         | 55.00  |
| 57.00                                         | 05700 | CT SCAN                                | 0                                         | 1,328                                  | 0                                                    | 1,328                         | 0                         | 57.00  |
| 58.00                                         | 05800 | MRI                                    | 0                                         | 948                                    | 0                                                    | 948                           | 0                         | 58.00  |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION                | 0                                         | 4,023                                  | 0                                                    | 4,023                         | 0                         | 59.00  |
| 60.00                                         | 06000 | LABORATORY                             | 0                                         | 14,918                                 | 0                                                    | 14,918                        | 0                         | 60.00  |
| 62.30                                         | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 62.30  |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                    | 0                                         | 2,490                                  | 0                                                    | 2,490                         | 0                         | 65.00  |
| 66.00                                         | 06600 | PHYSICAL THERAPY                       | 0                                         | 15,787                                 | 13,900                                               | 15,787                        | 0                         | 66.00  |
| 67.00                                         | 06700 | OCCUPATIONAL THERAPY                   | 0                                         | 796                                    | 0                                                    | 796                           | 0                         | 67.00  |
| 68.00                                         | 06800 | SPEECH PATHOLOGY                       | 0                                         | 455                                    | 0                                                    | 455                           | 0                         | 68.00  |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                      | 0                                         | 490                                    | 0                                                    | 490                           | 0                         | 69.00  |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 71.00  |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS              | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 73.00  |
| 74.00                                         | 07400 | RENAL DIALYSIS                         | 0                                         | 7,057                                  | 22,400                                               | 7,057                         | 0                         | 74.00  |
| 75.00                                         | 07500 | ASC (NON-DISTINCT PART)                | 0                                         | 38,814                                 | 18,800                                               | 38,814                        | 0                         | 75.00  |
| 76.00                                         | 03950 | OTHER                                  | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 76.00  |
| 76.01                                         | 03280 | SLEEP/EEG                              | 0                                         | 676                                    | 0                                                    | 676                           | 0                         | 76.01  |
| 76.02                                         | 03340 | GI                                     | 0                                         | 3,087                                  | 0                                                    | 3,087                         | 0                         | 76.02  |
| 76.03                                         | 03450 | NUCLEAR MED                            | 0                                         | 781                                    | 0                                                    | 781                           | 0                         | 76.03  |
| 76.04                                         | 03550 | PSYCH                                  | 0                                         | 6,288                                  | 0                                                    | 6,288                         | 0                         | 76.04  |
| 76.05                                         | 03630 | ULTRASOUND                             | 0                                         | 1,557                                  | 0                                                    | 1,557                         | 0                         | 76.05  |
| 76.06                                         | 03650 | VASCULAR LAB                           | 0                                         | 1,996                                  | 7,300                                                | 1,996                         | 0                         | 76.06  |
| 76.07                                         | 03951 | MEDICAL OUTPATIENT                     | 0                                         | 1,000                                  | 0                                                    | 1,000                         | 0                         | 76.07  |
| 76.97                                         | 07697 | CARDIAC REHABILITATION                 | 0                                         | 1,683                                  | 0                                                    | 1,683                         | 0                         | 76.97  |
| 76.98                                         | 07698 | HYPERBARIC OXYGEN THERAPY              | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 76.98  |
| 76.99                                         | 07699 | LITHOTRIPSY                            | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 76.99  |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                        |                                           |                                        |                                                      |                               |                           |        |
| 90.00                                         | 09000 | CLINIC                                 | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 90.00  |
| 91.00                                         | 09100 | EMERGENCY                              | 0                                         | 26,315                                 | 101,800                                              | 26,315                        | 0                         | 91.00  |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                                           |                                        |                                                      |                               |                           | 92.00  |
| 93.99                                         | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 93.99  |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |       |                                        |                                           |                                        |                                                      |                               |                           |        |
| 101.00                                        | 10100 | HOME HEALTH AGENCY                     | 0                                         | 1,500                                  | 0                                                    | 1,500                         | 0                         | 101.00 |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |       |                                        |                                           |                                        |                                                      |                               |                           |        |
| 113.00                                        | 11300 | INTEREST EXPENSE                       |                                           |                                        |                                                      |                               |                           | 113.00 |
| 116.00                                        | 11600 | HOSPICE                                | 0                                         | 2,500                                  | 0                                                    | 2,500                         | 0                         | 116.00 |
| 118.00                                        |       | SUBTOTALS (SUM OF LINES 1 through 117) | 0                                         | 248,378                                | 606,000                                              | 246,369                       | 17,217                    | 118.00 |
| <b>NONREIMBURSABLE COST CENTERS</b>           |       |                                        |                                           |                                        |                                                      |                               |                           |        |
| 190.00                                        | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0                                         | 1,172                                  | 0                                                    | 1,172                         | 0                         | 190.00 |
| 194.00                                        | 07950 | PATHOLOGY                              | 0                                         | 519                                    | 0                                                    | 519                           | 0                         | 194.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B-1

Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description |       |                                                        | MAINTENANCE &<br>REPAIRS<br>(SQUARE FEET) | OPERATION OF<br>PLANT<br>(SQUARE FEET) | LAUNDRY &<br>LINEN SERVICE<br>(POUNDS OF<br>LAUNDRY) | HOUSEKEEPING<br>(SQUARE FEET) | DIETARY<br>(MEALS SERVED) |        |
|-------------------------|-------|--------------------------------------------------------|-------------------------------------------|----------------------------------------|------------------------------------------------------|-------------------------------|---------------------------|--------|
|                         |       |                                                        | 6.00                                      | 7.00                                   | 8.00                                                 | 9.00                          | 10.00                     |        |
| 194.01                  | 07951 | PHYSIATRY CLINIC                                       | 0                                         | 674                                    | 0                                                    | 674                           | 0                         | 194.01 |
| 194.02                  | 07952 | JANESVILLE MED CENTER                                  | 0                                         | 5,027                                  | 0                                                    | 5,027                         | 0                         | 194.02 |
| 194.03                  | 07953 | OCCUPATIONAL HEALTH AND WELLNESS                       | 0                                         | 8,727                                  | 0                                                    | 8,727                         | 0                         | 194.03 |
| 194.04                  | 07954 | ASSISTED LIVING CENTERS                                | 0                                         | 95,183                                 | 0                                                    | 95,183                        | 0                         | 194.04 |
| 194.05                  | 07955 | NORTHPOINTE FITNESS & SPA CENTER                       | 0                                         | 56,995                                 | 0                                                    | 56,995                        | 0                         | 194.05 |
| 200.00                  |       | Cross Foot Adjustments                                 |                                           |                                        |                                                      |                               |                           | 200.00 |
| 201.00                  |       | Negative Cost Centers                                  |                                           |                                        |                                                      |                               |                           | 201.00 |
| 202.00                  |       | Cost to be allocated (per Wkst. B, Part I)             | 0                                         | 11,451,506                             | 1,222,650                                            | 2,653,149                     | 2,313,447                 | 202.00 |
| 203.00                  |       | Unit cost multiplier (Wkst. B, Part I)                 | 0.000000                                  | 27.483065                              | 2.017574                                             | 6.398280                      | 134.369925                | 203.00 |
| 204.00                  |       | Cost to be allocated (per Wkst. B, Part II)            | 0                                         | 922,830                                | 61,310                                               | 71,146                        | 150,341                   | 204.00 |
| 205.00                  |       | Unit cost multiplier (Wkst. B, Part II)                | 0.000000                                  | 2.214748                               | 0.101172                                             | 0.171574                      | 8.732125                  | 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: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B-1

Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description                |       |                                        | CAFETERIA<br>(MEALS SERVED) | MAINTENANCE OF<br>PERSONNEL<br>(NUMBER<br>HOUSED) | NURSING<br>ADMINISTRATION<br>(DIRECT NRSNG<br>HRS) | CENTRAL<br>SERVICES &<br>SUPPLY<br>(COSTED<br>REQUIS.) | PHARMACY<br>(COSTED<br>REQUIS.) |        |
|----------------------------------------|-------|----------------------------------------|-----------------------------|---------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|---------------------------------|--------|
|                                        |       |                                        | 11.00                       | 12.00                                             | 13.00                                              | 14.00                                                  | 15.00                           |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |                             |                                                   |                                                    |                                                        |                                 |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |                             |                                                   |                                                    |                                                        |                                 | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |                             |                                                   |                                                    |                                                        |                                 | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |                             |                                                   |                                                    |                                                        |                                 | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               |                             |                                                   |                                                    |                                                        |                                 | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  |                             |                                                   |                                                    |                                                        |                                 | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     |                             |                                                   |                                                    |                                                        |                                 | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                |                             |                                                   |                                                    |                                                        |                                 | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           |                             |                                                   |                                                    |                                                        |                                 | 9.00   |
| 10.00                                  | 01000 | DIETARY                                |                             |                                                   |                                                    |                                                        |                                 | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              | 627                         |                                                   |                                                    |                                                        |                                 | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               | 0                           | 0                                                 |                                                    |                                                        |                                 | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 | 20                          | 0                                                 | 314                                                |                                                        |                                 | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              | 14                          | 0                                                 | 0                                                  | 10,215,451                                             |                                 | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 21                          | 0                                                 | 0                                                  | 61,754                                                 | 15,138,825                      | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 47                          | 0                                                 | 0                                                  | 4                                                      | 0                               | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 12                          | 0                                                 | 0                                                  | 276                                                    | 7,404                           | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              | 0                           | 0                                                 | 0                                                  | 0                                                      | 0                               | 19.00  |
| 20.00                                  | 02000 | NURSING PROGRAM                        | 0                           | 0                                                 | 0                                                  | 0                                                      | 0                               | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0                           | 0                                                 | 0                                                  | 0                                                      | 0                               | 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-(SPECIFY)              | 0                           | 0                                                 | 0                                                  | 0                                                      | 0                               | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                             |                                                   |                                                    |                                                        |                                 |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 116                         | 0                                                 | 116                                                | 419,777                                                | 23,918                          | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 38                          | 0                                                 | 38                                                 | 189,746                                                | 21,155                          | 31.00  |
| 43.00                                  | 04300 | NURSERY                                | 2                           | 0                                                 | 2                                                  | 0                                                      | 0                               | 43.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                             |                                                   |                                                    |                                                        |                                 |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 26                          | 0                                                 | 26                                                 | 4,581,784                                              | 183,872                         | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 4                           | 0                                                 | 4                                                  | 40,398                                                 | 3,403                           | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 6                           | 0                                                 | 6                                                  | 0                                                      | 0                               | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 1                           | 0                                                 | 1                                                  | 143,985                                                | 63,056                          | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 27                          | 0                                                 | 0                                                  | 18,312                                                 | 9,827                           | 54.00  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 5                           | 0                                                 | 0                                                  | 4,689                                                  | 27                              | 55.00  |
| 57.00                                  | 05700 | CT SCAN                                | 11                          | 0                                                 | 0                                                  | 39,529                                                 | 2,339                           | 57.00  |
| 58.00                                  | 05800 | MRI                                    | 5                           | 0                                                 | 0                                                  | 2,610                                                  | 5,814                           | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 21                          | 0                                                 | 0                                                  | 1,393,022                                              | 104,694                         | 59.00  |
| 60.00                                  | 06000 | LABORATORY                             | 54                          | 0                                                 | 0                                                  | 13,040                                                 | 832                             | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0                           | 0                                                 | 0                                                  | 0                                                      | 0                               | 62.30  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 13                          | 0                                                 | 0                                                  | 112,718                                                | 4,470                           | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 26                          | 0                                                 | 0                                                  | 140,726                                                | 72                              | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 3                           | 0                                                 | 0                                                  | 1,867                                                  | 86                              | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 2                           | 0                                                 | 0                                                  | 2,856                                                  | 0                               | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 6                           | 0                                                 | 0                                                  | 11,785                                                 | 11                              | 69.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0                           | 0                                                 | 0                                                  | 533,428                                                | 0                               | 71.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 0                           | 0                                                 | 0                                                  | 0                                                      | 13,736,463                      | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 28                          | 0                                                 | 28                                                 | 750,212                                                | 523,551                         | 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                | 14                          | 0                                                 | 14                                                 | 690,063                                                | 20,144                          | 75.00  |
| 76.00                                  | 03950 | OTHER                                  | 0                           | 0                                                 | 0                                                  | 0                                                      | 0                               | 76.00  |
| 76.01                                  | 03280 | SLEEP/EEG                              | 4                           | 0                                                 | 4                                                  | 386                                                    | 0                               | 76.01  |
| 76.02                                  | 03340 | GI                                     | 9                           | 0                                                 | 9                                                  | 417,122                                                | 37,595                          | 76.02  |
| 76.03                                  | 03450 | NUCLEAR MED                            | 3                           | 0                                                 | 0                                                  | 1,468                                                  | 321,078                         | 76.03  |
| 76.04                                  | 03550 | PSYCH                                  | 17                          | 0                                                 | 0                                                  | 92                                                     | 0                               | 76.04  |
| 76.05                                  | 03630 | ULTRASOUND                             | 6                           | 0                                                 | 0                                                  | 39,464                                                 | 1,502                           | 76.05  |
| 76.06                                  | 03650 | VASCULAR LAB                           | 5                           | 0                                                 | 5                                                  | 3,361                                                  | 304                             | 76.06  |
| 76.07                                  | 03951 | MEDICAL OUTPATIENT                     | 5                           | 0                                                 | 5                                                  | 76,720                                                 | 5,883                           | 76.07  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 3                           | 0                                                 | 3                                                  | 1,331                                                  | 30                              | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 0                           | 0                                                 | 0                                                  | 0                                                      | 0                               | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                            | 0                           | 0                                                 | 0                                                  | 31                                                     | 0                               | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |                             |                                                   |                                                    |                                                        |                                 |        |
| 90.00                                  | 09000 | CLINIC                                 | 0                           | 0                                                 | 0                                                  | 0                                                      | 0                               | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                              | 53                          | 0                                                 | 53                                                 | 481,459                                                | 7,900                           | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                             |                                                   |                                                    |                                                        |                                 | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0                           | 0                                                 | 0                                                  | 0                                                      | 0                               | 93.99  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                        |                             |                                                   |                                                    |                                                        |                                 |        |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                     | 0                           | 0                                                 | 0                                                  | 24,662                                                 | 9,255                           | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                             |                                                   |                                                    |                                                        |                                 |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       |                             |                                                   |                                                    |                                                        |                                 | 113.00 |
| 116.00                                 | 11600 | HOSPICE                                | 0                           | 0                                                 | 0                                                  | 11,996                                                 | 2,381                           | 116.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 627                         | 0                                                 | 314                                                | 10,210,673                                             | 15,097,066                      | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |                             |                                                   |                                                    |                                                        |                                 |        |
| 190.00                                 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0                           | 0                                                 | 0                                                  | 0                                                      | 0                               | 190.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B-1

Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description |       |                                                           | CAFETERIA<br>(MEALS SERVED) | MAINTENANCE OF<br>PERSONNEL<br>(NUMBER<br>HOUSED) | NURSING<br>ADMINISTRATION<br>(DIRECT NRSING<br>HRS) | CENTRAL<br>SERVICES &<br>SUPPLY<br>(COSTED<br>REQUIS.) | PHARMACY<br>(COSTED<br>REQUIS.) |        |
|-------------------------|-------|-----------------------------------------------------------|-----------------------------|---------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------|---------------------------------|--------|
|                         |       |                                                           | 11.00                       | 12.00                                             | 13.00                                               | 14.00                                                  | 15.00                           |        |
| 194.00                  | 07950 | PATHOLOGY                                                 | 0                           | 0                                                 | 0                                                   | 321                                                    | 0                               | 194.00 |
| 194.01                  | 07951 | PHYSIATRY CLINIC                                          | 0                           | 0                                                 | 0                                                   | 41                                                     | 0                               | 194.01 |
| 194.02                  | 07952 | JANESVILLE MED CENTER                                     | 0                           | 0                                                 | 0                                                   | 0                                                      | 0                               | 194.02 |
| 194.03                  | 07953 | OCCUPATIONAL HEALTH AND WELLNESS                          | 0                           | 0                                                 | 0                                                   | 2,104                                                  | 41,346                          | 194.03 |
| 194.04                  | 07954 | ASSISTED LIVING CENTERS                                   | 0                           | 0                                                 | 0                                                   | 2,304                                                  | 383                             | 194.04 |
| 194.05                  | 07955 | NORTHPOINTE FITNESS & SPA CENTER                          | 0                           | 0                                                 | 0                                                   | 8                                                      | 30                              | 194.05 |
| 200.00                  |       | Cross Foot Adjustments                                    |                             |                                                   |                                                     |                                                        |                                 | 200.00 |
| 201.00                  |       | Negative Cost Centers                                     |                             |                                                   |                                                     |                                                        |                                 | 201.00 |
| 202.00                  |       | Cost to be allocated (per Wkst. B,<br>Part I)             | 480,169                     | 0                                                 | 2,180,924                                           | 2,580,225                                              | 3,397,792                       | 202.00 |
| 203.00                  |       | Unit cost multiplier (Wkst. B, Part I)                    | 765.819777                  | 0.000000                                          | 6,945.617834                                        | 0.252581                                               | 0.224442                        | 203.00 |
| 204.00                  |       | Cost to be allocated (per Wkst. B,<br>Part II)            | 95,805                      | 0                                                 | 262,018                                             | 641,591                                                | 231,007                         | 204.00 |
| 205.00                  |       | Unit cost multiplier (Wkst. B, Part<br>II)                | 152.799043                  | 0.000000                                          | 834.452229                                          | 0.062806                                               | 0.015259                        | 205.00 |
| 206.00                  |       | NAHE adjustment amount to be allocated<br>(per Wkst. B-2) |                             |                                                   |                                                     |                                                        |                                 | 206.00 |
| 207.00                  |       | NAHE unit cost multiplier (Wkst. D,<br>Parts III and IV)  |                             |                                                   |                                                     |                                                        |                                 | 207.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B-1

Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description                |       |                                        | MEDICAL<br>RECORDS &<br>LIBRARY<br>(GROSS<br>REVENUE) | SOCIAL SERVICE<br>(TIME SPENT) | NONPHYSICIAN<br>ANESTHETISTS<br>(ASSIGNED<br>TIME) | NURSING<br>PROGRAM<br>(ASSIGNED<br>TIME) | INTERNS &<br>RESIDENTS<br>SERVICES-SALAR<br>Y & FRINGES<br>APPRV<br>(ASSIGNED<br>TIME) |        |
|----------------------------------------|-------|----------------------------------------|-------------------------------------------------------|--------------------------------|----------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------|--------|
|                                        |       |                                        | 16.00                                                 | 17.00                          | 19.00                                              | 20.00                                    | 21.00                                                                                  |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |                                                       |                                |                                                    |                                          |                                                                                        |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |                                                       |                                |                                                    |                                          |                                                                                        | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |                                                       |                                |                                                    |                                          |                                                                                        | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |                                                       |                                |                                                    |                                          |                                                                                        | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               |                                                       |                                |                                                    |                                          |                                                                                        | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  |                                                       |                                |                                                    |                                          |                                                                                        | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     |                                                       |                                |                                                    |                                          |                                                                                        | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                |                                                       |                                |                                                    |                                          |                                                                                        | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           |                                                       |                                |                                                    |                                          |                                                                                        | 9.00   |
| 10.00                                  | 01000 | DIETARY                                |                                                       |                                |                                                    |                                          |                                                                                        | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              |                                                       |                                |                                                    |                                          |                                                                                        | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               |                                                       |                                |                                                    |                                          |                                                                                        | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 |                                                       |                                |                                                    |                                          |                                                                                        | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              |                                                       |                                |                                                    |                                          |                                                                                        | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               |                                                       |                                |                                                    |                                          |                                                                                        | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 812,857,527                                           |                                |                                                    |                                          |                                                                                        | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 0                                                     | 100                            |                                                    |                                          |                                                                                        | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              | 0                                                     | 0                              | 0                                                  |                                          |                                                                                        | 19.00  |
| 20.00                                  | 02000 | NURSING PROGRAM                        | 0                                                     | 0                              |                                                    | 0                                        |                                                                                        | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0                                                     | 0                              |                                                    |                                          | 0                                                                                      | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 0                                                     | 0                              |                                                    |                                          |                                                                                        | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)              | 0                                                     | 0                              |                                                    |                                          |                                                                                        | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                                                       |                                |                                                    |                                          |                                                                                        |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 28,341,725                                            | 100                            | 0                                                  | 0                                        | 0                                                                                      | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 21,509,795                                            | 0                              | 0                                                  | 0                                        | 0                                                                                      | 31.00  |
| 43.00                                  | 04300 | NURSERY                                | 1,557,775                                             | 0                              | 0                                                  | 0                                        | 0                                                                                      | 43.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                                                       |                                |                                                    |                                          |                                                                                        |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 39,288,523                                            | 0                              | 0                                                  | 0                                        | 0                                                                                      | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 6,047,048                                             | 0                              | 0                                                  | 0                                        | 0                                                                                      | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 4,182,326                                             | 0                              | 0                                                  | 0                                        | 0                                                                                      | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 7,119,444                                             | 0                              | 0                                                  | 0                                        | 0                                                                                      | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 19,736,237                                            | 0                              | 0                                                  | 0                                        | 0                                                                                      | 54.00  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 24,067,673                                            | 0                              | 0                                                  | 0                                        | 0                                                                                      | 55.00  |
| 57.00                                  | 05700 | CT SCAN                                | 71,271,014                                            | 0                              | 0                                                  | 0                                        | 0                                                                                      | 57.00  |
| 58.00                                  | 05800 | MRI                                    | 19,244,442                                            | 0                              | 0                                                  | 0                                        | 0                                                                                      | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 27,294,292                                            | 0                              | 0                                                  | 0                                        | 0                                                                                      | 59.00  |
| 60.00                                  | 06000 | LABORATORY                             | 109,251,844                                           | 0                              | 0                                                  | 0                                        | 0                                                                                      | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0                                                     | 0                              | 0                                                  | 0                                        | 0                                                                                      | 62.30  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 4,937,150                                             | 0                              | 0                                                  | 0                                        | 0                                                                                      | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 14,205,819                                            | 0                              | 0                                                  | 0                                        | 0                                                                                      | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 2,557,139                                             | 0                              | 0                                                  | 0                                        | 0                                                                                      | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 1,114,992                                             | 0                              | 0                                                  | 0                                        | 0                                                                                      | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 19,060,980                                            | 0                              | 0                                                  | 0                                        | 0                                                                                      | 69.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 128,569,545                                           | 0                              | 0                                                  | 0                                        | 0                                                                                      | 71.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 113,855,328                                           | 0                              | 0                                                  | 0                                        | 0                                                                                      | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 18,882,088                                            | 0                              | 0                                                  | 0                                        | 0                                                                                      | 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                | 5,456,146                                             | 0                              | 0                                                  | 0                                        | 0                                                                                      | 75.00  |
| 76.00                                  | 03950 | OTHER                                  | 0                                                     | 0                              | 0                                                  | 0                                        | 0                                                                                      | 76.00  |
| 76.01                                  | 03280 | SLEEP/EEG                              | 2,384,230                                             | 0                              | 0                                                  | 0                                        | 0                                                                                      | 76.01  |
| 76.02                                  | 03340 | GI                                     | 26,720,452                                            | 0                              | 0                                                  | 0                                        | 0                                                                                      | 76.02  |
| 76.03                                  | 03450 | NUCLEAR MED                            | 9,187,779                                             | 0                              | 0                                                  | 0                                        | 0                                                                                      | 76.03  |
| 76.04                                  | 03550 | PSYCH                                  | 2,716,107                                             | 0                              | 0                                                  | 0                                        | 0                                                                                      | 76.04  |
| 76.05                                  | 03630 | ULTRASOUND                             | 11,448,909                                            | 0                              | 0                                                  | 0                                        | 0                                                                                      | 76.05  |
| 76.06                                  | 03650 | VASCULAR LAB                           | 7,070,886                                             | 0                              | 0                                                  | 0                                        | 0                                                                                      | 76.06  |
| 76.07                                  | 03951 | MEDICAL OUTPATIENT                     | 743,186                                               | 0                              | 0                                                  | 0                                        | 0                                                                                      | 76.07  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 546,484                                               | 0                              | 0                                                  | 0                                        | 0                                                                                      | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 0                                                     | 0                              | 0                                                  | 0                                        | 0                                                                                      | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                            | 4,068,420                                             | 0                              | 0                                                  | 0                                        | 0                                                                                      | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |                                                       |                                |                                                    |                                          |                                                                                        |        |
| 90.00                                  | 09000 | CLINIC                                 | 0                                                     | 0                              | 0                                                  | 0                                        | 0                                                                                      | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                              | 55,118,435                                            | 0                              | 0                                                  | 0                                        | 0                                                                                      | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                                                       |                                |                                                    |                                          |                                                                                        | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0                                                     | 0                              | 0                                                  | 0                                        | 0                                                                                      | 93.99  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                        |                                                       |                                |                                                    |                                          |                                                                                        |        |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                     | 1,596,586                                             | 0                              | 0                                                  | 0                                        | 0                                                                                      | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                                                       |                                |                                                    |                                          |                                                                                        |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       |                                                       |                                |                                                    |                                          |                                                                                        | 113.00 |
| 116.00                                 | 11600 | HOSPICE                                | 3,704,728                                             | 0                              |                                                    | 0                                        |                                                                                        | 116.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 812,857,527                                           | 100                            | 0                                                  | 0                                        | 0                                                                                      | 118.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B-1

Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description      |       | MEDICAL<br>RECORDS &<br>LIBRARY<br>(GROSS<br>REVENUE)  | SOCIAL SERVICE<br>(TIME SPENT) | NONPHYSICIAN<br>ANESTHETISTS<br>(ASSIGNED<br>TIME) | NURSING<br>PROGRAM<br>(ASSIGNED<br>TIME) | INTERNS &<br>RESIDENTS<br>SERVICES-SALAR<br>Y & FRINGES<br>APPRV<br>(ASSIGNED<br>TIME) |        |
|------------------------------|-------|--------------------------------------------------------|--------------------------------|----------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------|--------|
|                              |       | 16.00                                                  | 17.00                          | 19.00                                              | 20.00                                    | 21.00                                                                                  |        |
| NONREIMBURSABLE COST CENTERS |       |                                                        |                                |                                                    |                                          |                                                                                        |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN                    | 0                              | 0                                                  | 0                                        | 0                                                                                      | 190.00 |
| 194.00                       | 07950 | PATHOLOGY                                              | 0                              | 0                                                  | 0                                        | 0                                                                                      | 194.00 |
| 194.01                       | 07951 | PHYSIATRY CLINIC                                       | 0                              | 0                                                  | 0                                        | 0                                                                                      | 194.01 |
| 194.02                       | 07952 | JANESVILLE MED CENTER                                  | 0                              | 0                                                  | 0                                        | 0                                                                                      | 194.02 |
| 194.03                       | 07953 | OCCUPATIONAL HEALTH AND WELLNESS                       | 0                              | 0                                                  | 0                                        | 0                                                                                      | 194.03 |
| 194.04                       | 07954 | ASSISTED LIVING CENTERS                                | 0                              | 0                                                  | 0                                        | 0                                                                                      | 194.04 |
| 194.05                       | 07955 | NORTHPOINTE FITNESS & SPA CENTER                       | 0                              | 0                                                  | 0                                        | 0                                                                                      | 194.05 |
| 200.00                       |       | Cross Foot Adjustments                                 |                                |                                                    |                                          |                                                                                        | 200.00 |
| 201.00                       |       | Negative Cost Centers                                  |                                |                                                    |                                          |                                                                                        | 201.00 |
| 202.00                       |       | Cost to be allocated (per Wkst. B, Part I)             | 3,876,212                      | 1,565,257                                          | 0                                        | 0                                                                                      | 202.00 |
| 203.00                       |       | Unit cost multiplier (Wkst. B, Part I)                 | 0.004769                       | 15,652.570000                                      | 0.000000                                 | 0.000000                                                                               | 203.00 |
| 204.00                       |       | Cost to be allocated (per Wkst. B, Part II)            | 294,600                        | 48,527                                             | 0                                        | 0                                                                                      | 204.00 |
| 205.00                       |       | Unit cost multiplier (Wkst. B, Part II)                | 0.000362                       | 485.270000                                         | 0.000000                                 | 0.000000                                                                               | 205.00 |
| 206.00                       |       | NAHE adjustment amount to be allocated (per Wkst. B-2) |                                |                                                    |                                          | 0                                                                                      | 206.00 |
| 207.00                       |       | NAHE unit cost multiplier (Wkst. D, Parts III and IV)  |                                |                                                    |                                          | 0.000000                                                                               | 207.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet B-1

Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description                |       |                                        | INTERNS & RESIDENTS                             | PARAMED ED PRGM (ASSIGNED TIME) |        |
|----------------------------------------|-------|----------------------------------------|-------------------------------------------------|---------------------------------|--------|
|                                        |       |                                        | SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME) |                                 |        |
|                                        |       |                                        | 22.00                                           | 23.00                           |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |                                                 |                                 |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |                                                 |                                 | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |                                                 |                                 | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |                                                 |                                 | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               |                                                 |                                 | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  |                                                 |                                 | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     |                                                 |                                 | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                |                                                 |                                 | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           |                                                 |                                 | 9.00   |
| 10.00                                  | 01000 | DIETARY                                |                                                 |                                 | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              |                                                 |                                 | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               |                                                 |                                 | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 |                                                 |                                 | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              |                                                 |                                 | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               |                                                 |                                 | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              |                                                 |                                 | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         |                                                 |                                 | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              |                                                 |                                 | 19.00  |
| 20.00                                  | 02000 | NURSING PROGRAM                        |                                                 |                                 | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    |                                                 |                                 | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 0                                               |                                 | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)              |                                                 | 0                               | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                                                 |                                 |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 0                                               | 0                               | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 0                                               | 0                               | 31.00  |
| 43.00                                  | 04300 | NURSERY                                | 0                                               | 0                               | 43.00  |
| 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  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 0                                               | 0                               | 55.00  |
| 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  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0                                               | 0                               | 62.30  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 0                                               | 0                               | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 0                                               | 0                               | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 0                                               | 0                               | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 0                                               | 0                               | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 0                                               | 0                               | 69.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0                                               | 0                               | 71.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 0                                               | 0                               | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 0                                               | 0                               | 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                | 0                                               | 0                               | 75.00  |
| 76.00                                  | 03950 | OTHER                                  | 0                                               | 0                               | 76.00  |
| 76.01                                  | 03280 | SLEEP/EEG                              | 0                                               | 0                               | 76.01  |
| 76.02                                  | 03340 | GI                                     | 0                                               | 0                               | 76.02  |
| 76.03                                  | 03450 | NUCLEAR MED                            | 0                                               | 0                               | 76.03  |
| 76.04                                  | 03550 | PSYCH                                  | 0                                               | 0                               | 76.04  |
| 76.05                                  | 03630 | ULTRASOUND                             | 0                                               | 0                               | 76.05  |
| 76.06                                  | 03650 | VASCULAR LAB                           | 0                                               | 0                               | 76.06  |
| 76.07                                  | 03951 | MEDICAL OUTPATIENT                     | 0                                               | 0                               | 76.07  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 0                                               | 0                               | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 0                                               | 0                               | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                            | 0                                               | 0                               | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |                                                 |                                 |        |
| 90.00                                  | 09000 | CLINIC                                 | 0                                               | 0                               | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                              | 0                                               | 0                               | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)   |                                                 |                                 | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0                                               | 0                               | 93.99  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                        |                                                 |                                 |        |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                     | 0                                               | 0                               | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                                                 |                                 |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       |                                                 |                                 | 113.00 |
| 116.00                                 | 11600 | HOSPICE                                |                                                 | 0                               | 116.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 0                                               | 0                               | 118.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet B-1  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description      |       |                                                        | INTERNS &<br>RESIDENTS                                      | PARAMED ED<br>PRGM<br>(ASSIGNED<br>TIME) |        |
|------------------------------|-------|--------------------------------------------------------|-------------------------------------------------------------|------------------------------------------|--------|
|                              |       |                                                        | SERVICES-OTHER<br>PRGM COSTS<br>APPRV<br>(ASSIGNED<br>TIME) |                                          |        |
|                              |       |                                                        | 22.00                                                       |                                          |        |
| NONREIMBURSABLE COST CENTERS |       |                                                        |                                                             |                                          |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN                    | 0                                                           | 0                                        | 190.00 |
| 194.00                       | 07950 | PATHOLOGY                                              | 0                                                           | 0                                        | 194.00 |
| 194.01                       | 07951 | PHYSIATRY CLINIC                                       | 0                                                           | 0                                        | 194.01 |
| 194.02                       | 07952 | JANESVILLE MED CENTER                                  | 0                                                           | 0                                        | 194.02 |
| 194.03                       | 07953 | OCCUPATIONAL HEALTH AND WELLNESS                       | 0                                                           | 0                                        | 194.03 |
| 194.04                       | 07954 | ASSISTED LIVING CENTERS                                | 0                                                           | 0                                        | 194.04 |
| 194.05                       | 07955 | NORTHPOINTE FITNESS & SPA CENTER                       | 0                                                           | 0                                        | 194.05 |
| 200.00                       |       | Cross Foot Adjustments                                 |                                                             |                                          | 200.00 |
| 201.00                       |       | Negative Cost Centers                                  |                                                             |                                          | 201.00 |
| 202.00                       |       | Cost to be allocated (per Wkst. B, Part I)             | 0                                                           | 0                                        | 202.00 |
| 203.00                       |       | Unit cost multiplier (Wkst. B, Part I)                 | 0.000000                                                    | 0.000000                                 | 203.00 |
| 204.00                       |       | Cost to be allocated (per Wkst. B, Part II)            | 0                                                           | 0                                        | 204.00 |
| 205.00                       |       | Unit cost multiplier (Wkst. B, Part II)                | 0.000000                                                    | 0.000000                                 | 205.00 |
| 206.00                       |       | NAHE adjustment amount to be allocated (per Wkst. B-2) |                                                             | 0                                        | 206.00 |
| 207.00                       |       | NAHE unit cost multiplier (Wkst. D, Parts III and IV)  |                                                             | 0.000000                                 | 207.00 |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2022 3:09 pm

|                                        |       |                                     |                                                     | Title XVIII           |             | Hospital            |             | PPS    |  |
|----------------------------------------|-------|-------------------------------------|-----------------------------------------------------|-----------------------|-------------|---------------------|-------------|--------|--|
| Cost Center Description                |       |                                     | Total Cost<br>(from Wkst. B,<br>Part I, col.<br>26) | Therapy Limit<br>Adj. | Costs       |                     |             |        |  |
|                                        |       |                                     |                                                     |                       | Total Costs | RCE<br>Disallowance | Total Costs |        |  |
|                                        |       |                                     |                                                     |                       |             |                     |             |        |  |
|                                        |       |                                     | 1.00                                                | 2.00                  | 3.00        | 4.00                | 5.00        |        |  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                     |                                                     |                       |             |                     |             |        |  |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                 | 21,200,855                                          |                       | 21,200,855  | 0                   | 21,200,855  | 30.00  |  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                 | 7,525,028                                           |                       | 7,525,028   | 0                   | 7,525,028   | 31.00  |  |
| 43.00                                  | 04300 | NURSERY                             | 324,606                                             |                       | 324,606     | 0                   | 324,606     | 43.00  |  |
| ANCILLARY SERVICE COST CENTERS         |       |                                     |                                                     |                       |             |                     |             |        |  |
| 50.00                                  | 05000 | OPERATING ROOM                      | 7,012,294                                           |                       | 7,012,294   | 0                   | 7,012,294   | 50.00  |  |
| 51.00                                  | 05100 | RECOVERY ROOM                       | 708,167                                             |                       | 708,167     | 0                   | 708,167     | 51.00  |  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM          | 811,725                                             |                       | 811,725     | 0                   | 811,725     | 52.00  |  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                      | 1,091,971                                           |                       | 1,091,971   | 0                   | 1,091,971   | 53.00  |  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                | 4,450,525                                           |                       | 4,450,525   | 0                   | 4,450,525   | 54.00  |  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC               | 2,329,385                                           |                       | 2,329,385   | 0                   | 2,329,385   | 55.00  |  |
| 57.00                                  | 05700 | CT SCAN                             | 2,266,237                                           |                       | 2,266,237   | 0                   | 2,266,237   | 57.00  |  |
| 58.00                                  | 05800 | MRI                                 | 1,254,051                                           |                       | 1,254,051   | 0                   | 1,254,051   | 58.00  |  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION             | 5,268,201                                           |                       | 5,268,201   | 0                   | 5,268,201   | 59.00  |  |
| 60.00                                  | 06000 | LABORATORY                          | 14,912,443                                          |                       | 14,912,443  | 0                   | 14,912,443  | 60.00  |  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     | 0                                                   |                       | 0           | 0                   | 0           | 62.30  |  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                 | 2,533,939                                           | 0                     | 2,533,939   | 0                   | 2,533,939   | 65.00  |  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                    | 3,344,858                                           | 0                     | 3,344,858   | 0                   | 3,344,858   | 66.00  |  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                | 524,542                                             | 0                     | 524,542     | 542                 | 524,542     | 67.00  |  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                    | 322,317                                             | 0                     | 322,317     | 0                   | 322,317     | 68.00  |  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                   | 567,325                                             |                       | 567,325     | 0                   | 567,325     | 69.00  |  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 15,156,281                                          |                       | 15,156,281  | 0                   | 15,156,281  | 71.00  |  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS           | 21,999,487                                          |                       | 21,999,487  | 0                   | 21,999,487  | 73.00  |  |
| 74.00                                  | 07400 | RENAL DIALYSIS                      | 7,284,380                                           |                       | 7,284,380   | 0                   | 7,284,380   | 74.00  |  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)             | 5,266,092                                           |                       | 5,266,092   | 0                   | 5,266,092   | 75.00  |  |
| 76.00                                  | 03950 | OTHER                               | 0                                                   |                       | 0           | 0                   | 0           | 76.00  |  |
| 76.01                                  | 03280 | SLEEP/EEG                           | 597,153                                             |                       | 597,153     | 0                   | 597,153     | 76.01  |  |
| 76.02                                  | 03340 | GI                                  | 2,022,495                                           |                       | 2,022,495   | 0                   | 2,022,495   | 76.02  |  |
| 76.03                                  | 03450 | NUCLEAR MED                         | 1,031,922                                           |                       | 1,031,922   | 0                   | 1,031,922   | 76.03  |  |
| 76.04                                  | 03550 | PSYCH                               | 3,294,770                                           |                       | 3,294,770   | 0                   | 3,294,770   | 76.04  |  |
| 76.05                                  | 03630 | ULTRASOUND                          | 963,903                                             |                       | 963,903     | 0                   | 963,903     | 76.05  |  |
| 76.06                                  | 03650 | VASCULAR LAB                        | 1,259,247                                           |                       | 1,259,247   | 0                   | 1,259,247   | 76.06  |  |
| 76.07                                  | 03951 | MEDICAL OUTPATIENT                  | 857,635                                             |                       | 857,635     | 0                   | 857,635     | 76.07  |  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION              | 544,474                                             |                       | 544,474     | 0                   | 544,474     | 76.97  |  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY           | 0                                                   |                       | 0           | 0                   | 0           | 76.98  |  |
| 76.99                                  | 07699 | LITHOTRIPSY                         | 398,473                                             |                       | 398,473     | 0                   | 398,473     | 76.99  |  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                     |                                                     |                       |             |                     |             |        |  |
| 90.00                                  | 09000 | CLINIC                              | 0                                                   |                       | 0           | 273,782             | 273,782     | 90.00  |  |
| 91.00                                  | 09100 | EMERGENCY                           | 11,058,526                                          |                       | 11,058,526  | 0                   | 11,058,526  | 91.00  |  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART | 1,753,923                                           |                       | 1,753,923   | 0                   | 1,753,923   | 92.00  |  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM     | 0                                                   |                       | 0           | 0                   | 0           | 93.99  |  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                     |                                                     |                       |             |                     |             |        |  |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                  | 3,413,447                                           |                       | 3,413,447   |                     | 3,413,447   | 101.00 |  |
| SPECIAL PURPOSE COST CENTERS           |       |                                     |                                                     |                       |             |                     |             |        |  |
| 113.00                                 | 11300 | INTEREST EXPENSE                    |                                                     |                       |             |                     |             | 113.00 |  |
| 116.00                                 | 11600 | HOSPICE                             | 5,640,245                                           |                       | 5,640,245   |                     | 5,640,245   | 116.00 |  |
| 200.00                                 |       | Subtotal (see instructions)         | 158,990,922                                         | 0                     | 158,990,922 | 273,782             | 159,264,704 | 200.00 |  |
| 201.00                                 |       | Less Observation Beds               | 1,753,923                                           |                       | 1,753,923   |                     | 1,753,923   | 201.00 |  |
| 202.00                                 |       | Total (see instructions)            | 157,236,999                                         | 0                     | 157,236,999 | 273,782             | 157,510,781 | 202.00 |  |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2022 3:09 pm

|                         |                                        |                                     | Title XVIII |             | Hospital                |                     | PPS                   |        |
|-------------------------|----------------------------------------|-------------------------------------|-------------|-------------|-------------------------|---------------------|-----------------------|--------|
| Cost Center Description |                                        |                                     | Charges     |             |                         | Cost or Other Ratio | TEFRA Inpatient Ratio |        |
|                         |                                        |                                     | Inpatient   | Outpatient  | Total (col. 6 + col. 7) |                     |                       |        |
|                         |                                        |                                     | 6.00        | 7.00        | 8.00                    |                     |                       |        |
|                         | INPATIENT ROUTINE SERVICE COST CENTERS |                                     |             |             |                         |                     |                       |        |
| 30.00                   | 03000                                  | ADULTS & PEDIATRICS                 | 26,401,343  |             | 26,401,343              |                     |                       | 30.00  |
| 31.00                   | 03100                                  | INTENSIVE CARE UNIT                 | 21,509,795  |             | 21,509,795              |                     |                       | 31.00  |
| 43.00                   | 04300                                  | NURSERY                             | 1,557,775   |             | 1,557,775               |                     |                       | 43.00  |
|                         | ANCILLARY SERVICE COST CENTERS         |                                     |             |             |                         |                     |                       |        |
| 50.00                   | 05000                                  | OPERATING ROOM                      | 13,241,156  | 26,047,367  | 39,288,523              | 0.178482            | 0.000000              | 50.00  |
| 51.00                   | 05100                                  | RECOVERY ROOM                       | 768,783     | 5,278,265   | 6,047,048               | 0.117110            | 0.000000              | 51.00  |
| 52.00                   | 05200                                  | DELIVERY ROOM & LABOR ROOM          | 3,119,374   | 1,062,952   | 4,182,326               | 0.194085            | 0.000000              | 52.00  |
| 53.00                   | 05300                                  | ANESTHESIOLOGY                      | 2,173,408   | 4,946,036   | 7,119,444               | 0.153379            | 0.000000              | 53.00  |
| 54.00                   | 05400                                  | RADIOLOGY-DIAGNOSTIC                | 2,985,305   | 16,750,932  | 19,736,237              | 0.225500            | 0.000000              | 54.00  |
| 55.00                   | 05500                                  | RADIOLOGY-THERAPEUTIC               | 280,100     | 23,787,573  | 24,067,673              | 0.096785            | 0.000000              | 55.00  |
| 57.00                   | 05700                                  | CT SCAN                             | 17,310,479  | 53,960,535  | 71,271,014              | 0.031797            | 0.000000              | 57.00  |
| 58.00                   | 05800                                  | MRI                                 | 3,181,464   | 16,062,978  | 19,244,442              | 0.065164            | 0.000000              | 58.00  |
| 59.00                   | 05900                                  | CARDIAC CATHETERIZATION             | 10,503,631  | 16,790,661  | 27,294,292              | 0.193015            | 0.000000              | 59.00  |
| 60.00                   | 06000                                  | LABORATORY                          | 34,893,603  | 74,358,241  | 109,251,844             | 0.136496            | 0.000000              | 60.00  |
| 62.30                   | 06250                                  | BLOOD CLOTTING FOR HEMOPHILIACS     | 0           | 0           | 0                       | 0.000000            | 0.000000              | 62.30  |
| 65.00                   | 06500                                  | RESPIRATORY THERAPY                 | 3,402,001   | 1,535,149   | 4,937,150               | 0.513239            | 0.000000              | 65.00  |
| 66.00                   | 06600                                  | PHYSICAL THERAPY                    | 2,856,033   | 11,349,786  | 14,205,819              | 0.235457            | 0.000000              | 66.00  |
| 67.00                   | 06700                                  | OCCUPATIONAL THERAPY                | 1,064,427   | 1,492,712   | 2,557,139               | 0.205128            | 0.000000              | 67.00  |
| 68.00                   | 06800                                  | SPEECH PATHOLOGY                    | 359,962     | 755,030     | 1,114,992               | 0.289076            | 0.000000              | 68.00  |
| 69.00                   | 06900                                  | ELECTROCARDIOLOGY                   | 5,232,997   | 13,827,983  | 19,060,980              | 0.029764            | 0.000000              | 69.00  |
| 71.00                   | 07100                                  | MEDICAL SUPPLIES CHARGED TO PATIENT | 52,942,704  | 75,626,841  | 128,569,545             | 0.117884            | 0.000000              | 71.00  |
| 73.00                   | 07300                                  | DRUGS CHARGED TO PATIENTS           | 31,814,117  | 82,041,211  | 113,855,328             | 0.193223            | 0.000000              | 73.00  |
| 74.00                   | 07400                                  | RENAL DIALYSIS                      | 1,538,589   | 17,343,499  | 18,882,088              | 0.385783            | 0.000000              | 74.00  |
| 75.00                   | 07500                                  | ASC (NON-DISTINCT PART)             | 0           | 5,456,146   | 5,456,146               | 0.965167            | 0.000000              | 75.00  |
| 76.00                   | 03950                                  | OTHER                               | 0           | 0           | 0                       | 0.000000            | 0.000000              | 76.00  |
| 76.01                   | 03280                                  | SLEEP/EEG                           | 78,171      | 2,306,059   | 2,384,230               | 0.250459            | 0.000000              | 76.01  |
| 76.02                   | 03340                                  | GI                                  | 2,028,205   | 24,692,247  | 26,720,452              | 0.075691            | 0.000000              | 76.02  |
| 76.03                   | 03450                                  | NUCLEAR MED                         | 1,099,557   | 8,088,222   | 9,187,779               | 0.112315            | 0.000000              | 76.03  |
| 76.04                   | 03550                                  | PSYCH                               | 8,682       | 2,707,425   | 2,716,107               | 1.213049            | 0.000000              | 76.04  |
| 76.05                   | 03630                                  | ULTRASOUND                          | 1,241,520   | 10,207,389  | 11,448,909              | 0.084192            | 0.000000              | 76.05  |
| 76.06                   | 03650                                  | VASCULAR LAB                        | 2,509,741   | 4,561,145   | 7,070,886               | 0.178089            | 0.000000              | 76.06  |
| 76.07                   | 03951                                  | MEDICAL OUTPATIENT                  | 0           | 743,186     | 743,186                 | 1.153998            | 0.000000              | 76.07  |
| 76.97                   | 07697                                  | CARDIAC REHABILITATION              | 0           | 546,484     | 546,484                 | 0.996322            | 0.000000              | 76.97  |
| 76.98                   | 07698                                  | HYPERBARIC OXYGEN THERAPY           | 0           | 0           | 0                       | 0.000000            | 0.000000              | 76.98  |
| 76.99                   | 07699                                  | LITHOTRIPSY                         | 183,685     | 3,884,735   | 4,068,420               | 0.097943            | 0.000000              | 76.99  |
|                         | OUTPATIENT SERVICE COST CENTERS        |                                     |             |             |                         |                     |                       |        |
| 90.00                   | 09000                                  | CLINIC                              | 0           | 0           | 0                       | 0.000000            | 0.000000              | 90.00  |
| 91.00                   | 09100                                  | EMERGENCY                           | 10,526,367  | 44,592,068  | 55,118,435              | 0.200632            | 0.000000              | 91.00  |
| 92.00                   | 09200                                  | OBSERVATION BEDS (NON-DISTINCT PART | 0           | 1,940,382   | 1,940,382               | 0.903906            | 0.000000              | 92.00  |
| 93.99                   | 09399                                  | PARTIAL HOSPITALIZATION PROGRAM     | 0           | 0           | 0                       | 0.000000            | 0.000000              | 93.99  |
|                         | OTHER REIMBURSABLE COST CENTERS        |                                     |             |             |                         |                     |                       |        |
| 101.00                  | 10100                                  | HOME HEALTH AGENCY                  | 0           | 1,596,586   | 1,596,586               |                     |                       | 101.00 |
|                         | SPECIAL PURPOSE COST CENTERS           |                                     |             |             |                         |                     |                       |        |
| 113.00                  | 11300                                  | INTEREST EXPENSE                    | 0           | 3,704,728   | 3,704,728               |                     |                       | 113.00 |
| 116.00                  | 11600                                  | HOSPICE                             | 0           | 3,704,728   | 3,704,728               |                     |                       | 116.00 |
| 200.00                  |                                        | Subtotal (see instructions)         | 254,812,974 | 558,044,553 | 812,857,527             |                     |                       | 200.00 |
| 201.00                  |                                        | Less Observation Beds               |             |             |                         |                     |                       | 201.00 |
| 202.00                  |                                        | Total (see instructions)            | 254,812,974 | 558,044,553 | 812,857,527             |                     |                       | 202.00 |

| COMPUTATION OF RATIO OF COSTS TO CHARGES |       |                                     | Provider CCN: 52-0100  | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet C<br>Part I<br>Date/Time Prepared:<br>5/24/2022 3:09 pm |
|------------------------------------------|-------|-------------------------------------|------------------------|---------------------------------------------|-------------------------------------------------------------------|
|                                          |       |                                     | Title XVIII            | Hospital                                    | PPS                                                               |
| Cost Center Description                  |       |                                     | PPS Inpatient<br>Ratio |                                             |                                                                   |
|                                          |       |                                     | 11.00                  |                                             |                                                                   |
| INPATIENT ROUTINE SERVICE COST CENTERS   |       |                                     |                        |                                             |                                                                   |
| 30.00                                    | 03000 | ADULTS & PEDIATRICS                 |                        |                                             | 30.00                                                             |
| 31.00                                    | 03100 | INTENSIVE CARE UNIT                 |                        |                                             | 31.00                                                             |
| 43.00                                    | 04300 | NURSERY                             |                        |                                             | 43.00                                                             |
| ANCILLARY SERVICE COST CENTERS           |       |                                     |                        |                                             |                                                                   |
| 50.00                                    | 05000 | OPERATING ROOM                      | 0.178482               |                                             | 50.00                                                             |
| 51.00                                    | 05100 | RECOVERY ROOM                       | 0.117110               |                                             | 51.00                                                             |
| 52.00                                    | 05200 | DELIVERY ROOM & LABOR ROOM          | 0.194085               |                                             | 52.00                                                             |
| 53.00                                    | 05300 | ANESTHESIOLOGY                      | 0.153379               |                                             | 53.00                                                             |
| 54.00                                    | 05400 | RADIOLOGY-DIAGNOSTIC                | 0.225500               |                                             | 54.00                                                             |
| 55.00                                    | 05500 | RADIOLOGY-THERAPEUTIC               | 0.096785               |                                             | 55.00                                                             |
| 57.00                                    | 05700 | CT SCAN                             | 0.031797               |                                             | 57.00                                                             |
| 58.00                                    | 05800 | MRI                                 | 0.065164               |                                             | 58.00                                                             |
| 59.00                                    | 05900 | CARDIAC CATHETERIZATION             | 0.193015               |                                             | 59.00                                                             |
| 60.00                                    | 06000 | LABORATORY                          | 0.136496               |                                             | 60.00                                                             |
| 62.30                                    | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     | 0.000000               |                                             | 62.30                                                             |
| 65.00                                    | 06500 | RESPIRATORY THERAPY                 | 0.513239               |                                             | 65.00                                                             |
| 66.00                                    | 06600 | PHYSICAL THERAPY                    | 0.235457               |                                             | 66.00                                                             |
| 67.00                                    | 06700 | OCCUPATIONAL THERAPY                | 0.205128               |                                             | 67.00                                                             |
| 68.00                                    | 06800 | SPEECH PATHOLOGY                    | 0.289076               |                                             | 68.00                                                             |
| 69.00                                    | 06900 | ELECTROCARDIOLOGY                   | 0.029764               |                                             | 69.00                                                             |
| 71.00                                    | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 0.117884               |                                             | 71.00                                                             |
| 73.00                                    | 07300 | DRUGS CHARGED TO PATIENTS           | 0.193223               |                                             | 73.00                                                             |
| 74.00                                    | 07400 | RENAL DIALYSIS                      | 0.385783               |                                             | 74.00                                                             |
| 75.00                                    | 07500 | ASC (NON-DISTINCT PART)             | 0.965167               |                                             | 75.00                                                             |
| 76.00                                    | 03950 | OTHER                               | 0.000000               |                                             | 76.00                                                             |
| 76.01                                    | 03280 | SLEEP/EEG                           | 0.250459               |                                             | 76.01                                                             |
| 76.02                                    | 03340 | GI                                  | 0.075691               |                                             | 76.02                                                             |
| 76.03                                    | 03450 | NUCLEAR MED                         | 0.112315               |                                             | 76.03                                                             |
| 76.04                                    | 03550 | PSYCH                               | 1.213049               |                                             | 76.04                                                             |
| 76.05                                    | 03630 | ULTRASOUND                          | 0.084192               |                                             | 76.05                                                             |
| 76.06                                    | 03650 | VASCULAR LAB                        | 0.178089               |                                             | 76.06                                                             |
| 76.07                                    | 03951 | MEDICAL OUTPATIENT                  | 1.153998               |                                             | 76.07                                                             |
| 76.97                                    | 07697 | CARDIAC REHABILITATION              | 0.996322               |                                             | 76.97                                                             |
| 76.98                                    | 07698 | HYPERBARIC OXYGEN THERAPY           | 0.000000               |                                             | 76.98                                                             |
| 76.99                                    | 07699 | LITHOTRIPSY                         | 0.097943               |                                             | 76.99                                                             |
| OUTPATIENT SERVICE COST CENTERS          |       |                                     |                        |                                             |                                                                   |
| 90.00                                    | 09000 | CLINIC                              | 0.000000               |                                             | 90.00                                                             |
| 91.00                                    | 09100 | EMERGENCY                           | 0.200632               |                                             | 91.00                                                             |
| 92.00                                    | 09200 | OBSERVATION BEDS (NON-DISTINCT PART | 0.903906               |                                             | 92.00                                                             |
| 93.99                                    | 09399 | PARTIAL HOSPITALIZATION PROGRAM     | 0.000000               |                                             | 93.99                                                             |
| OTHER REIMBURSABLE COST CENTERS          |       |                                     |                        |                                             |                                                                   |
| 101.00                                   | 10100 | HOME HEALTH AGENCY                  |                        |                                             | 101.00                                                            |
| SPECIAL PURPOSE COST CENTERS             |       |                                     |                        |                                             |                                                                   |
| 113.00                                   | 11300 | INTEREST EXPENSE                    |                        |                                             | 113.00                                                            |
| 116.00                                   | 11600 | HOSPICE                             |                        |                                             | 116.00                                                            |
| 200.00                                   |       | Subtotal (see instructions)         |                        |                                             | 200.00                                                            |
| 201.00                                   |       | Less Observation Beds               |                        |                                             | 201.00                                                            |
| 202.00                                   |       | Total (see instructions)            |                        |                                             | 202.00                                                            |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2022 3:09 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 | Costs               |             |        |
|                                        |       |                                     |                                                     |                       |             | RCE<br>Disallowance | Total Costs |        |
|                                        |       |                                     | 1.00                                                | 2.00                  | 3.00        | 4.00                | 5.00        |        |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                     |                                                     |                       |             |                     |             |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                 | 21,200,855                                          |                       | 21,200,855  | 0                   | 21,200,855  | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                 | 7,525,028                                           |                       | 7,525,028   | 0                   | 7,525,028   | 31.00  |
| 43.00                                  | 04300 | NURSERY                             | 324,606                                             |                       | 324,606     | 0                   | 324,606     | 43.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                     |                                                     |                       |             |                     |             |        |
| 50.00                                  | 05000 | OPERATING ROOM                      | 7,012,294                                           |                       | 7,012,294   | 0                   | 7,012,294   | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                       | 708,167                                             |                       | 708,167     | 0                   | 708,167     | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM          | 811,725                                             |                       | 811,725     | 0                   | 811,725     | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                      | 1,091,971                                           |                       | 1,091,971   | 0                   | 1,091,971   | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                | 4,450,525                                           |                       | 4,450,525   | 0                   | 4,450,525   | 54.00  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC               | 2,329,385                                           |                       | 2,329,385   | 0                   | 2,329,385   | 55.00  |
| 57.00                                  | 05700 | CT SCAN                             | 2,266,237                                           |                       | 2,266,237   | 0                   | 2,266,237   | 57.00  |
| 58.00                                  | 05800 | MRI                                 | 1,254,051                                           |                       | 1,254,051   | 0                   | 1,254,051   | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION             | 5,268,201                                           |                       | 5,268,201   | 0                   | 5,268,201   | 59.00  |
| 60.00                                  | 06000 | LABORATORY                          | 14,912,443                                          |                       | 14,912,443  | 0                   | 14,912,443  | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     | 0                                                   |                       | 0           | 0                   | 0           | 62.30  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                 | 2,533,939                                           | 0                     | 2,533,939   | 0                   | 2,533,939   | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                    | 3,344,858                                           | 0                     | 3,344,858   | 0                   | 3,344,858   | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                | 524,542                                             | 0                     | 524,542     | 0                   | 524,542     | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                    | 322,317                                             | 0                     | 322,317     | 0                   | 322,317     | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                   | 567,325                                             |                       | 567,325     | 0                   | 567,325     | 69.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 15,156,281                                          |                       | 15,156,281  | 0                   | 15,156,281  | 71.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS           | 21,999,487                                          |                       | 21,999,487  | 0                   | 21,999,487  | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                      | 7,284,380                                           |                       | 7,284,380   | 0                   | 7,284,380   | 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)             | 5,266,092                                           |                       | 5,266,092   | 0                   | 5,266,092   | 75.00  |
| 76.00                                  | 03950 | OTHER                               | 0                                                   |                       | 0           | 0                   | 0           | 76.00  |
| 76.01                                  | 03280 | SLEEP/EEG                           | 597,153                                             |                       | 597,153     | 0                   | 597,153     | 76.01  |
| 76.02                                  | 03340 | GI                                  | 2,022,495                                           |                       | 2,022,495   | 0                   | 2,022,495   | 76.02  |
| 76.03                                  | 03450 | NUCLEAR MED                         | 1,031,922                                           |                       | 1,031,922   | 0                   | 1,031,922   | 76.03  |
| 76.04                                  | 03550 | PSYCH                               | 3,294,770                                           |                       | 3,294,770   | 0                   | 3,294,770   | 76.04  |
| 76.05                                  | 03630 | ULTRASOUND                          | 963,903                                             |                       | 963,903     | 0                   | 963,903     | 76.05  |
| 76.06                                  | 03650 | VASCULAR LAB                        | 1,259,247                                           |                       | 1,259,247   | 0                   | 1,259,247   | 76.06  |
| 76.07                                  | 03951 | MEDICAL OUTPATIENT                  | 857,635                                             |                       | 857,635     | 0                   | 857,635     | 76.07  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION              | 544,474                                             |                       | 544,474     | 0                   | 544,474     | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY           | 0                                                   |                       | 0           | 0                   | 0           | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                         | 398,473                                             |                       | 398,473     | 0                   | 398,473     | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                     |                                                     |                       |             |                     |             |        |
| 90.00                                  | 09000 | CLINIC                              | 0                                                   |                       | 0           | 273,782             | 273,782     | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                           | 11,058,526                                          |                       | 11,058,526  | 0                   | 11,058,526  | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART | 1,753,923                                           |                       | 1,753,923   | 0                   | 1,753,923   | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM     | 0                                                   |                       | 0           | 0                   | 0           | 93.99  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                     |                                                     |                       |             |                     |             |        |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                  | 3,413,447                                           |                       | 3,413,447   |                     | 3,413,447   | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                     |                                                     |                       |             |                     |             |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                    |                                                     |                       |             |                     |             | 113.00 |
| 116.00                                 | 11600 | HOSPICE                             | 5,640,245                                           |                       | 5,640,245   |                     | 5,640,245   | 116.00 |
| 200.00                                 |       | Subtotal (see instructions)         | 158,990,922                                         | 0                     | 158,990,922 | 273,782             | 159,264,704 | 200.00 |
| 201.00                                 |       | Less Observation Beds               | 1,753,923                                           |                       | 1,753,923   |                     | 1,753,923   | 201.00 |
| 202.00                                 |       | Total (see instructions)            | 157,236,999                                         | 0                     | 157,236,999 | 273,782             | 157,510,781 | 202.00 |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2022 3:09 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                    |                     |                       |        |  |
|                         | INPATIENT ROUTINE SERVICE COST CENTERS |                                     |             |             |                         |                     |                       |        |  |
| 30.00                   | 03000                                  | ADULTS & PEDIATRICS                 | 26,401,343  |             | 26,401,343              |                     |                       | 30.00  |  |
| 31.00                   | 03100                                  | INTENSIVE CARE UNIT                 | 21,509,795  |             | 21,509,795              |                     |                       | 31.00  |  |
| 43.00                   | 04300                                  | NURSERY                             | 1,557,775   |             | 1,557,775               |                     |                       | 43.00  |  |
|                         | ANCILLARY SERVICE COST CENTERS         |                                     |             |             |                         |                     |                       |        |  |
| 50.00                   | 05000                                  | OPERATING ROOM                      | 13,241,156  | 26,047,367  | 39,288,523              | 0.178482            | 0.000000              | 50.00  |  |
| 51.00                   | 05100                                  | RECOVERY ROOM                       | 768,783     | 5,278,265   | 6,047,048               | 0.117110            | 0.000000              | 51.00  |  |
| 52.00                   | 05200                                  | DELIVERY ROOM & LABOR ROOM          | 3,119,374   | 1,062,952   | 4,182,326               | 0.194085            | 0.000000              | 52.00  |  |
| 53.00                   | 05300                                  | ANESTHESIOLOGY                      | 2,173,408   | 4,946,036   | 7,119,444               | 0.153379            | 0.000000              | 53.00  |  |
| 54.00                   | 05400                                  | RADIOLOGY-DIAGNOSTIC                | 2,985,305   | 16,750,932  | 19,736,237              | 0.225500            | 0.000000              | 54.00  |  |
| 55.00                   | 05500                                  | RADIOLOGY-THERAPEUTIC               | 280,100     | 23,787,573  | 24,067,673              | 0.096785            | 0.000000              | 55.00  |  |
| 57.00                   | 05700                                  | CT SCAN                             | 17,310,479  | 53,960,535  | 71,271,014              | 0.031797            | 0.000000              | 57.00  |  |
| 58.00                   | 05800                                  | MRI                                 | 3,181,464   | 16,062,978  | 19,244,442              | 0.065164            | 0.000000              | 58.00  |  |
| 59.00                   | 05900                                  | CARDIAC CATHETERIZATION             | 10,503,631  | 16,790,661  | 27,294,292              | 0.193015            | 0.000000              | 59.00  |  |
| 60.00                   | 06000                                  | LABORATORY                          | 34,893,603  | 74,358,241  | 109,251,844             | 0.136496            | 0.000000              | 60.00  |  |
| 62.30                   | 06250                                  | BLOOD CLOTTING FOR HEMOPHILIACS     | 0           | 0           | 0                       | 0.000000            | 0.000000              | 62.30  |  |
| 65.00                   | 06500                                  | RESPIRATORY THERAPY                 | 3,402,001   | 1,535,149   | 4,937,150               | 0.513239            | 0.000000              | 65.00  |  |
| 66.00                   | 06600                                  | PHYSICAL THERAPY                    | 2,856,033   | 11,349,786  | 14,205,819              | 0.235457            | 0.000000              | 66.00  |  |
| 67.00                   | 06700                                  | OCCUPATIONAL THERAPY                | 1,064,427   | 1,492,712   | 2,557,139               | 0.205128            | 0.000000              | 67.00  |  |
| 68.00                   | 06800                                  | SPEECH PATHOLOGY                    | 359,962     | 755,030     | 1,114,992               | 0.289076            | 0.000000              | 68.00  |  |
| 69.00                   | 06900                                  | ELECTROCARDIOLOGY                   | 5,232,997   | 13,827,983  | 19,060,980              | 0.029764            | 0.000000              | 69.00  |  |
| 71.00                   | 07100                                  | MEDICAL SUPPLIES CHARGED TO PATIENT | 52,942,704  | 75,626,841  | 128,569,545             | 0.117884            | 0.000000              | 71.00  |  |
| 73.00                   | 07300                                  | DRUGS CHARGED TO PATIENTS           | 31,814,117  | 82,041,211  | 113,855,328             | 0.193223            | 0.000000              | 73.00  |  |
| 74.00                   | 07400                                  | RENAL DIALYSIS                      | 1,538,589   | 17,343,499  | 18,882,088              | 0.385783            | 0.000000              | 74.00  |  |
| 75.00                   | 07500                                  | ASC (NON-DISTINCT PART)             | 0           | 5,456,146   | 5,456,146               | 0.965167            | 0.000000              | 75.00  |  |
| 76.00                   | 03950                                  | OTHER                               | 0           | 0           | 0                       | 0.000000            | 0.000000              | 76.00  |  |
| 76.01                   | 03280                                  | SLEEP/EEG                           | 78,171      | 2,306,059   | 2,384,230               | 0.250459            | 0.000000              | 76.01  |  |
| 76.02                   | 03340                                  | GI                                  | 2,028,205   | 24,692,247  | 26,720,452              | 0.075691            | 0.000000              | 76.02  |  |
| 76.03                   | 03450                                  | NUCLEAR MED                         | 1,099,557   | 8,088,222   | 9,187,779               | 0.112315            | 0.000000              | 76.03  |  |
| 76.04                   | 03550                                  | PSYCH                               | 8,682       | 2,707,425   | 2,716,107               | 1.213049            | 0.000000              | 76.04  |  |
| 76.05                   | 03630                                  | ULTRASOUND                          | 1,241,520   | 10,207,389  | 11,448,909              | 0.084192            | 0.000000              | 76.05  |  |
| 76.06                   | 03650                                  | VASCULAR LAB                        | 2,509,741   | 4,561,145   | 7,070,886               | 0.178089            | 0.000000              | 76.06  |  |
| 76.07                   | 03951                                  | MEDICAL OUTPATIENT                  | 0           | 743,186     | 743,186                 | 1.153998            | 0.000000              | 76.07  |  |
| 76.97                   | 07697                                  | CARDIAC REHABILITATION              | 0           | 546,484     | 546,484                 | 0.996322            | 0.000000              | 76.97  |  |
| 76.98                   | 07698                                  | HYPERBARIC OXYGEN THERAPY           | 0           | 0           | 0                       | 0.000000            | 0.000000              | 76.98  |  |
| 76.99                   | 07699                                  | LITHOTRIPSY                         | 183,685     | 3,884,735   | 4,068,420               | 0.097943            | 0.000000              | 76.99  |  |
|                         | OUTPATIENT SERVICE COST CENTERS        |                                     |             |             |                         |                     |                       |        |  |
| 90.00                   | 09000                                  | CLINIC                              | 0           | 0           | 0                       | 0.000000            | 0.000000              | 90.00  |  |
| 91.00                   | 09100                                  | EMERGENCY                           | 10,526,367  | 44,592,068  | 55,118,435              | 0.200632            | 0.000000              | 91.00  |  |
| 92.00                   | 09200                                  | OBSERVATION BEDS (NON-DISTINCT PART | 0           | 1,940,382   | 1,940,382               | 0.903906            | 0.000000              | 92.00  |  |
| 93.99                   | 09399                                  | PARTIAL HOSPITALIZATION PROGRAM     | 0           | 0           | 0                       | 0.000000            | 0.000000              | 93.99  |  |
|                         | OTHER REIMBURSABLE COST CENTERS        |                                     |             |             |                         |                     |                       |        |  |
| 101.00                  | 10100                                  | HOME HEALTH AGENCY                  | 0           | 1,596,586   | 1,596,586               |                     |                       | 101.00 |  |
|                         | SPECIAL PURPOSE COST CENTERS           |                                     |             |             |                         |                     |                       |        |  |
| 113.00                  | 11300                                  | INTEREST EXPENSE                    | 0           |             |                         |                     |                       | 113.00 |  |
| 116.00                  | 11600                                  | HOSPICE                             | 0           | 3,704,728   | 3,704,728               |                     |                       | 116.00 |  |
| 200.00                  |                                        | Subtotal (see instructions)         | 254,812,974 | 558,044,553 | 812,857,527             |                     |                       | 200.00 |  |
| 201.00                  |                                        | Less Observation Beds               |             |             |                         |                     |                       | 201.00 |  |
| 202.00                  |                                        | Total (see instructions)            | 254,812,974 | 558,044,553 | 812,857,527             |                     |                       | 202.00 |  |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description                |       |                                     | PPS Inpatient 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  |
| 43.00                                  | 04300 | NURSERY                             |                     |           |          | 43.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                     |                     |           |          |        |
| 50.00                                  | 05000 | OPERATING ROOM                      | 0.000000            |           |          | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                       | 0.000000            |           |          | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM          | 0.000000            |           |          | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                      | 0.000000            |           |          | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                | 0.000000            |           |          | 54.00  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC               | 0.000000            |           |          | 55.00  |
| 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  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     | 0.000000            |           |          | 62.30  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                 | 0.000000            |           |          | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                    | 0.000000            |           |          | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                | 0.000000            |           |          | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                    | 0.000000            |           |          | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                   | 0.000000            |           |          | 69.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 0.000000            |           |          | 71.00  |
| 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                                  | 03950 | OTHER                               | 0.000000            |           |          | 76.00  |
| 76.01                                  | 03280 | SLEEP/EEG                           | 0.000000            |           |          | 76.01  |
| 76.02                                  | 03340 | GI                                  | 0.000000            |           |          | 76.02  |
| 76.03                                  | 03450 | NUCLEAR MED                         | 0.000000            |           |          | 76.03  |
| 76.04                                  | 03550 | PSYCH                               | 0.000000            |           |          | 76.04  |
| 76.05                                  | 03630 | ULTRASOUND                          | 0.000000            |           |          | 76.05  |
| 76.06                                  | 03650 | VASCULAR LAB                        | 0.000000            |           |          | 76.06  |
| 76.07                                  | 03951 | MEDICAL OUTPATIENT                  | 0.000000            |           |          | 76.07  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION              | 0.000000            |           |          | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY           | 0.000000            |           |          | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                         | 0.000000            |           |          | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                     |                     |           |          |        |
| 90.00                                  | 09000 | CLINIC                              | 0.000000            |           |          | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                           | 0.000000            |           |          | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART | 0.000000            |           |          | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM     | 0.000000            |           |          | 93.99  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                     |                     |           |          |        |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                  |                     |           |          | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                     |                     |           |          |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                    |                     |           |          | 113.00 |
| 116.00                                 | 11600 | HOSPICE                             |                     |           |          | 116.00 |
| 200.00                                 |       | Subtotal (see instructions)         |                     |           |          | 200.00 |
| 201.00                                 |       | Less Observation Beds               |                     |           |          | 201.00 |
| 202.00                                 |       | Total (see instructions)            |                     |           |          | 202.00 |

## APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet D  
Part I  
Date/Time Prepared:  
5/24/2022 3:09 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                    | 1,689,542                                                         | 0                                                            | 1,689,542                                                  | 15,025                | 112.45                        | 30.00  |
| 31.00                   | INTENSIVE CARE UNIT                    | 444,839                                                           |                                                              | 444,839                                                    | 3,651                 | 121.84                        | 31.00  |
| 43.00                   | NURSERY                                | 9,632                                                             |                                                              | 9,632                                                      | 639                   | 15.07                         | 43.00  |
| 200.00                  | Total (lines 30 through 199)           | 2,144,013                                                         |                                                              | 2,144,013                                                  | 19,315                |                               | 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                    | 5,018                                                             | 564,274                                                      |                                                            |                       |                               | 30.00  |
| 31.00                   | INTENSIVE CARE UNIT                    | 1,226                                                             | 149,376                                                      |                                                            |                       |                               | 31.00  |
| 43.00                   | NURSERY                                | 0                                                                 | 0                                                            |                                                            |                       |                               | 43.00  |
| 200.00                  | Total (lines 30 through 199)           | 6,244                                                             | 713,650                                                      |                                                            |                       |                               | 200.00 |

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet D  
Part II  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description |                                 |                                     | Capital<br>Related Cost<br>(from Wkst. B,<br>Part II, col.<br>26) | Total Charges<br>(from Wkst. C,<br>Part I, col.<br>8) | Ratio of Cost<br>to Charges<br>(col. 1 ÷ col.<br>2) | Inpatient<br>Program<br>Charges | Capital Costs<br>(column 3 x<br>column 4) |        |  |
|-------------------------|---------------------------------|-------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------|---------------------------------|-------------------------------------------|--------|--|
|                         |                                 |                                     | 1.00                                                              | 2.00                                                  | 3.00                                                | 4.00                            | 5.00                                      |        |  |
|                         | ANCILLARY SERVICE COST CENTERS  |                                     |                                                                   |                                                       |                                                     |                                 |                                           |        |  |
| 50.00                   | 05000                           | OPERATING ROOM                      | 989,387                                                           | 39,288,523                                            | 0.025183                                            | 4,210,024                       | 106,021                                   | 50.00  |  |
| 51.00                   | 05100                           | RECOVERY ROOM                       | 48,403                                                            | 6,047,048                                             | 0.008004                                            | 228,293                         | 1,827                                     | 51.00  |  |
| 52.00                   | 05200                           | DELIVERY ROOM & LABOR ROOM          | 24,962                                                            | 4,182,326                                             | 0.005968                                            | 16,416                          | 98                                        | 52.00  |  |
| 53.00                   | 05300                           | ANESTHESIOLOGY                      | 49,478                                                            | 7,119,444                                             | 0.006950                                            | 652,016                         | 4,532                                     | 53.00  |  |
| 54.00                   | 05400                           | RADIOLOGY-DIAGNOSTIC                | 689,783                                                           | 19,736,237                                            | 0.034950                                            | 1,209,227                       | 42,262                                    | 54.00  |  |
| 55.00                   | 05500                           | RADIOLOGY-THERAPEUTIC               | 277,220                                                           | 24,067,673                                            | 0.011518                                            | 141,916                         | 1,635                                     | 55.00  |  |
| 57.00                   | 05700                           | CT SCAN                             | 100,493                                                           | 71,271,014                                            | 0.001410                                            | 6,665,658                       | 9,399                                     | 57.00  |  |
| 58.00                   | 05800                           | MRI                                 | 103,916                                                           | 19,244,442                                            | 0.005400                                            | 1,176,662                       | 6,354                                     | 58.00  |  |
| 59.00                   | 05900                           | CARDIAC CATHETERIZATION             | 908,306                                                           | 27,294,292                                            | 0.033278                                            | 3,875,186                       | 128,958                                   | 59.00  |  |
| 60.00                   | 06000                           | LABORATORY                          | 795,363                                                           | 109,251,844                                           | 0.007280                                            | 12,817,768                      | 93,313                                    | 60.00  |  |
| 62.30                   | 06250                           | BLOOD CLOTTING FOR HEMOPHILIACS     | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 62.30  |  |
| 65.00                   | 06500                           | RESPIRATORY THERAPY                 | 211,975                                                           | 4,937,150                                             | 0.042935                                            | 1,242,946                       | 53,366                                    | 65.00  |  |
| 66.00                   | 06600                           | PHYSICAL THERAPY                    | 433,061                                                           | 14,205,819                                            | 0.030485                                            | 1,154,465                       | 35,194                                    | 66.00  |  |
| 67.00                   | 06700                           | OCCUPATIONAL THERAPY                | 28,860                                                            | 2,557,139                                             | 0.011286                                            | 457,864                         | 5,167                                     | 67.00  |  |
| 68.00                   | 06800                           | SPEECH PATHOLOGY                    | 19,140                                                            | 1,114,992                                             | 0.017166                                            | 165,672                         | 2,844                                     | 68.00  |  |
| 69.00                   | 06900                           | ELECTROCARDIOLOGY                   | 30,460                                                            | 19,060,980                                            | 0.001598                                            | 2,134,683                       | 3,411                                     | 69.00  |  |
| 71.00                   | 07100                           | MEDICAL SUPPLIES CHARGED TO PATIENT | 419,072                                                           | 128,569,545                                           | 0.003259                                            | 19,254,018                      | 62,749                                    | 71.00  |  |
| 73.00                   | 07300                           | DRUGS CHARGED TO PATIENTS           | 682,658                                                           | 113,855,328                                           | 0.005996                                            | 11,307,730                      | 67,801                                    | 73.00  |  |
| 74.00                   | 07400                           | RENAL DIALYSIS                      | 399,388                                                           | 18,882,088                                            | 0.021152                                            | 526,353                         | 11,133                                    | 74.00  |  |
| 75.00                   | 07500                           | ASC (NON-DISTINCT PART)             | 1,404,455                                                         | 5,456,146                                             | 0.257408                                            | 0                               | 0                                         | 75.00  |  |
| 76.00                   | 03950                           | OTHER                               | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 76.00  |  |
| 76.01                   | 03280                           | SLEEP/EEG                           | 48,756                                                            | 2,384,230                                             | 0.020449                                            | 25,981                          | 531                                       | 76.01  |  |
| 76.02                   | 03340                           | GI                                  | 213,973                                                           | 26,720,452                                            | 0.008008                                            | 892,583                         | 7,148                                     | 76.02  |  |
| 76.03                   | 03450                           | NUCLEAR MED                         | 145,293                                                           | 9,187,779                                             | 0.015814                                            | 512,657                         | 8,107                                     | 76.03  |  |
| 76.04                   | 03550                           | PSYCH                               | 206,880                                                           | 2,716,107                                             | 0.076168                                            | 810                             | 62                                        | 76.04  |  |
| 76.05                   | 03630                           | ULTRASOUND                          | 74,568                                                            | 11,448,909                                            | 0.006513                                            | 437,787                         | 2,851                                     | 76.05  |  |
| 76.06                   | 03650                           | VASCULAR LAB                        | 80,374                                                            | 7,070,886                                             | 0.011367                                            | 986,042                         | 11,208                                    | 76.06  |  |
| 76.07                   | 03951                           | MEDICAL OUTPATIENT                  | 48,502                                                            | 743,186                                               | 0.065262                                            | 0                               | 0                                         | 76.07  |  |
| 76.97                   | 07697                           | CARDIAC REHABILITATION              | 61,596                                                            | 546,484                                               | 0.112713                                            | 0                               | 0                                         | 76.97  |  |
| 76.98                   | 07698                           | HYPERBARIC OXYGEN THERAPY           | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 76.98  |  |
| 76.99                   | 07699                           | LITHOTRIPSY                         | 10,385                                                            | 4,068,420                                             | 0.002553                                            | 0                               | 0                                         | 76.99  |  |
|                         | OUTPATIENT SERVICE COST CENTERS |                                     |                                                                   |                                                       |                                                     |                                 |                                           |        |  |
| 90.00                   | 09000                           | CLINIC                              | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.00  |  |
| 91.00                   | 09100                           | EMERGENCY                           | 1,014,829                                                         | 55,118,435                                            | 0.018412                                            | 4,066,776                       | 74,877                                    | 91.00  |  |
| 92.00                   | 09200                           | OBSERVATION BEDS (NON-DISTINCT PART | 139,774                                                           | 1,940,382                                             | 0.072034                                            | 0                               | 0                                         | 92.00  |  |
| 93.99                   | 09399                           | PARTIAL HOSPITALIZATION PROGRAM     | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 93.99  |  |
| 200.00                  |                                 | Total (lines 50 through 199)        | 9,661,310                                                         | 758,087,300                                           |                                                     | 74,159,533                      | 740,848                                   | 200.00 |  |

|                                                                     |       |                              |   |   |                                                                   |                                                               |                                               |                               |                                                                     |        |  |
|---------------------------------------------------------------------|-------|------------------------------|---|---|-------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------|-------------------------------|---------------------------------------------------------------------|--------|--|
| APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS |       |                              |   |   | Provider CCN: 52-0100                                             |                                                               | Period:<br>From 01/01/2021<br>To 12/31/2021   |                               | Worksheet D<br>Part III<br>Date/Time Prepared:<br>5/24/2022 3:09 pm |        |  |
|                                                                     |       |                              |   |   | Title XVIII                                                       |                                                               | Hospital                                      |                               | PPS                                                                 |        |  |
| Cost Center Description                                             |       |                              |   |   | Nursing<br>Program<br>Post-Stepdown<br>Adjustments                | Nursing<br>Program                                            | Allied Health<br>Post-Stepdown<br>Adjustments | Allied Health<br>Cost         | All Other<br>Medical<br>Education Cost                              |        |  |
|                                                                     |       |                              |   |   | 1A                                                                | 1.00                                                          | 2A                                            | 2.00                          | 3.00                                                                |        |  |
| INPATIENT ROUTINE SERVICE COST CENTERS                              |       |                              |   |   |                                                                   |                                                               |                                               |                               |                                                                     |        |  |
| 30.00                                                               | 03000 | ADULTS & PEDIATRICS          | 0 | 0 | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                                                   | 30.00  |  |
| 31.00                                                               | 03100 | INTENSIVE CARE UNIT          | 0 | 0 | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                                                   | 31.00  |  |
| 43.00                                                               | 04300 | NURSERY                      | 0 | 0 | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                                                   | 43.00  |  |
| 200.00                                                              |       | Total (lines 30 through 199) | 0 | 0 | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                                                   | 200.00 |  |
| Cost Center Description                                             |       |                              |   |   | Swing-Bed<br>Adjustment<br>Amount (see<br>instructions)           | Total Costs<br>(sum of cols.<br>1 through 3,<br>minus col. 4) | Total Patient<br>Days                         | Per Diem (col.<br>5 ÷ col. 6) | Inpatient<br>Program Days                                           |        |  |
|                                                                     |       |                              |   |   | 4.00                                                              | 5.00                                                          | 6.00                                          | 7.00                          | 8.00                                                                |        |  |
| INPATIENT ROUTINE SERVICE COST CENTERS                              |       |                              |   |   |                                                                   |                                                               |                                               |                               |                                                                     |        |  |
| 30.00                                                               | 03000 | ADULTS & PEDIATRICS          | 0 | 0 | 15,025                                                            | 0.00                                                          | 5,018                                         | 30.00                         |                                                                     |        |  |
| 31.00                                                               | 03100 | INTENSIVE CARE UNIT          | 0 | 0 | 3,651                                                             | 0.00                                                          | 1,226                                         | 31.00                         |                                                                     |        |  |
| 43.00                                                               | 04300 | NURSERY                      | 0 | 0 | 639                                                               | 0.00                                                          | 0                                             | 43.00                         |                                                                     |        |  |
| 200.00                                                              |       | Total (lines 30 through 199) | 0 | 0 | 19,315                                                            |                                                               | 6,244                                         | 200.00                        |                                                                     |        |  |
| Cost Center Description                                             |       |                              |   |   | Inpatient<br>Program<br>Pass-Through<br>Cost (col. 7 x<br>col. 8) |                                                               |                                               |                               |                                                                     |        |  |
|                                                                     |       |                              |   |   | 9.00                                                              |                                                               |                                               |                               |                                                                     |        |  |
| INPATIENT ROUTINE SERVICE COST CENTERS                              |       |                              |   |   |                                                                   |                                                               |                                               |                               |                                                                     |        |  |
| 30.00                                                               | 03000 | ADULTS & PEDIATRICS          | 0 |   |                                                                   |                                                               |                                               |                               |                                                                     | 30.00  |  |
| 31.00                                                               | 03100 | INTENSIVE CARE UNIT          | 0 |   |                                                                   |                                                               |                                               |                               |                                                                     | 31.00  |  |
| 43.00                                                               | 04300 | NURSERY                      | 0 |   |                                                                   |                                                               |                                               |                               |                                                                     | 43.00  |  |
| 200.00                                                              |       | Total (lines 30 through 199) | 0 |   |                                                                   |                                                               |                                               |                               |                                                                     | 200.00 |  |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet D  
Part IV  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description         |       |                                     | Title XVIII                    |                                           | Hospital        |                                         | PPS           |        |
|---------------------------------|-------|-------------------------------------|--------------------------------|-------------------------------------------|-----------------|-----------------------------------------|---------------|--------|
|                                 |       |                                     | Non Physician Anesthetist Cost | Nursing Program Post-Stepdown Adjustments | Nursing Program | Allied Health Post-Stepdown Adjustments | Allied Health |        |
|                                 |       |                                     | 1.00                           | 2A                                        | 2.00            | 3A                                      | 3.00          |        |
| ANCILLARY SERVICE COST CENTERS  |       |                                     |                                |                                           |                 |                                         |               |        |
| 50.00                           | 05000 | OPERATING ROOM                      | 0                              | 0                                         | 0               | 0                                       | 0             | 50.00  |
| 51.00                           | 05100 | RECOVERY ROOM                       | 0                              | 0                                         | 0               | 0                                       | 0             | 51.00  |
| 52.00                           | 05200 | DELIVERY ROOM & LABOR ROOM          | 0                              | 0                                         | 0               | 0                                       | 0             | 52.00  |
| 53.00                           | 05300 | ANESTHESIOLOGY                      | 0                              | 0                                         | 0               | 0                                       | 0             | 53.00  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                | 0                              | 0                                         | 0               | 0                                       | 0             | 54.00  |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC               | 0                              | 0                                         | 0               | 0                                       | 0             | 55.00  |
| 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  |
| 62.30                           | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     | 0                              | 0                                         | 0               | 0                                       | 0             | 62.30  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                 | 0                              | 0                                         | 0               | 0                                       | 0             | 65.00  |
| 66.00                           | 06600 | PHYSICAL THERAPY                    | 0                              | 0                                         | 0               | 0                                       | 0             | 66.00  |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                | 0                              | 0                                         | 0               | 0                                       | 0             | 67.00  |
| 68.00                           | 06800 | SPEECH PATHOLOGY                    | 0                              | 0                                         | 0               | 0                                       | 0             | 68.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                   | 0                              | 0                                         | 0               | 0                                       | 0             | 69.00  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 0                              | 0                                         | 0               | 0                                       | 0             | 71.00  |
| 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                           | 03950 | OTHER                               | 0                              | 0                                         | 0               | 0                                       | 0             | 76.00  |
| 76.01                           | 03280 | SLEEP/EEG                           | 0                              | 0                                         | 0               | 0                                       | 0             | 76.01  |
| 76.02                           | 03340 | GI                                  | 0                              | 0                                         | 0               | 0                                       | 0             | 76.02  |
| 76.03                           | 03450 | NUCLEAR MED                         | 0                              | 0                                         | 0               | 0                                       | 0             | 76.03  |
| 76.04                           | 03550 | PSYCH                               | 0                              | 0                                         | 0               | 0                                       | 0             | 76.04  |
| 76.05                           | 03630 | ULTRASOUND                          | 0                              | 0                                         | 0               | 0                                       | 0             | 76.05  |
| 76.06                           | 03650 | VASCULAR LAB                        | 0                              | 0                                         | 0               | 0                                       | 0             | 76.06  |
| 76.07                           | 03951 | MEDICAL OUTPATIENT                  | 0                              | 0                                         | 0               | 0                                       | 0             | 76.07  |
| 76.97                           | 07697 | CARDIAC REHABILITATION              | 0                              | 0                                         | 0               | 0                                       | 0             | 76.97  |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY           | 0                              | 0                                         | 0               | 0                                       | 0             | 76.98  |
| 76.99                           | 07699 | LITHOTRIPSY                         | 0                              | 0                                         | 0               | 0                                       | 0             | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |       |                                     |                                |                                           |                 |                                         |               |        |
| 90.00                           | 09000 | CLINIC                              | 0                              | 0                                         | 0               | 0                                       | 0             | 90.00  |
| 91.00                           | 09100 | EMERGENCY                           | 0                              | 0                                         | 0               | 0                                       | 0             | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART | 0                              | 0                                         | 0               | 0                                       | 0             | 92.00  |
| 93.99                           | 09399 | PARTIAL HOSPITALIZATION PROGRAM     | 0                              | 0                                         | 0               | 0                                       | 0             | 93.99  |
| 200.00                          |       | Total (lines 50 through 199)        | 0                              | 0                                         | 0               | 0                                       | 0             | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet D  
Part IV  
Date/Time Prepared:  
5/24/2022 3:09 pm

|                                 |                              |                                     | Title XVIII                      |                                          | Hospital                                         | PPS                                          |                                                               |        |
|---------------------------------|------------------------------|-------------------------------------|----------------------------------|------------------------------------------|--------------------------------------------------|----------------------------------------------|---------------------------------------------------------------|--------|
| Cost Center Description         |                              |                                     | All Other Medical Education Cost | Total Cost (sum of cols. 1, 2, 3, and 4) | Total Outpatient Cost (sum of cols. 2, 3, and 4) | Total Charges (from Wkst. C, Part I, col. 8) | Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions) |        |
|                                 |                              |                                     | 4.00                             | 5.00                                     | 6.00                                             | 7.00                                         | 8.00                                                          |        |
| ANCILLARY SERVICE COST CENTERS  |                              |                                     |                                  |                                          |                                                  |                                              |                                                               |        |
| 50.00                           | 05000                        | OPERATING ROOM                      | 0                                | 0                                        | 0                                                | 39,288,523                                   | 0.000000                                                      | 50.00  |
| 51.00                           | 05100                        | RECOVERY ROOM                       | 0                                | 0                                        | 0                                                | 6,047,048                                    | 0.000000                                                      | 51.00  |
| 52.00                           | 05200                        | DELIVERY ROOM & LABOR ROOM          | 0                                | 0                                        | 0                                                | 4,182,326                                    | 0.000000                                                      | 52.00  |
| 53.00                           | 05300                        | ANESTHESIOLOGY                      | 0                                | 0                                        | 0                                                | 7,119,444                                    | 0.000000                                                      | 53.00  |
| 54.00                           | 05400                        | RADIOLOGY-DIAGNOSTIC                | 0                                | 0                                        | 0                                                | 19,736,237                                   | 0.000000                                                      | 54.00  |
| 55.00                           | 05500                        | RADIOLOGY-THERAPEUTIC               | 0                                | 0                                        | 0                                                | 24,067,673                                   | 0.000000                                                      | 55.00  |
| 57.00                           | 05700                        | CT SCAN                             | 0                                | 0                                        | 0                                                | 71,271,014                                   | 0.000000                                                      | 57.00  |
| 58.00                           | 05800                        | MRI                                 | 0                                | 0                                        | 0                                                | 19,244,442                                   | 0.000000                                                      | 58.00  |
| 59.00                           | 05900                        | CARDIAC CATHETERIZATION             | 0                                | 0                                        | 0                                                | 27,294,292                                   | 0.000000                                                      | 59.00  |
| 60.00                           | 06000                        | LABORATORY                          | 0                                | 0                                        | 0                                                | 109,251,844                                  | 0.000000                                                      | 60.00  |
| 62.30                           | 06250                        | BLOOD CLOTTING FOR HEMOPHILIACS     | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      | 62.30  |
| 65.00                           | 06500                        | RESPIRATORY THERAPY                 | 0                                | 0                                        | 0                                                | 4,937,150                                    | 0.000000                                                      | 65.00  |
| 66.00                           | 06600                        | PHYSICAL THERAPY                    | 0                                | 0                                        | 0                                                | 14,205,819                                   | 0.000000                                                      | 66.00  |
| 67.00                           | 06700                        | OCCUPATIONAL THERAPY                | 0                                | 0                                        | 0                                                | 2,557,139                                    | 0.000000                                                      | 67.00  |
| 68.00                           | 06800                        | SPEECH PATHOLOGY                    | 0                                | 0                                        | 0                                                | 1,114,992                                    | 0.000000                                                      | 68.00  |
| 69.00                           | 06900                        | ELECTROCARDIOLOGY                   | 0                                | 0                                        | 0                                                | 19,060,980                                   | 0.000000                                                      | 69.00  |
| 71.00                           | 07100                        | MEDICAL SUPPLIES CHARGED TO PATIENT | 0                                | 0                                        | 0                                                | 128,569,545                                  | 0.000000                                                      | 71.00  |
| 73.00                           | 07300                        | DRUGS CHARGED TO PATIENTS           | 0                                | 0                                        | 0                                                | 113,855,328                                  | 0.000000                                                      | 73.00  |
| 74.00                           | 07400                        | RENAL DIALYSIS                      | 0                                | 0                                        | 0                                                | 18,882,088                                   | 0.000000                                                      | 74.00  |
| 75.00                           | 07500                        | ASC (NON-DISTINCT PART)             | 0                                | 0                                        | 0                                                | 5,456,146                                    | 0.000000                                                      | 75.00  |
| 76.00                           | 03950                        | OTHER                               | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      | 76.00  |
| 76.01                           | 03280                        | SLEEP/EEG                           | 0                                | 0                                        | 0                                                | 2,384,230                                    | 0.000000                                                      | 76.01  |
| 76.02                           | 03340                        | GI                                  | 0                                | 0                                        | 0                                                | 26,720,452                                   | 0.000000                                                      | 76.02  |
| 76.03                           | 03450                        | NUCLEAR MED                         | 0                                | 0                                        | 0                                                | 9,187,779                                    | 0.000000                                                      | 76.03  |
| 76.04                           | 03550                        | PSYCH                               | 0                                | 0                                        | 0                                                | 2,716,107                                    | 0.000000                                                      | 76.04  |
| 76.05                           | 03630                        | ULTRASOUND                          | 0                                | 0                                        | 0                                                | 11,448,909                                   | 0.000000                                                      | 76.05  |
| 76.06                           | 03650                        | VASCULAR LAB                        | 0                                | 0                                        | 0                                                | 7,070,886                                    | 0.000000                                                      | 76.06  |
| 76.07                           | 03951                        | MEDICAL OUTPATIENT                  | 0                                | 0                                        | 0                                                | 743,186                                      | 0.000000                                                      | 76.07  |
| 76.97                           | 07697                        | CARDIAC REHABILITATION              | 0                                | 0                                        | 0                                                | 546,484                                      | 0.000000                                                      | 76.97  |
| 76.98                           | 07698                        | HYPERBARIC OXYGEN THERAPY           | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      | 76.98  |
| 76.99                           | 07699                        | LITHOTRIPSY                         | 0                                | 0                                        | 0                                                | 4,068,420                                    | 0.000000                                                      | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |                              |                                     |                                  |                                          |                                                  |                                              |                                                               |        |
| 90.00                           | 09000                        | CLINIC                              | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      | 90.00  |
| 91.00                           | 09100                        | EMERGENCY                           | 0                                | 0                                        | 0                                                | 55,118,435                                   | 0.000000                                                      | 91.00  |
| 92.00                           | 09200                        | OBSERVATION BEDS (NON-DISTINCT PART | 0                                | 0                                        | 0                                                | 1,940,382                                    | 0.000000                                                      | 92.00  |
| 93.99                           | 09399                        | PARTIAL HOSPITALIZATION PROGRAM     | 0                                | 0                                        | 0                                                | 0                                            | 0.000000                                                      | 93.99  |
| 200.00                          | Total (lines 50 through 199) |                                     | 0                                | 0                                        | 0                                                | 758,087,300                                  |                                                               | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet D  
Part IV  
Date/Time Prepared:  
5/24/2022 3:09 pm

|                         |                                 |                                     | Title XVIII                                                       |                                 | Hospital                                                            | PPS                              |                                                                      |        |
|-------------------------|---------------------------------|-------------------------------------|-------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------|--------|
| Cost Center Description |                                 |                                     | Outpatient<br>Ratio of Cost<br>to Charges<br>(col. 6 ÷ col.<br>7) | Inpatient<br>Program<br>Charges | Inpatient<br>Program<br>Pass-Through<br>Costs (col. 8<br>x col. 10) | Outpatient<br>Program<br>Charges | Outpatient<br>Program<br>Pass-Through<br>Costs (col. 9<br>x col. 12) |        |
|                         |                                 |                                     | 9.00                                                              | 10.00                           | 11.00                                                               | 12.00                            | 13.00                                                                |        |
|                         | ANCILLARY SERVICE COST CENTERS  |                                     |                                                                   |                                 |                                                                     |                                  |                                                                      |        |
| 50.00                   | 05000                           | OPERATING ROOM                      | 0.000000                                                          | 4,210,024                       | 0                                                                   | 7,985,080                        | 0                                                                    | 50.00  |
| 51.00                   | 05100                           | RECOVERY ROOM                       | 0.000000                                                          | 228,293                         | 0                                                                   | 1,133,964                        | 0                                                                    | 51.00  |
| 52.00                   | 05200                           | DELIVERY ROOM & LABOR ROOM          | 0.000000                                                          | 16,416                          | 0                                                                   | 3,178                            | 0                                                                    | 52.00  |
| 53.00                   | 05300                           | ANESTHESIOLOGY                      | 0.000000                                                          | 652,016                         | 0                                                                   | 1,091,623                        | 0                                                                    | 53.00  |
| 54.00                   | 05400                           | RADIOLOGY-DIAGNOSTIC                | 0.000000                                                          | 1,209,227                       | 0                                                                   | 4,251,635                        | 0                                                                    | 54.00  |
| 55.00                   | 05500                           | RADIOLOGY-THERAPEUTIC               | 0.000000                                                          | 141,916                         | 0                                                                   | 8,456,084                        | 0                                                                    | 55.00  |
| 57.00                   | 05700                           | CT SCAN                             | 0.000000                                                          | 6,665,658                       | 0                                                                   | 13,516,042                       | 0                                                                    | 57.00  |
| 58.00                   | 05800                           | MRI                                 | 0.000000                                                          | 1,176,662                       | 0                                                                   | 3,916,604                        | 0                                                                    | 58.00  |
| 59.00                   | 05900                           | CARDIAC CATHETERIZATION             | 0.000000                                                          | 3,875,186                       | 0                                                                   | 5,915,322                        | 0                                                                    | 59.00  |
| 60.00                   | 06000                           | LABORATORY                          | 0.000000                                                          | 12,817,768                      | 0                                                                   | 9,898,065                        | 0                                                                    | 60.00  |
| 62.30                   | 06250                           | BLOOD CLOTTING FOR HEMOPHILIACS     | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 62.30  |
| 65.00                   | 06500                           | RESPIRATORY THERAPY                 | 0.000000                                                          | 1,242,946                       | 0                                                                   | 381,870                          | 0                                                                    | 65.00  |
| 66.00                   | 06600                           | PHYSICAL THERAPY                    | 0.000000                                                          | 1,154,465                       | 0                                                                   | 242,739                          | 0                                                                    | 66.00  |
| 67.00                   | 06700                           | OCCUPATIONAL THERAPY                | 0.000000                                                          | 457,864                         | 0                                                                   | 7,134                            | 0                                                                    | 67.00  |
| 68.00                   | 06800                           | SPEECH PATHOLOGY                    | 0.000000                                                          | 165,672                         | 0                                                                   | 4,955                            | 0                                                                    | 68.00  |
| 69.00                   | 06900                           | ELECTROCARDIOLOGY                   | 0.000000                                                          | 2,134,683                       | 0                                                                   | 4,101,355                        | 0                                                                    | 69.00  |
| 71.00                   | 07100                           | MEDICAL SUPPLIES CHARGED TO PATIENT | 0.000000                                                          | 19,254,018                      | 0                                                                   | 18,974,896                       | 0                                                                    | 71.00  |
| 73.00                   | 07300                           | DRUGS CHARGED TO PATIENTS           | 0.000000                                                          | 11,307,730                      | 0                                                                   | 25,914,951                       | 0                                                                    | 73.00  |
| 74.00                   | 07400                           | RENAL DIALYSIS                      | 0.000000                                                          | 526,353                         | 0                                                                   | 15,392                           | 0                                                                    | 74.00  |
| 75.00                   | 07500                           | ASC (NON-DISTINCT PART)             | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 75.00  |
| 76.00                   | 03950                           | OTHER                               | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 76.00  |
| 76.01                   | 03280                           | SLEEP/EEG                           | 0.000000                                                          | 25,981                          | 0                                                                   | 701,918                          | 0                                                                    | 76.01  |
| 76.02                   | 03340                           | GI                                  | 0.000000                                                          | 892,583                         | 0                                                                   | 6,438,924                        | 0                                                                    | 76.02  |
| 76.03                   | 03450                           | NUCLEAR MED                         | 0.000000                                                          | 512,657                         | 0                                                                   | 2,721,928                        | 0                                                                    | 76.03  |
| 76.04                   | 03550                           | PSYCH                               | 0.000000                                                          | 810                             | 0                                                                   | 355,592                          | 0                                                                    | 76.04  |
| 76.05                   | 03630                           | ULTRASOUND                          | 0.000000                                                          | 437,787                         | 0                                                                   | 1,789,903                        | 0                                                                    | 76.05  |
| 76.06                   | 03650                           | VASCULAR LAB                        | 0.000000                                                          | 986,042                         | 0                                                                   | 1,510,507                        | 0                                                                    | 76.06  |
| 76.07                   | 03951                           | MEDICAL OUTPATIENT                  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 76.07  |
| 76.97                   | 07697                           | CARDIAC REHABILITATION              | 0.000000                                                          | 0                               | 0                                                                   | 159,390                          | 0                                                                    | 76.97  |
| 76.98                   | 07698                           | HYPERBARIC OXYGEN THERAPY           | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 76.98  |
| 76.99                   | 07699                           | LITHOTRIPSY                         | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 76.99  |
|                         | OUTPATIENT SERVICE COST CENTERS |                                     |                                                                   |                                 |                                                                     |                                  |                                                                      |        |
| 90.00                   | 09000                           | CLINIC                              | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 90.00  |
| 91.00                   | 09100                           | EMERGENCY                           | 0.000000                                                          | 4,066,776                       | 0                                                                   | 6,561,367                        | 0                                                                    | 91.00  |
| 92.00                   | 09200                           | OBSERVATION BEDS (NON-DISTINCT PART | 0.000000                                                          | 0                               | 0                                                                   | 581,081                          | 0                                                                    | 92.00  |
| 93.99                   | 09399                           | PARTIAL HOSPITALIZATION PROGRAM     | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 93.99  |
| 200.00                  |                                 | Total (lines 50 through 199)        |                                                                   | 74,159,533                      | 0                                                                   | 126,631,499                      | 0                                                                    | 200.00 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet D  
Part V  
Date/Time Prepared:  
5/24/2022 3:09 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                      | 0.178482                                                       | 7,985,080                                 | 0                                                                            | 0                                                                                | 1,425,193                   | 50.00  |
| 51.00  | 05100 RECOVERY ROOM                       | 0.117110                                                       | 1,133,964                                 | 0                                                                            | 0                                                                                | 132,799                     | 51.00  |
| 52.00  | 05200 DELIVERY ROOM & LABOR ROOM          | 0.194085                                                       | 3,178                                     | 0                                                                            | 0                                                                                | 617                         | 52.00  |
| 53.00  | 05300 ANESTHESIOLOGY                      | 0.153379                                                       | 1,091,623                                 | 0                                                                            | 0                                                                                | 167,432                     | 53.00  |
| 54.00  | 05400 RADIOLOGY-DIAGNOSTIC                | 0.225500                                                       | 4,251,635                                 | 0                                                                            | 0                                                                                | 958,744                     | 54.00  |
| 55.00  | 05500 RADIOLOGY-THERAPEUTIC               | 0.096785                                                       | 8,456,084                                 | 0                                                                            | 0                                                                                | 818,422                     | 55.00  |
| 57.00  | 05700 CT SCAN                             | 0.031797                                                       | 13,516,042                                | 0                                                                            | 0                                                                                | 429,770                     | 57.00  |
| 58.00  | 05800 MRI                                 | 0.065164                                                       | 3,916,604                                 | 0                                                                            | 0                                                                                | 255,222                     | 58.00  |
| 59.00  | 05900 CARDIAC CATHETERIZATION             | 0.193015                                                       | 5,915,322                                 | 0                                                                            | 0                                                                                | 1,141,746                   | 59.00  |
| 60.00  | 06000 LABORATORY                          | 0.136496                                                       | 9,898,065                                 | 14,947                                                                       | 0                                                                                | 1,351,046                   | 60.00  |
| 62.30  | 06250 BLOOD CLOTTING FOR HEMOPHILIACS     | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 62.30  |
| 65.00  | 06500 RESPIRATORY THERAPY                 | 0.513239                                                       | 381,870                                   | 0                                                                            | 0                                                                                | 195,991                     | 65.00  |
| 66.00  | 06600 PHYSICAL THERAPY                    | 0.235457                                                       | 242,739                                   | 0                                                                            | 0                                                                                | 57,155                      | 66.00  |
| 67.00  | 06700 OCCUPATIONAL THERAPY                | 0.205128                                                       | 7,134                                     | 0                                                                            | 0                                                                                | 1,463                       | 67.00  |
| 68.00  | 06800 SPEECH PATHOLOGY                    | 0.289076                                                       | 4,955                                     | 0                                                                            | 0                                                                                | 1,432                       | 68.00  |
| 69.00  | 06900 ELECTROCARDIOLOGY                   | 0.029764                                                       | 4,101,355                                 | 0                                                                            | 0                                                                                | 122,073                     | 69.00  |
| 71.00  | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0.117884                                                       | 18,974,896                                | 95                                                                           | 0                                                                                | 2,236,837                   | 71.00  |
| 73.00  | 07300 DRUGS CHARGED TO PATIENTS           | 0.193223                                                       | 25,914,951                                | 1,716                                                                        | 169,573                                                                          | 5,007,365                   | 73.00  |
| 74.00  | 07400 RENAL DIALYSIS                      | 0.385783                                                       | 15,392                                    | 0                                                                            | 0                                                                                | 5,938                       | 74.00  |
| 75.00  | 07500 ASC (NON-DISTINCT PART)             | 0.965167                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 75.00  |
| 76.00  | 03950 OTHER                               | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 76.00  |
| 76.01  | 03280 SLEEP/EEG                           | 0.250459                                                       | 701,918                                   | 0                                                                            | 0                                                                                | 175,802                     | 76.01  |
| 76.02  | 03340 GI                                  | 0.075691                                                       | 6,438,924                                 | 0                                                                            | 0                                                                                | 487,369                     | 76.02  |
| 76.03  | 03450 NUCLEAR MED                         | 0.112315                                                       | 2,721,928                                 | 0                                                                            | 0                                                                                | 305,713                     | 76.03  |
| 76.04  | 03550 PSYCH                               | 1.213049                                                       | 355,592                                   | 0                                                                            | 0                                                                                | 431,351                     | 76.04  |
| 76.05  | 03630 ULTRASOUND                          | 0.084192                                                       | 1,789,903                                 | 0                                                                            | 0                                                                                | 150,696                     | 76.05  |
| 76.06  | 03650 VASCULAR LAB                        | 0.178089                                                       | 1,510,507                                 | 0                                                                            | 0                                                                                | 269,005                     | 76.06  |
| 76.07  | 03951 MEDICAL OUTPATIENT                  | 1.153998                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 76.07  |
| 76.97  | 07697 CARDIAC REHABILITATION              | 0.996322                                                       | 159,390                                   | 0                                                                            | 0                                                                                | 158,804                     | 76.97  |
| 76.98  | 07698 HYPERBARIC OXYGEN THERAPY           | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 76.98  |
| 76.99  | 07699 LITHOTRIPSY                         | 0.097943                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 76.99  |
|        | OUTPATIENT SERVICE COST CENTERS           |                                                                |                                           |                                                                              |                                                                                  |                             |        |
| 90.00  | 09000 CLINIC                              | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 90.00  |
| 91.00  | 09100 EMERGENCY                           | 0.200632                                                       | 6,561,367                                 | 0                                                                            | 0                                                                                | 1,316,420                   | 91.00  |
| 92.00  | 09200 OBSERVATION BEDS (NON-DISTINCT PART | 0.903906                                                       | 581,081                                   | 0                                                                            | 0                                                                                | 525,243                     | 92.00  |
| 93.99  | 09399 PARTIAL HOSPITALIZATION PROGRAM     | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 93.99  |
| 200.00 | Subtotal (see instructions)               |                                                                | 126,631,499                               | 16,758                                                                       | 169,573                                                                          | 18,129,648                  | 200.00 |
| 201.00 | Less PBP Clinic Lab. Services-Program     |                                                                |                                           | 0                                                                            | 0                                                                                |                             | 201.00 |
|        | Only Charges                              |                                                                |                                           |                                                                              |                                                                                  |                             |        |
| 202.00 | Net Charges (line 200 - line 201)         |                                                                | 126,631,499                               | 16,758                                                                       | 169,573                                                                          | 18,129,648                  | 202.00 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet D  
Part V  
Date/Time Prepared:  
5/24/2022 3:09 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  |
| 55.00  | 05500                           | RADIOLOGY-THERAPEUTIC                                         | 0                                                                 | 0      |          | 55.00  |
| 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                                                    | 2,040                                                             | 0      |          | 60.00  |
| 62.30  | 06250                           | BLOOD CLOTTING FOR HEMOPHILIACS                               | 0                                                                 | 0      |          | 62.30  |
| 65.00  | 06500                           | RESPIRATORY THERAPY                                           | 0                                                                 | 0      |          | 65.00  |
| 66.00  | 06600                           | PHYSICAL THERAPY                                              | 0                                                                 | 0      |          | 66.00  |
| 67.00  | 06700                           | OCCUPATIONAL THERAPY                                          | 0                                                                 | 0      |          | 67.00  |
| 68.00  | 06800                           | SPEECH PATHOLOGY                                              | 0                                                                 | 0      |          | 68.00  |
| 69.00  | 06900                           | ELECTROCARDIOLOGY                                             | 0                                                                 | 0      |          | 69.00  |
| 71.00  | 07100                           | MEDICAL SUPPLIES CHARGED TO PATIENT                           | 11                                                                | 0      |          | 71.00  |
| 73.00  | 07300                           | DRUGS CHARGED TO PATIENTS                                     | 332                                                               | 32,765 |          | 73.00  |
| 74.00  | 07400                           | RENAL DIALYSIS                                                | 0                                                                 | 0      |          | 74.00  |
| 75.00  | 07500                           | ASC (NON-DISTINCT PART)                                       | 0                                                                 | 0      |          | 75.00  |
| 76.00  | 03950                           | OTHER                                                         | 0                                                                 | 0      |          | 76.00  |
| 76.01  | 03280                           | SLEEP/EEG                                                     | 0                                                                 | 0      |          | 76.01  |
| 76.02  | 03340                           | GI                                                            | 0                                                                 | 0      |          | 76.02  |
| 76.03  | 03450                           | NUCLEAR MED                                                   | 0                                                                 | 0      |          | 76.03  |
| 76.04  | 03550                           | PSYCH                                                         | 0                                                                 | 0      |          | 76.04  |
| 76.05  | 03630                           | ULTRASOUND                                                    | 0                                                                 | 0      |          | 76.05  |
| 76.06  | 03650                           | VASCULAR LAB                                                  | 0                                                                 | 0      |          | 76.06  |
| 76.07  | 03951                           | MEDICAL OUTPATIENT                                            | 0                                                                 | 0      |          | 76.07  |
| 76.97  | 07697                           | CARDIAC REHABILITATION                                        | 0                                                                 | 0      |          | 76.97  |
| 76.98  | 07698                           | HYPERBARIC OXYGEN THERAPY                                     | 0                                                                 | 0      |          | 76.98  |
| 76.99  | 07699                           | LITHOTRIPSY                                                   | 0                                                                 | 0      |          | 76.99  |
|        | OUTPATIENT SERVICE COST CENTERS |                                                               |                                                                   |        |          |        |
| 90.00  | 09000                           | CLINIC                                                        | 0                                                                 | 0      |          | 90.00  |
| 91.00  | 09100                           | EMERGENCY                                                     | 0                                                                 | 0      |          | 91.00  |
| 92.00  | 09200                           | OBSERVATION BEDS (NON-DISTINCT PART                           | 0                                                                 | 0      |          | 92.00  |
| 93.99  | 09399                           | PARTIAL HOSPITALIZATION PROGRAM                               | 0                                                                 | 0      |          | 93.99  |
| 200.00 |                                 | Subtotal (see instructions)                                   | 2,383                                                             | 32,765 |          | 200.00 |
| 201.00 |                                 | Less PBP Clinic Lab. Services-Program Only Charges            | 0                                                                 |        |          | 201.00 |
| 202.00 |                                 | Net Charges (line 200 - line 201)                             | 2,383                                                             | 32,765 |          | 202.00 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet D  
Part V  
Date/Time Prepared:  
5/24/2022 3:09 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                        | 0.178482                                                       | 0                                         | 535,201                                                                      | 0                                                                                | 0                           | 50.00  |
| 51.00                   | 05100                           | RECOVERY ROOM                         | 0.117110                                                       | 0                                         | 85,905                                                                       | 0                                                                                | 0                           | 51.00  |
| 52.00                   | 05200                           | DELIVERY ROOM & LABOR ROOM            | 0.194085                                                       | 0                                         | 58,951                                                                       | 0                                                                                | 0                           | 52.00  |
| 53.00                   | 05300                           | ANESTHESIOLOGY                        | 0.153379                                                       | 0                                         | 67,384                                                                       | 0                                                                                | 0                           | 53.00  |
| 54.00                   | 05400                           | RADIOLOGY-DIAGNOSTIC                  | 0.225500                                                       | 0                                         | 408,996                                                                      | 0                                                                                | 0                           | 54.00  |
| 55.00                   | 05500                           | RADIOLOGY-THERAPEUTIC                 | 0.096785                                                       | 0                                         | 99,045                                                                       | 0                                                                                | 0                           | 55.00  |
| 57.00                   | 05700                           | CT SCAN                               | 0.031797                                                       | 0                                         | 1,506,551                                                                    | 0                                                                                | 0                           | 57.00  |
| 58.00                   | 05800                           | MRI                                   | 0.065164                                                       | 0                                         | 208,281                                                                      | 0                                                                                | 0                           | 58.00  |
| 59.00                   | 05900                           | CARDIAC CATHETERIZATION               | 0.193015                                                       | 0                                         | 257,782                                                                      | 0                                                                                | 0                           | 59.00  |
| 60.00                   | 06000                           | LABORATORY                            | 0.136496                                                       | 0                                         | 2,448,028                                                                    | 0                                                                                | 0                           | 60.00  |
| 62.30                   | 06250                           | BLOOD CLOTTING FOR HEMOPHILIACS       | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 62.30  |
| 65.00                   | 06500                           | RESPIRATORY THERAPY                   | 0.513239                                                       | 0                                         | 40,443                                                                       | 0                                                                                | 0                           | 65.00  |
| 66.00                   | 06600                           | PHYSICAL THERAPY                      | 0.235457                                                       | 0                                         | 222,509                                                                      | 0                                                                                | 0                           | 66.00  |
| 67.00                   | 06700                           | OCCUPATIONAL THERAPY                  | 0.205128                                                       | 0                                         | 60,641                                                                       | 0                                                                                | 0                           | 67.00  |
| 68.00                   | 06800                           | SPEECH PATHOLOGY                      | 0.289076                                                       | 0                                         | 85,445                                                                       | 0                                                                                | 0                           | 68.00  |
| 69.00                   | 06900                           | ELECTROCARDIOLOGY                     | 0.029764                                                       | 0                                         | 188,375                                                                      | 0                                                                                | 0                           | 69.00  |
| 71.00                   | 07100                           | MEDICAL SUPPLIES CHARGED TO PATIENT   | 0.117884                                                       | 0                                         | 1,227,517                                                                    | 0                                                                                | 0                           | 71.00  |
| 73.00                   | 07300                           | DRUGS CHARGED TO PATIENTS             | 0.193223                                                       | 0                                         | 2,471,638                                                                    | 0                                                                                | 0                           | 73.00  |
| 74.00                   | 07400                           | RENAL DIALYSIS                        | 0.385783                                                       | 0                                         | 1,315,498                                                                    | 0                                                                                | 0                           | 74.00  |
| 75.00                   | 07500                           | ASC (NON-DISTINCT PART)               | 0.965167                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 75.00  |
| 76.00                   | 03950                           | OTHER                                 | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 76.00  |
| 76.01                   | 03280                           | SLEEP/EEG                             | 0.250459                                                       | 0                                         | 23,192                                                                       | 0                                                                                | 0                           | 76.01  |
| 76.02                   | 03340                           | GI                                    | 0.075691                                                       | 0                                         | 184,920                                                                      | 0                                                                                | 0                           | 76.02  |
| 76.03                   | 03450                           | NUCLEAR MED                           | 0.112315                                                       | 0                                         | 66,909                                                                       | 0                                                                                | 0                           | 76.03  |
| 76.04                   | 03550                           | PSYCH                                 | 1.213049                                                       | 0                                         | 97,573                                                                       | 0                                                                                | 0                           | 76.04  |
| 76.05                   | 03630                           | ULTRASOUND                            | 0.084192                                                       | 0                                         | 413,504                                                                      | 0                                                                                | 0                           | 76.05  |
| 76.06                   | 03650                           | VASCULAR LAB                          | 0.178089                                                       | 0                                         | 76,716                                                                       | 0                                                                                | 0                           | 76.06  |
| 76.07                   | 03951                           | MEDICAL OUTPATIENT                    | 1.153998                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 76.07  |
| 76.97                   | 07697                           | CARDIAC REHABILITATION                | 0.996322                                                       | 0                                         | 8,910                                                                        | 0                                                                                | 0                           | 76.97  |
| 76.98                   | 07698                           | HYPERBARIC OXYGEN THERAPY             | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 76.98  |
| 76.99                   | 07699                           | LITHOTRIPSY                           | 0.097943                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 76.99  |
|                         | OUTPATIENT SERVICE COST CENTERS |                                       |                                                                |                                           |                                                                              |                                                                                  |                             |        |
| 90.00                   | 09000                           | CLINIC                                | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 90.00  |
| 91.00                   | 09100                           | EMERGENCY                             | 0.200632                                                       | 0                                         | 2,329,745                                                                    | 0                                                                                | 0                           | 91.00  |
| 92.00                   | 09200                           | OBSERVATION BEDS (NON-DISTINCT PART   | 0.903906                                                       | 0                                         | 55,351                                                                       | 0                                                                                | 0                           | 92.00  |
| 93.99                   | 09399                           | PARTIAL HOSPITALIZATION PROGRAM       | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 93.99  |
| 200.00                  |                                 | Subtotal (see instructions)           |                                                                | 0                                         | 14,545,010                                                                   | 0                                                                                | 0                           | 200.00 |
| 201.00                  |                                 | Less PBP Clinic Lab. Services-Program |                                                                |                                           | 0                                                                            | 0                                                                                |                             | 201.00 |
|                         |                                 | Only Charges                          |                                                                |                                           |                                                                              |                                                                                  |                             |        |
| 202.00                  |                                 | Net Charges (line 200 - line 201)     |                                                                | 0                                         | 14,545,010                                                                   | 0                                                                                | 0                           | 202.00 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet D  
Part V  
Date/Time Prepared:  
5/24/2022 3:09 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                                     | 95,524                                                        | 0                                                                 |          | 50.00  |
| 51.00                           | 05100 | RECOVERY ROOM                                      | 10,060                                                        | 0                                                                 |          | 51.00  |
| 52.00                           | 05200 | DELIVERY ROOM & LABOR ROOM                         | 11,442                                                        | 0                                                                 |          | 52.00  |
| 53.00                           | 05300 | ANESTHESIOLOGY                                     | 10,335                                                        | 0                                                                 |          | 53.00  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                               | 92,229                                                        | 0                                                                 |          | 54.00  |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC                              | 9,586                                                         | 0                                                                 |          | 55.00  |
| 57.00                           | 05700 | CT SCAN                                            | 47,904                                                        | 0                                                                 |          | 57.00  |
| 58.00                           | 05800 | MRI                                                | 13,572                                                        | 0                                                                 |          | 58.00  |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION                            | 49,756                                                        | 0                                                                 |          | 59.00  |
| 60.00                           | 06000 | LABORATORY                                         | 334,146                                                       | 0                                                                 |          | 60.00  |
| 62.30                           | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS                    | 0                                                             | 0                                                                 |          | 62.30  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                                | 20,757                                                        | 0                                                                 |          | 65.00  |
| 66.00                           | 06600 | PHYSICAL THERAPY                                   | 52,391                                                        | 0                                                                 |          | 66.00  |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                               | 12,439                                                        | 0                                                                 |          | 67.00  |
| 68.00                           | 06800 | SPEECH PATHOLOGY                                   | 24,700                                                        | 0                                                                 |          | 68.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                                  | 5,607                                                         | 0                                                                 |          | 69.00  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT                | 144,705                                                       | 0                                                                 |          | 71.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS                          | 477,577                                                       | 0                                                                 |          | 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                                     | 507,497                                                       | 0                                                                 |          | 74.00  |
| 75.00                           | 07500 | ASC (NON-DISTINCT PART)                            | 0                                                             | 0                                                                 |          | 75.00  |
| 76.00                           | 03950 | OTHER                                              | 0                                                             | 0                                                                 |          | 76.00  |
| 76.01                           | 03280 | SLEEP/EEG                                          | 5,809                                                         | 0                                                                 |          | 76.01  |
| 76.02                           | 03340 | GI                                                 | 13,997                                                        | 0                                                                 |          | 76.02  |
| 76.03                           | 03450 | NUCLEAR MED                                        | 7,515                                                         | 0                                                                 |          | 76.03  |
| 76.04                           | 03550 | PSYCH                                              | 118,361                                                       | 0                                                                 |          | 76.04  |
| 76.05                           | 03630 | ULTRASOUND                                         | 34,814                                                        | 0                                                                 |          | 76.05  |
| 76.06                           | 03650 | VASCULAR LAB                                       | 13,662                                                        | 0                                                                 |          | 76.06  |
| 76.07                           | 03951 | MEDICAL OUTPATIENT                                 | 0                                                             | 0                                                                 |          | 76.07  |
| 76.97                           | 07697 | CARDIAC REHABILITATION                             | 8,877                                                         | 0                                                                 |          | 76.97  |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY                          | 0                                                             | 0                                                                 |          | 76.98  |
| 76.99                           | 07699 | LITHOTRIPSY                                        | 0                                                             | 0                                                                 |          | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |       |                                                    |                                                               |                                                                   |          |        |
| 90.00                           | 09000 | CLINIC                                             | 0                                                             | 0                                                                 |          | 90.00  |
| 91.00                           | 09100 | EMERGENCY                                          | 467,421                                                       | 0                                                                 |          | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART                | 50,032                                                        | 0                                                                 |          | 92.00  |
| 93.99                           | 09399 | PARTIAL HOSPITALIZATION PROGRAM                    | 0                                                             | 0                                                                 |          | 93.99  |
| 200.00                          |       | Subtotal (see instructions)                        | 2,640,715                                                     | 0                                                                 |          | 200.00 |
| 201.00                          |       | Less PBP Clinic Lab. Services-Program Only Charges | 0                                                             |                                                                   |          | 201.00 |
| 202.00                          |       | Net Charges (line 200 - line 201)                  | 2,640,715                                                     | 0                                                                 |          | 202.00 |

| COMPUTATION OF INPATIENT OPERATING COST                                      |                                                                                                                                                                                           | Provider CCN: 52-0100 | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet D-1<br>Date/Time Prepared:<br>5/24/2022 3:09 pm |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-----------------------------------------------------------|
| Cost Center Description                                                      |                                                                                                                                                                                           | Title XVIII           | Hospital                                    | PPS                                                       |
|                                                                              |                                                                                                                                                                                           |                       |                                             | 1.00                                                      |
| <b>PART I - ALL PROVIDER COMPONENTS</b>                                      |                                                                                                                                                                                           |                       |                                             |                                                           |
| <b>INPATIENT DAYS</b>                                                        |                                                                                                                                                                                           |                       |                                             |                                                           |
| 1.00                                                                         | Inpatient days (including private room days and swing-bed days, excluding newborn)                                                                                                        |                       | 15,025                                      | 1.00                                                      |
| 2.00                                                                         | Inpatient days (including private room days, excluding swing-bed and newborn days)                                                                                                        |                       | 15,025                                      | 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)                                                                                                                     |                       | 13,782                                      | 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)                                                      |                       | 5,018                                       | 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)                                                                                                                           |                       | 21,200,855                                  | 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)                                                                                                      |                       | 21,200,855                                  | 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)                                                                   |                       | 21,200,855                                  | 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)                                                                                                               |                       | 1,411.04                                    | 38.00                                                     |
| 39.00                                                                        | Program general inpatient routine service cost (line 9 x line 38)                                                                                                                         |                       | 7,080,599                                   | 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)                                                                                                                  |                       | 7,080,599                                   | 41.00                                                     |

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet D-1

Date/Time Prepared:  
5/24/2022 3:09 pm

|                                                                               |                                                                                                                                                                                                                                                                 | Title XVIII          |                      | Hospital                           | PPS          |                                |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|------------------------------------|--------------|--------------------------------|
| Cost Center Description                                                       |                                                                                                                                                                                                                                                                 | Total Inpatient Cost | Total Inpatient Days | Average Per Diem (col. 1 ÷ col. 2) | Program Days | Program Cost (col. 3 x col. 4) |
|                                                                               |                                                                                                                                                                                                                                                                 | 1.00                 | 2.00                 | 3.00                               | 4.00         | 5.00                           |
| 42.00                                                                         | NURSERY (title V & XIX only)                                                                                                                                                                                                                                    | 0                    | 0                    | 0.00                               | 0            | 0                              |
| Intensive Care Type Inpatient Hospital Units                                  |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |
| 43.00                                                                         | INTENSIVE CARE UNIT                                                                                                                                                                                                                                             | 7,525,028            | 3,651                | 2,061.09                           | 1,226        | 2,526,896                      |
| 44.00                                                                         | CORONARY CARE UNIT                                                                                                                                                                                                                                              |                      |                      |                                    |              |                                |
| 45.00                                                                         | BURN INTENSIVE CARE UNIT                                                                                                                                                                                                                                        |                      |                      |                                    |              |                                |
| 46.00                                                                         | SURGICAL INTENSIVE CARE UNIT                                                                                                                                                                                                                                    |                      |                      |                                    |              |                                |
| 47.00                                                                         | OTHER SPECIAL CARE (SPECIFY)                                                                                                                                                                                                                                    |                      |                      |                                    |              |                                |
| Cost Center Description                                                       |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |
|                                                                               |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              | 1.00                           |
| 48.00                                                                         | Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)                                                                                                                                                                                          |                      |                      |                                    |              | 10,887,757                     |
| 49.00                                                                         | Total Program inpatient costs (sum of lines 41 through 48)(see instructions)                                                                                                                                                                                    |                      |                      |                                    |              | 20,495,252                     |
| PASS THROUGH COST ADJUSTMENTS                                                 |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |
| 50.00                                                                         | Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)                                                                                                                                                      |                      |                      |                                    |              | 713,650                        |
| 51.00                                                                         | Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)                                                                                                                                                    |                      |                      |                                    |              | 740,848                        |
| 52.00                                                                         | Total Program excludable cost (sum of lines 50 and 51)                                                                                                                                                                                                          |                      |                      |                                    |              | 1,454,498                      |
| 53.00                                                                         | Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)                                                                                                                |                      |                      |                                    |              | 19,040,754                     |
| 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)                                                                                                                                                                                                                   |                      |                      |                                    |              | 1,243                          |
| 88.00                                                                         | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)                                                                                                                                                                                             |                      |                      |                                    |              | 1,411.04                       |
| 89.00                                                                         | Observation bed cost (line 87 x line 88) (see instructions)                                                                                                                                                                                                     |                      |                      |                                    |              | 1,753,923                      |

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet D-1

Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description                          |                             | Title XVIII                    |                        | Hospital                                           | PPS                                                                                   |         |
|--------------------------------------------------|-----------------------------|--------------------------------|------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------|---------|
|                                                  |                             | Routine Cost<br>(from line 21) | column 1 ÷<br>column 2 | Total<br>Observation<br>Bed Cost (from<br>line 89) | Observation<br>Bed Pass<br>Through Cost<br>(col. 3 x col.<br>4) (see<br>instructions) |         |
|                                                  |                             | 1.00                           | 2.00                   | 3.00                                               | 4.00                                                                                  | 5.00    |
| COMPUTATION OF OBSERVATION BED PASS THROUGH COST |                             |                                |                        |                                                    |                                                                                       |         |
| 90.00                                            | Capital-related cost        | 1,689,542                      | 21,200,855             | 0.079692                                           | 1,753,923                                                                             | 139,774 |
| 91.00                                            | Nursing Program cost        | 0                              | 21,200,855             | 0.000000                                           | 1,753,923                                                                             | 0       |
| 92.00                                            | Allied health cost          | 0                              | 21,200,855             | 0.000000                                           | 1,753,923                                                                             | 0       |
| 93.00                                            | All other Medical Education | 0                              | 21,200,855             | 0.000000                                           | 1,753,923                                                                             | 0       |

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT |       | Provider CCN: 52-0100                                              | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet D-3<br>Date/Time Prepared:<br>5/24/2022 3:09 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                                                |                                             | 9,919,595                                                 | 30.00  |
| 31.00                                          | 03100 | INTENSIVE CARE UNIT                                                |                                             | 7,103,699                                                 | 31.00  |
| 43.00                                          | 04300 | NURSERY                                                            |                                             |                                                           | 43.00  |
| ANCILLARY SERVICE COST CENTERS                 |       |                                                                    |                                             |                                                           |        |
| 50.00                                          | 05000 | OPERATING ROOM                                                     | 0.178482                                    | 4,210,024                                                 | 50.00  |
| 51.00                                          | 05100 | RECOVERY ROOM                                                      | 0.117110                                    | 228,293                                                   | 51.00  |
| 52.00                                          | 05200 | DELIVERY ROOM & LABOR ROOM                                         | 0.194085                                    | 16,416                                                    | 52.00  |
| 53.00                                          | 05300 | ANESTHESIOLOGY                                                     | 0.153379                                    | 652,016                                                   | 53.00  |
| 54.00                                          | 05400 | RADIOLOGY-DIAGNOSTIC                                               | 0.225500                                    | 1,209,227                                                 | 54.00  |
| 55.00                                          | 05500 | RADIOLOGY-THERAPEUTIC                                              | 0.096785                                    | 141,916                                                   | 55.00  |
| 57.00                                          | 05700 | CT SCAN                                                            | 0.031797                                    | 6,665,658                                                 | 57.00  |
| 58.00                                          | 05800 | MRI                                                                | 0.065164                                    | 1,176,662                                                 | 58.00  |
| 59.00                                          | 05900 | CARDIAC CATHETERIZATION                                            | 0.193015                                    | 3,875,186                                                 | 59.00  |
| 60.00                                          | 06000 | LABORATORY                                                         | 0.136496                                    | 12,817,768                                                | 60.00  |
| 62.30                                          | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS                                    | 0.000000                                    | 0                                                         | 62.30  |
| 65.00                                          | 06500 | RESPIRATORY THERAPY                                                | 0.513239                                    | 1,242,946                                                 | 65.00  |
| 66.00                                          | 06600 | PHYSICAL THERAPY                                                   | 0.235457                                    | 1,154,465                                                 | 66.00  |
| 67.00                                          | 06700 | OCCUPATIONAL THERAPY                                               | 0.205128                                    | 457,864                                                   | 67.00  |
| 68.00                                          | 06800 | SPEECH PATHOLOGY                                                   | 0.289076                                    | 165,672                                                   | 68.00  |
| 69.00                                          | 06900 | ELECTROCARDIOLOGY                                                  | 0.029764                                    | 2,134,683                                                 | 69.00  |
| 71.00                                          | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT                                | 0.117884                                    | 19,254,018                                                | 71.00  |
| 73.00                                          | 07300 | DRUGS CHARGED TO PATIENTS                                          | 0.193223                                    | 11,307,730                                                | 73.00  |
| 74.00                                          | 07400 | RENAL DIALYSIS                                                     | 0.385783                                    | 526,353                                                   | 74.00  |
| 75.00                                          | 07500 | ASC (NON-DISTINCT PART)                                            | 0.965167                                    | 0                                                         | 75.00  |
| 76.00                                          | 03950 | OTHER                                                              | 0.000000                                    | 0                                                         | 76.00  |
| 76.01                                          | 03280 | SLEEP/EEG                                                          | 0.250459                                    | 25,981                                                    | 76.01  |
| 76.02                                          | 03340 | GI                                                                 | 0.075691                                    | 892,583                                                   | 76.02  |
| 76.03                                          | 03450 | NUCLEAR MED                                                        | 0.112315                                    | 512,657                                                   | 76.03  |
| 76.04                                          | 03550 | PSYCH                                                              | 1.213049                                    | 810                                                       | 76.04  |
| 76.05                                          | 03630 | ULTRASOUND                                                         | 0.084192                                    | 437,787                                                   | 76.05  |
| 76.06                                          | 03650 | VASCULAR LAB                                                       | 0.178089                                    | 986,042                                                   | 76.06  |
| 76.07                                          | 03951 | MEDICAL OUTPATIENT                                                 | 1.153998                                    | 0                                                         | 76.07  |
| 76.97                                          | 07697 | CARDIAC REHABILITATION                                             | 0.996322                                    | 0                                                         | 76.97  |
| 76.98                                          | 07698 | HYPERBARIC OXYGEN THERAPY                                          | 0.000000                                    | 0                                                         | 76.98  |
| 76.99                                          | 07699 | LITHOTRIPSY                                                        | 0.097943                                    | 0                                                         | 76.99  |
| OUTPATIENT SERVICE COST CENTERS                |       |                                                                    |                                             |                                                           |        |
| 90.00                                          | 09000 | CLINIC                                                             | 0.000000                                    | 0                                                         | 90.00  |
| 91.00                                          | 09100 | EMERGENCY                                                          | 0.200632                                    | 4,066,776                                                 | 91.00  |
| 92.00                                          | 09200 | OBSERVATION BEDS (NON-DISTINCT PART                                | 0.903906                                    | 0                                                         | 92.00  |
| 93.99                                          | 09399 | PARTIAL HOSPITALIZATION PROGRAM                                    | 0.000000                                    | 0                                                         | 93.99  |
| 200.00                                         |       | Total (sum of lines 50 through 94 and 96 through 98)               |                                             | 74,159,533                                                | 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)                              |                                             | 74,159,533                                                | 202.00 |

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT |       | Provider CCN: 52-0100                                              | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet D-3<br>Date/Time Prepared:<br>5/24/2022 3:09 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                                                |                                             | 1,042,046                                                 | 30.00  |
| 31.00                                          | 03100 | INTENSIVE CARE UNIT                                                |                                             | 606,581                                                   | 31.00  |
| 43.00                                          | 04300 | NURSERY                                                            |                                             | 213,169                                                   | 43.00  |
| ANCILLARY SERVICE COST CENTERS                 |       |                                                                    |                                             |                                                           |        |
| 50.00                                          | 05000 | OPERATING ROOM                                                     | 0.178482                                    | 505,769                                                   | 50.00  |
| 51.00                                          | 05100 | RECOVERY ROOM                                                      | 0.117110                                    | 41,668                                                    | 51.00  |
| 52.00                                          | 05200 | DELIVERY ROOM & LABOR ROOM                                         | 0.194085                                    | 209,859                                                   | 52.00  |
| 53.00                                          | 05300 | ANESTHESIOLOGY                                                     | 0.153379                                    | 78,885                                                    | 53.00  |
| 54.00                                          | 05400 | RADIOLOGY-DIAGNOSTIC                                               | 0.225500                                    | 89,044                                                    | 54.00  |
| 55.00                                          | 05500 | RADIOLOGY-THERAPEUTIC                                              | 0.096785                                    | 32,321                                                    | 55.00  |
| 57.00                                          | 05700 | CT SCAN                                                            | 0.031797                                    | 605,497                                                   | 57.00  |
| 58.00                                          | 05800 | MRI                                                                | 0.065164                                    | 128,229                                                   | 58.00  |
| 59.00                                          | 05900 | CARDIAC CATHETERIZATION                                            | 0.193015                                    | 191,456                                                   | 59.00  |
| 60.00                                          | 06000 | LABORATORY                                                         | 0.136496                                    | 1,275,295                                                 | 60.00  |
| 62.30                                          | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS                                    | 0.000000                                    | 0                                                         | 62.30  |
| 65.00                                          | 06500 | RESPIRATORY THERAPY                                                | 0.513239                                    | 110,464                                                   | 65.00  |
| 66.00                                          | 06600 | PHYSICAL THERAPY                                                   | 0.235457                                    | 77,025                                                    | 66.00  |
| 67.00                                          | 06700 | OCCUPATIONAL THERAPY                                               | 0.205128                                    | 22,920                                                    | 67.00  |
| 68.00                                          | 06800 | SPEECH PATHOLOGY                                                   | 0.289076                                    | 3,417                                                     | 68.00  |
| 69.00                                          | 06900 | ELECTROCARDIOLOGY                                                  | 0.029764                                    | 163,968                                                   | 69.00  |
| 71.00                                          | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT                                | 0.117884                                    | 1,778,081                                                 | 71.00  |
| 73.00                                          | 07300 | DRUGS CHARGED TO PATIENTS                                          | 0.193223                                    | 1,041,695                                                 | 73.00  |
| 74.00                                          | 07400 | RENAL DIALYSIS                                                     | 0.385783                                    | 108,816                                                   | 74.00  |
| 75.00                                          | 07500 | ASC (NON-DISTINCT PART)                                            | 0.965167                                    | 0                                                         | 75.00  |
| 76.00                                          | 03950 | OTHER                                                              | 0.000000                                    | 0                                                         | 76.00  |
| 76.01                                          | 03280 | SLEEP/EEG                                                          | 0.250459                                    | 4,605                                                     | 76.01  |
| 76.02                                          | 03340 | GI                                                                 | 0.075691                                    | 75,751                                                    | 76.02  |
| 76.03                                          | 03450 | NUCLEAR MED                                                        | 0.112315                                    | 36,253                                                    | 76.03  |
| 76.04                                          | 03550 | PSYCH                                                              | 1.213049                                    | 453                                                       | 76.04  |
| 76.05                                          | 03630 | ULTRASOUND                                                         | 0.084192                                    | 49,538                                                    | 76.05  |
| 76.06                                          | 03650 | VASCULAR LAB                                                       | 0.178089                                    | 60,688                                                    | 76.06  |
| 76.07                                          | 03951 | MEDICAL OUTPATIENT                                                 | 1.153998                                    | 0                                                         | 76.07  |
| 76.97                                          | 07697 | CARDIAC REHABILITATION                                             | 0.996322                                    | 0                                                         | 76.97  |
| 76.98                                          | 07698 | HYPERBARIC OXYGEN THERAPY                                          | 0.000000                                    | 0                                                         | 76.98  |
| 76.99                                          | 07699 | LITHOTRIPSY                                                        | 0.097943                                    | 0                                                         | 76.99  |
| OUTPATIENT SERVICE COST CENTERS                |       |                                                                    |                                             |                                                           |        |
| 90.00                                          | 09000 | CLINIC                                                             | 0.000000                                    | 0                                                         | 90.00  |
| 91.00                                          | 09100 | EMERGENCY                                                          | 0.200632                                    | 480,508                                                   | 91.00  |
| 92.00                                          | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)                               | 0.903906                                    | 0                                                         | 92.00  |
| 93.99                                          | 09399 | PARTIAL HOSPITALIZATION PROGRAM                                    | 0.000000                                    | 0                                                         | 93.99  |
| 200.00                                         |       | Total (sum of lines 50 through 94 and 96 through 98)               |                                             | 7,172,205                                                 | 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)                              |                                             | 7,172,205                                                 | 202.00 |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                   |                                                                                                                                                                                                                                         | Provider CCN: 52-0100 | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet E<br>Part A<br>Date/Time Prepared:<br>5/24/2022 3:09 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)                                                                                                                                  |                       |                                             | 12,754,771                                                        | 1.01  |
| 1.02                                                                      | DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)                                                                                                                               |                       |                                             | 4,918,898                                                         | 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)                                                                                                                                                         |                       |                                             | 994,788                                                           | 2.03  |
| 2.04                                                                      | Outlier payments for discharges occurring on or after October 1 (see instructions)                                                                                                                                                      |                       |                                             | 306,791                                                           | 2.04  |
| 3.00                                                                      | Managed Care Simulated Payments                                                                                                                                                                                                         |                       |                                             | 0                                                                 | 3.00  |
| 4.00                                                                      | Bed days available divided by number of days in the cost reporting period (see instructions)                                                                                                                                            |                       |                                             | 93.59                                                             | 4.00  |
| Indirect Medical Education Adjustment                                     |                                                                                                                                                                                                                                         |                       |                                             |                                                                   |       |
| 5.00                                                                      | FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)                                                                                           |                       |                                             | 0.00                                                              | 5.00  |
| 6.00                                                                      | FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)                                                                                  |                       |                                             | 0.00                                                              | 6.00  |
| 7.00                                                                      | MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)                                                                                                                                      |                       |                                             | 0.00                                                              | 7.00  |
| 7.01                                                                      | ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.                                                                          |                       |                                             | 0.00                                                              | 7.01  |
| 8.00                                                                      | Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002). |                       |                                             | 0.00                                                              | 8.00  |
| 8.01                                                                      | The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.                                                                                  |                       |                                             | 0.00                                                              | 8.01  |
| 8.02                                                                      | The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)                                                                                                |                       |                                             | 0.00                                                              | 8.02  |
| 9.00                                                                      | Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)                                                                                                                                   |                       |                                             | 0.00                                                              | 9.00  |
| 10.00                                                                     | FTE count for allopathic and osteopathic programs in the current year from your records                                                                                                                                                 |                       |                                             | 0.00                                                              | 10.00 |
| 11.00                                                                     | FTE count for residents in dental and podiatric programs.                                                                                                                                                                               |                       |                                             | 0.00                                                              | 11.00 |
| 12.00                                                                     | Current year allowable FTE (see instructions)                                                                                                                                                                                           |                       |                                             | 0.00                                                              | 12.00 |
| 13.00                                                                     | Total allowable FTE count for the prior year.                                                                                                                                                                                           |                       |                                             | 0.00                                                              | 13.00 |
| 14.00                                                                     | Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.                                                                                                             |                       |                                             | 0.00                                                              | 14.00 |
| 15.00                                                                     | Sum of lines 12 through 14 divided by 3.                                                                                                                                                                                                |                       |                                             | 0.00                                                              | 15.00 |
| 16.00                                                                     | Adjustment for residents in initial years of the program                                                                                                                                                                                |                       |                                             | 0.00                                                              | 16.00 |
| 17.00                                                                     | Adjustment for residents displaced by program or hospital closure                                                                                                                                                                       |                       |                                             | 0.00                                                              | 17.00 |
| 18.00                                                                     | Adjusted rolling average FTE count                                                                                                                                                                                                      |                       |                                             | 0.00                                                              | 18.00 |
| 19.00                                                                     | Current year resident to bed ratio (line 18 divided by line 4).                                                                                                                                                                         |                       |                                             | 0.000000                                                          | 19.00 |
| 20.00                                                                     | Prior year resident to bed ratio (see instructions)                                                                                                                                                                                     |                       |                                             | 0.000000                                                          | 20.00 |
| 21.00                                                                     | Enter the lesser of lines 19 or 20 (see instructions)                                                                                                                                                                                   |                       |                                             | 0.000000                                                          | 21.00 |
| 22.00                                                                     | IME payment adjustment (see instructions)                                                                                                                                                                                               |                       |                                             | 0                                                                 | 22.00 |
| 22.01                                                                     | IME payment adjustment - Managed Care (see instructions)                                                                                                                                                                                |                       |                                             | 0                                                                 | 22.01 |
| Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA |                                                                                                                                                                                                                                         |                       |                                             |                                                                   |       |
| 23.00                                                                     | Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C ).                                                                                                                         |                       |                                             | 0.00                                                              | 23.00 |
| 24.00                                                                     | IME FTE Resident Count Over Cap (see instructions)                                                                                                                                                                                      |                       |                                             | 0.00                                                              | 24.00 |
| 25.00                                                                     | If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)                                                                                                                             |                       |                                             | 0.00                                                              | 25.00 |
| 26.00                                                                     | Resident to bed ratio (divide line 25 by line 4)                                                                                                                                                                                        |                       |                                             | 0.000000                                                          | 26.00 |
| 27.00                                                                     | IME payments adjustment factor. (see instructions)                                                                                                                                                                                      |                       |                                             | 0.000000                                                          | 27.00 |
| 28.00                                                                     | IME add-on adjustment amount (see instructions)                                                                                                                                                                                         |                       |                                             | 0                                                                 | 28.00 |
| 28.01                                                                     | IME add-on adjustment amount - Managed Care (see instructions)                                                                                                                                                                          |                       |                                             | 0                                                                 | 28.01 |
| 29.00                                                                     | Total IME payment ( sum of lines 22 and 28)                                                                                                                                                                                             |                       |                                             | 0                                                                 | 29.00 |
| 29.01                                                                     | Total IME payment - Managed Care (sum of lines 22.01 and 28.01)                                                                                                                                                                         |                       |                                             | 0                                                                 | 29.01 |
| Disproportionate Share Adjustment                                         |                                                                                                                                                                                                                                         |                       |                                             |                                                                   |       |
| 30.00                                                                     | Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)                                                                                                                                             |                       |                                             | 7.66                                                              | 30.00 |
| 31.00                                                                     | Percentage of Medicaid patient days (see instructions)                                                                                                                                                                                  |                       |                                             | 18.51                                                             | 31.00 |
| 32.00                                                                     | Sum of lines 30 and 31                                                                                                                                                                                                                  |                       |                                             | 26.17                                                             | 32.00 |
| 33.00                                                                     | Allowable disproportionate share percentage (see instructions)                                                                                                                                                                          |                       |                                             | 10.81                                                             | 33.00 |
| 34.00                                                                     | Disproportionate share adjustment (see instructions)                                                                                                                                                                                    |                       |                                             | 477,631                                                           | 34.00 |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                                            |                                                                                                           | Provider CCN: 52-0100 | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet E<br>Part A<br>Date/Time Prepared:<br>5/24/2022 3:09 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)                                                        |                       | 8,290,014,521                               | 7,192,008,710                                                     |
| 35.01                                                                                              | Factor 3 (see instructions)                                                                               |                       | 0.000115949                                 | 0.000110236                                                       |
| 35.02                                                                                              | Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)      |                       | 961,219                                     | 792,817                                                           |
| 35.03                                                                                              | Pro rata share of the hospital uncompensated care payment amount (see instructions)                       |                       | 718,939                                     | 199,833                                                           |
| 36.00                                                                                              | Total uncompensated care (sum of columns 1 and 2 on line 35.03)                                           |                       | 918,772                                     |                                                                   |
| <b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b> |                                                                                                           |                       |                                             |                                                                   |
| 40.00                                                                                              | Total Medicare discharges (see instructions)                                                              |                       | 0                                           |                                                                   |
| 41.00                                                                                              | Total ESRD Medicare discharges (see instructions)                                                         |                       | 0                                           |                                                                   |
| 41.01                                                                                              | Total ESRD Medicare covered and paid discharges (see instructions)                                        |                       | 0                                           |                                                                   |
| 42.00                                                                                              | Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)                           |                       | 0.00                                        |                                                                   |
| 43.00                                                                                              | Total Medicare ESRD inpatient days (see instructions)                                                     |                       | 0                                           |                                                                   |
| 44.00                                                                                              | Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)                |                       | 0.000000                                    |                                                                   |
| 45.00                                                                                              | Average weekly cost for dialysis treatments (see instructions)                                            |                       | 0.00                                        |                                                                   |
| 46.00                                                                                              | Total additional payment (line 45 times line 44 times line 41.01)                                         |                       | 0                                           |                                                                   |
| 47.00                                                                                              | Subtotal (see instructions)                                                                               |                       | 20,371,651                                  |                                                                   |
| 48.00                                                                                              | Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions) |                       | 4,370,244                                   |                                                                   |
|                                                                                                    |                                                                                                           |                       | <b>Amount</b>                               |                                                                   |
|                                                                                                    |                                                                                                           |                       | 1.00                                        |                                                                   |
| 49.00                                                                                              | Total payment for inpatient operating costs (see instructions)                                            |                       | 20,371,651                                  | 49.00                                                             |
| 50.00                                                                                              | Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)                     |                       | 1,145,309                                   | 50.00                                                             |
| 51.00                                                                                              | Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)                      |                       | 0                                           | 51.00                                                             |
| 52.00                                                                                              | Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).                     |                       | 0                                           | 52.00                                                             |
| 53.00                                                                                              | Nursing and Allied Health Managed Care payment                                                            |                       | 0                                           | 53.00                                                             |
| 54.00                                                                                              | Special add-on payments for new technologies                                                              |                       | 115,380                                     | 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)                        |                       | 0                                           | 58.00                                                             |
| 59.00                                                                                              | Total (sum of amounts on lines 49 through 58)                                                             |                       | 21,632,340                                  | 59.00                                                             |
| 60.00                                                                                              | Primary payer payments                                                                                    |                       | 0                                           | 60.00                                                             |
| 61.00                                                                                              | Total amount payable for program beneficiaries (line 59 minus line 60)                                    |                       | 21,632,340                                  | 61.00                                                             |
| 62.00                                                                                              | Deductibles billed to program beneficiaries                                                               |                       | 1,461,324                                   | 62.00                                                             |
| 63.00                                                                                              | Coinsurance billed to program beneficiaries                                                               |                       | 11,872                                      | 63.00                                                             |
| 64.00                                                                                              | Allowable bad debts (see instructions)                                                                    |                       | 359,275                                     | 64.00                                                             |
| 65.00                                                                                              | Adjusted reimbursable bad debts (see instructions)                                                        |                       | 233,529                                     | 65.00                                                             |
| 66.00                                                                                              | Allowable bad debts for dual eligible beneficiaries (see instructions)                                    |                       | 239,767                                     | 66.00                                                             |
| 67.00                                                                                              | Subtotal (line 61 plus line 65 minus lines 62 and 63)                                                     |                       | 20,392,673                                  | 67.00                                                             |
| 68.00                                                                                              | Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)     |                       | 0                                           | 68.00                                                             |
| 69.00                                                                                              | Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)                   |                       | 0                                           | 69.00                                                             |
| 70.00                                                                                              | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)                                                            |                       | 0                                           | 70.00                                                             |
| 70.50                                                                                              | Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)       |                       | 0                                           | 70.50                                                             |
| 70.87                                                                                              | Demonstration payment adjustment amount before sequestration                                              |                       | 0                                           | 70.87                                                             |
| 70.88                                                                                              | SCH or MDH volume decrease adjustment (contractor use only)                                               |                       | 0                                           | 70.88                                                             |
| 70.89                                                                                              | Pioneer ACO demonstration payment adjustment amount (see instructions)                                    |                       | 0                                           | 70.89                                                             |
| 70.90                                                                                              | HSP bonus payment HVBP adjustment amount (see instructions)                                               |                       | 0                                           | 70.90                                                             |
| 70.91                                                                                              | HSP bonus payment HRR adjustment amount (see instructions)                                                |                       | 0                                           | 70.91                                                             |
| 70.92                                                                                              | Bundled Model 1 discount amount (see instructions)                                                        |                       | 0                                           | 70.92                                                             |
| 70.93                                                                                              | HVBP payment adjustment amount (see instructions)                                                         |                       | 10,528                                      | 70.93                                                             |
| 70.94                                                                                              | HRR adjustment amount (see instructions)                                                                  |                       | -43,036                                     | 70.94                                                             |
| 70.95                                                                                              | Recovery of accelerated depreciation                                                                      |                       | 0                                           | 70.95                                                             |

## CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet E  
Part A  
Date/Time Prepared:  
5/24/2022 3:09 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             | 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             | 0   | 70.97  |
| 70.98                                                                                                                | Low Volume Payment-3                                                                                                                           |               | 0             | 0   | 70.98  |
| 70.99                                                                                                                | HAC adjustment amount (see instructions)                                                                                                       |               | 0             | 0   | 70.99  |
| 71.00                                                                                                                | Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)                                                                          |               | 20,360,165    | 0   | 71.00  |
| 71.01                                                                                                                | Sequestration adjustment (see instructions)                                                                                                    |               | 0             | 0   | 71.01  |
| 71.02                                                                                                                | Demonstration payment adjustment amount after sequestration                                                                                    |               | 0             | 0   | 71.02  |
| 71.03                                                                                                                | Sequestration adjustment-PARHM pass-throughs                                                                                                   |               | 0             | 0   | 71.03  |
| 72.00                                                                                                                | Interim payments                                                                                                                               |               | 19,711,587    | 0   | 72.00  |
| 72.01                                                                                                                | Interim payments-PARHM                                                                                                                         |               | 0             | 0   | 72.01  |
| 73.00                                                                                                                | Tentative settlement (for contractor use only)                                                                                                 |               | 0             | 0   | 73.00  |
| 73.01                                                                                                                | Tentative settlement-PARHM (for contractor use only)                                                                                           |               | 0             | 0   | 73.01  |
| 74.00                                                                                                                | Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)                                                                    |               | 648,578       | 0   | 74.00  |
| 74.01                                                                                                                | Balance due provider/program-PARHM (see instructions)                                                                                          |               | 0             | 0   | 74.01  |
| 75.00                                                                                                                | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2                                         |               | 492,071       | 0   | 75.00  |
| TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)                                                                  |                                                                                                                                                |               |               |     |        |
| 90.00                                                                                                                | Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)                                              |               | 0             | 0   | 90.00  |
| 91.00                                                                                                                | Capital outlier from Wkst. L, Pt. I, line 2                                                                                                    |               | 0             | 0   | 91.00  |
| 92.00                                                                                                                | Operating outlier reconciliation adjustment amount (see instructions)                                                                          |               | 0             | 0   | 92.00  |
| 93.00                                                                                                                | Capital outlier reconciliation adjustment amount (see instructions)                                                                            |               | 0             | 0   | 93.00  |
| 94.00                                                                                                                | The rate used to calculate the time value of money (see instructions)                                                                          |               | 0.00          | 0   | 94.00  |
| 95.00                                                                                                                | Time value of money for operating expenses (see instructions)                                                                                  |               | 0             | 0   | 95.00  |
| 96.00                                                                                                                | Time value of money for capital related expenses (see instructions)                                                                            |               | 0             | 0   | 96.00  |
|                                                                                                                      |                                                                                                                                                | Prior to 10/1 | On/After 10/1 |     |        |
|                                                                                                                      |                                                                                                                                                | 1.00          | 2.00          |     |        |
| HSP Bonus Payment Amount                                                                                             |                                                                                                                                                |               |               |     |        |
| 100.00                                                                                                               | HSP bonus amount (see instructions)                                                                                                            |               | 0             | 0   | 100.00 |
| HVBP Adjustment for HSP Bonus Payment                                                                                |                                                                                                                                                |               |               |     |        |
| 101.00                                                                                                               | HVBP adjustment factor (see instructions)                                                                                                      | 1.0010905749  | 1.0000000000  | 0   | 101.00 |
| 102.00                                                                                                               | HVBP adjustment amount for HSP bonus payment (see instructions)                                                                                | 0             | 0             | 0   | 102.00 |
| HRR Adjustment for HSP Bonus Payment                                                                                 |                                                                                                                                                |               |               |     |        |
| 103.00                                                                                                               | HRR adjustment factor (see instructions)                                                                                                       | 0.9964        | 0.9978        | 0   | 103.00 |
| 104.00                                                                                                               | HRR adjustment amount for HSP bonus payment (see instructions)                                                                                 | 0             | 0             | 0   | 104.00 |
| Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment                                     |                                                                                                                                                |               |               |     |        |
| 200.00                                                                                                               | Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.           |               |               |     | 200.00 |
| Cost Reimbursement                                                                                                   |                                                                                                                                                |               |               |     |        |
| 201.00                                                                                                               | Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)                                                                             |               |               |     | 201.00 |
| 202.00                                                                                                               | Medicare discharges (see instructions)                                                                                                         |               |               |     | 202.00 |
| 203.00                                                                                                               | Case-mix adjustment factor (see instructions)                                                                                                  |               |               |     | 203.00 |
| Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period) |                                                                                                                                                |               |               |     |        |
| 204.00                                                                                                               | Medicare target amount                                                                                                                         |               |               |     | 204.00 |
| 205.00                                                                                                               | Case-mix adjusted target amount (line 203 times line 204)                                                                                      |               |               |     | 205.00 |
| 206.00                                                                                                               | Medicare inpatient routine cost cap (line 202 times line 205)                                                                                  |               |               |     | 206.00 |
| Adjustment to Medicare Part A Inpatient Reimbursement                                                                |                                                                                                                                                |               |               |     |        |
| 207.00                                                                                                               | Program reimbursement under the \$410A Demonstration (see instructions)                                                                        |               |               |     | 207.00 |
| 208.00                                                                                                               | Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)                                                                         |               |               |     | 208.00 |
| 209.00                                                                                                               | Adjustment to Medicare IPPS payments (see instructions)                                                                                        |               |               |     | 209.00 |
| 210.00                                                                                                               | Reserved for future use                                                                                                                        |               |               |     | 210.00 |
| 211.00                                                                                                               | Total adjustment to Medicare IPPS payments (see instructions)                                                                                  |               |               |     | 211.00 |
| Comparison of PPS versus Cost Reimbursement                                                                          |                                                                                                                                                |               |               |     |        |
| 212.00                                                                                                               | Total adjustment to Medicare Part A IPPS payments (from line 211)                                                                              |               |               |     | 212.00 |
| 213.00                                                                                                               | Low-volume adjustment (see instructions)                                                                                                       |               |               |     | 213.00 |
| 218.00                                                                                                               | Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)               |               |               |     | 218.00 |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                           |                                                                                                                                                                      | Provider CCN: 52-0100 | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet E<br>Part B<br>Date/Time Prepared:<br>5/24/2022 3:09 pm |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-------------------------------------------------------------------|
|                                                                   |                                                                                                                                                                      | Title XVIII           | Hospital                                    | PPS                                                               |
|                                                                   |                                                                                                                                                                      |                       |                                             | 1.00                                                              |
| PART B - MEDICAL AND OTHER HEALTH SERVICES                        |                                                                                                                                                                      |                       |                                             |                                                                   |
| 1.00                                                              | Medical and other services (see instructions)                                                                                                                        |                       | 35,148                                      | 1.00                                                              |
| 2.00                                                              | Medical and other services reimbursed under OPPS (see instructions)                                                                                                  |                       | 18,129,648                                  | 2.00                                                              |
| 3.00                                                              | OPPS payments                                                                                                                                                        |                       | 25,512,999                                  | 3.00                                                              |
| 4.00                                                              | Outlier payment (see instructions)                                                                                                                                   |                       | 66,223                                      | 4.00                                                              |
| 4.01                                                              | Outlier reconciliation amount (see instructions)                                                                                                                     |                       | 0                                           | 4.01                                                              |
| 5.00                                                              | Enter the hospital specific payment to cost ratio (see instructions)                                                                                                 |                       | 0.872                                       | 5.00                                                              |
| 6.00                                                              | Line 2 times line 5                                                                                                                                                  |                       | 15,809,053                                  | 6.00                                                              |
| 7.00                                                              | Sum of lines 3, 4, and 4.01, divided by line 6                                                                                                                       |                       | 0.00                                        | 7.00                                                              |
| 8.00                                                              | Transitional corridor payment (see instructions)                                                                                                                     |                       | 0                                           | 8.00                                                              |
| 9.00                                                              | Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200                                                                                   |                       | 0                                           | 9.00                                                              |
| 10.00                                                             | Organ acquisitions                                                                                                                                                   |                       | 0                                           | 10.00                                                             |
| 11.00                                                             | Total cost (sum of lines 1 and 10) (see instructions)                                                                                                                |                       | 35,148                                      | 11.00                                                             |
| COMPUTATION OF LESSER OF COST OR CHARGES                          |                                                                                                                                                                      |                       |                                             |                                                                   |
| Reasonable charges                                                |                                                                                                                                                                      |                       |                                             |                                                                   |
| 12.00                                                             | Ancillary service charges                                                                                                                                            |                       | 186,331                                     | 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)                                                                                                                    |                       | 186,331                                     | 14.00                                                             |
| Customary charges                                                 |                                                                                                                                                                      |                       |                                             |                                                                   |
| 15.00                                                             | Aggregate amount actually collected from patients liable for payment for services on a charge basis                                                                  |                       | 0                                           | 15.00                                                             |
| 16.00                                                             | Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e) |                       | 0                                           | 16.00                                                             |
| 17.00                                                             | Ratio of line 15 to line 16 (not to exceed 1.000000)                                                                                                                 |                       | 0.000000                                    | 17.00                                                             |
| 18.00                                                             | Total customary charges (see instructions)                                                                                                                           |                       | 186,331                                     | 18.00                                                             |
| 19.00                                                             | Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)                                                       |                       | 151,183                                     | 19.00                                                             |
| 20.00                                                             | Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)                                                       |                       | 0                                           | 20.00                                                             |
| 21.00                                                             | Lesser of cost or charges (see instructions)                                                                                                                         |                       | 35,148                                      | 21.00                                                             |
| 22.00                                                             | Interns and residents (see instructions)                                                                                                                             |                       | 0                                           | 22.00                                                             |
| 23.00                                                             | Cost of physicians' services in a teaching hospital (see instructions)                                                                                               |                       | 0                                           | 23.00                                                             |
| 24.00                                                             | Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)                                                                                                         |                       | 25,579,222                                  | 24.00                                                             |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT                           |                                                                                                                                                                      |                       |                                             |                                                                   |
| 25.00                                                             | Deductibles and coinsurance amounts (for CAH, see instructions)                                                                                                      |                       | 0                                           | 25.00                                                             |
| 26.00                                                             | Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)                                                                        |                       | 4,926,606                                   | 26.00                                                             |
| 27.00                                                             | Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)                                                     |                       | 20,687,764                                  | 27.00                                                             |
| 28.00                                                             | Direct graduate medical education payments (from Wkst. E-4, line 50)                                                                                                 |                       | 0                                           | 28.00                                                             |
| 29.00                                                             | ESRD direct medical education costs (from Wkst. E-4, line 36)                                                                                                        |                       | 0                                           | 29.00                                                             |
| 30.00                                                             | Subtotal (sum of lines 27 through 29)                                                                                                                                |                       | 20,687,764                                  | 30.00                                                             |
| 31.00                                                             | Primary payer payments                                                                                                                                               |                       | 0                                           | 31.00                                                             |
| 32.00                                                             | Subtotal (line 30 minus line 31)                                                                                                                                     |                       | 20,687,764                                  | 32.00                                                             |
| ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) |                                                                                                                                                                      |                       |                                             |                                                                   |
| 33.00                                                             | Composite rate ESRD (from Wkst. I-5, line 11)                                                                                                                        |                       | 0                                           | 33.00                                                             |
| 34.00                                                             | Allowable bad debts (see instructions)                                                                                                                               |                       | 668,339                                     | 34.00                                                             |
| 35.00                                                             | Adjusted reimbursable bad debts (see instructions)                                                                                                                   |                       | 434,420                                     | 35.00                                                             |
| 36.00                                                             | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                                                               |                       | 505,953                                     | 36.00                                                             |
| 37.00                                                             | Subtotal (see instructions)                                                                                                                                          |                       | 21,122,184                                  | 37.00                                                             |
| 38.00                                                             | MSP-LCC reconciliation amount from PS&R                                                                                                                              |                       | 1,065                                       | 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)                                                                                                                                          |                       | 21,121,119                                  | 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                                                                                                                                                     |                       | 20,651,552                                  | 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)                                                                                                                      |                       | 469,567                                     | 43.00                                                             |
| 43.01                                                             | Balance due provider/program-PARHM (see instructions)                                                                                                                |                       | 0                                           | 43.01                                                             |
| 44.00                                                             | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2                                                               |                       | 0                                           | 44.00                                                             |
| TO BE COMPLETED BY CONTRACTOR                                     |                                                                                                                                                                      |                       |                                             |                                                                   |
| 90.00                                                             | Original outlier amount (see instructions)                                                                                                                           |                       | 0                                           | 90.00                                                             |
| 91.00                                                             | Outlier reconciliation adjustment amount (see instructions)                                                                                                          |                       | 0                                           | 91.00                                                             |
| 92.00                                                             | The rate used to calculate the Time Value of Money                                                                                                                   |                       | 0.00                                        | 92.00                                                             |
| 93.00                                                             | Time Value of Money (see instructions)                                                                                                                               |                       | 0                                           | 93.00                                                             |
| 94.00                                                             | Total (sum of lines 91 and 93)                                                                                                                                       |                       | 0                                           | 94.00                                                             |

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet E-1  
Part I  
Date/Time Prepared:  
5/24/2022 3:09 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                                                                                                                                                                                |                  | 19,711,587 |                   | 20,651,552           | 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)                                                                                                |                  | 19,711,587 |                   | 20,651,552           | 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                                                                                                                                                                                                 |                  | 648,578    |                   | 469,567              | 6.01 |
| 6.02                          | SETTLEMENT TO PROGRAM                                                                                                                                                                                                  |                  | 0          |                   | 0                    | 6.02 |
| 7.00                          | Total Medicare program liability (see instructions)                                                                                                                                                                    |                  | 20,360,165 |                   | 21,121,119           | 7.00 |
|                               |                                                                                                                                                                                                                        |                  |            | Contractor Number | NPR Date (Mo/Day/Yr) |      |
|                               |                                                                                                                                                                                                                        | 0                |            | 1.00              | 2.00                 |      |
| 8.00                          | Name of Contractor                                                                                                                                                                                                     |                  |            |                   |                      | 8.00 |

## CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet E-1  
Part II  
Date/Time Prepared:  
5/24/2022 3:09 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 (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)        |             |          | 2.00  |
| 3.00                                                          | Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2                                                                                                          |             |          | 3.00  |
| 4.00                                                          | Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32) |             |          | 4.00  |
| 5.00                                                          | Total hospital charges from Wkst C, Pt. I, col. 8 line 200                                                                                                       |             |          | 5.00  |
| 6.00                                                          | Total hospital charity care charges from Wkst. S-10, col. 3 line 20                                                                                              |             |          | 6.00  |
| 7.00                                                          | CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168                                                   |             |          | 7.00  |
| 8.00                                                          | Calculation of the HIT incentive payment (see instructions)                                                                                                      |             |          | 8.00  |
| 9.00                                                          | Sequestration adjustment amount (see instructions)                                                                                                               |             |          | 9.00  |
| 10.00                                                         | Calculation of the HIT incentive payment after sequestration (see instructions)                                                                                  |             |          | 10.00 |
| INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH              |                                                                                                                                                                  |             |          |       |
| 30.00                                                         | Initial/interim HIT payment adjustment (see instructions)                                                                                                        |             |          | 30.00 |
| 31.00                                                         | Other Adjustment (specify)                                                                                                                                       |             |          | 31.00 |
| 32.00                                                         | Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)                                                                          |             |          | 32.00 |

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

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet G

Date/Time Prepared:  
5/24/2022 3:09 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                                                          | 48,128,501   | 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                                                            | 57,060,261   | 0                     | 0              | 0          | 4.00  |
| 5.00                         | Other receivable                                                               | 2,071,758    | 0                     | 0              | 0          | 5.00  |
| 6.00                         | Allowances for uncollectible notes and accounts receivable                     | -15,715,000  | 0                     | 0              | 0          | 6.00  |
| 7.00                         | Inventory                                                                      | 6,668,129    | 0                     | 0              | 0          | 7.00  |
| 8.00                         | Prepaid expenses                                                               | 1,647,537    | 0                     | 0              | 0          | 8.00  |
| 9.00                         | Other current assets                                                           | 0            | 0                     | 0              | 0          | 9.00  |
| 10.00                        | Due from other funds                                                           | 0            | 0                     | 0              | 0          | 10.00 |
| 11.00                        | Total current assets (sum of lines 1-10)                                       | 99,861,186   | 0                     | 0              | 0          | 11.00 |
| <b>FIXED ASSETS</b>          |                                                                                |              |                       |                |            |       |
| 12.00                        | Land                                                                           | 8,103,971    | 0                     | 0              | 0          | 12.00 |
| 13.00                        | Land improvements                                                              | 8,082,530    | 0                     | 0              | 0          | 13.00 |
| 14.00                        | Accumulated depreciation                                                       | -5,303,814   | 0                     | 0              | 0          | 14.00 |
| 15.00                        | Buildings                                                                      | 157,215,610  | 0                     | 0              | 0          | 15.00 |
| 16.00                        | Accumulated depreciation                                                       | -73,829,822  | 0                     | 0              | 0          | 16.00 |
| 17.00                        | Leasehold improvements                                                         | 0            | 0                     | 0              | 0          | 17.00 |
| 18.00                        | Accumulated depreciation                                                       | 0            | 0                     | 0              | 0          | 18.00 |
| 19.00                        | Fixed equipment                                                                | 44,334,928   | 0                     | 0              | 0          | 19.00 |
| 20.00                        | Accumulated depreciation                                                       | -33,589,650  | 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                                                        | 69,141,655   | 0                     | 0              | 0          | 23.00 |
| 24.00                        | Accumulated depreciation                                                       | -55,292,498  | 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)                                        | 118,862,910  | 0                     | 0              | 0          | 30.00 |
| <b>OTHER ASSETS</b>          |                                                                                |              |                       |                |            |       |
| 31.00                        | Investments                                                                    | 93,528,846   | 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                                                                   | 5,354,510    | 0                     | 0              | 0          | 34.00 |
| 35.00                        | Total other assets (sum of lines 31-34)                                        | 98,883,356   | 0                     | 0              | 0          | 35.00 |
| 36.00                        | Total assets (sum of lines 11, 30, and 35)                                     | 317,607,452  | 0                     | 0              | 0          | 36.00 |
| <b>CURRENT LIABILITIES</b>   |                                                                                |              |                       |                |            |       |
| 37.00                        | Accounts payable                                                               | 13,147,642   | 0                     | 0              | 0          | 37.00 |
| 38.00                        | Salaries, wages, and fees payable                                              | 7,281,646    | 0                     | 0              | 0          | 38.00 |
| 39.00                        | Payroll taxes payable                                                          | 259,730      | 0                     | 0              | 0          | 39.00 |
| 40.00                        | Notes and loans payable (short term)                                           | 3,643,061    | 0                     | 0              | 0          | 40.00 |
| 41.00                        | Deferred income                                                                | 0            | 0                     | 0              | 0          | 41.00 |
| 42.00                        | Accelerated payments                                                           | 16,541,803   | 0                     | 0              | 0          | 42.00 |
| 43.00                        | Due to other funds                                                             | 0            | 0                     | 0              | 0          | 43.00 |
| 44.00                        | Other current liabilities                                                      | 15,651,104   | 0                     | 0              | 0          | 44.00 |
| 45.00                        | Total current liabilities (sum of lines 37 thru 44)                            | 56,524,986   | 0                     | 0              | 0          | 45.00 |
| <b>LONG TERM LIABILITIES</b> |                                                                                |              |                       |                |            |       |
| 46.00                        | Mortgage payable                                                               | 68,462,339   | 0                     | 0              | 0          | 46.00 |
| 47.00                        | Notes payable                                                                  | 0            | 0                     | 0              | 0          | 47.00 |
| 48.00                        | Unsecured loans                                                                | 0            | 0                     | 0              | 0          | 48.00 |
| 49.00                        | Other long term liabilities                                                    | 18,742,308   | 0                     | 0              | 0          | 49.00 |
| 50.00                        | Total long term liabilities (sum of lines 46 thru 49)                          | 87,204,647   | 0                     | 0              | 0          | 50.00 |
| 51.00                        | Total liabilities (sum of lines 45 and 50)                                     | 143,729,633  | 0                     | 0              | 0          | 51.00 |
| <b>CAPITAL ACCOUNTS</b>      |                                                                                |              |                       |                |            |       |
| 52.00                        | General fund balance                                                           | 173,877,819  | 0                     | 0              | 0          | 52.00 |
| 53.00                        | Specific purpose fund                                                          | 0            | 0                     | 0              | 0          | 53.00 |
| 54.00                        | Donor created - endowment fund balance - restricted                            | 0            | 0                     | 0              | 0          | 54.00 |
| 55.00                        | Donor created - endowment fund balance - unrestricted                          | 0            | 0                     | 0              | 0          | 55.00 |
| 56.00                        | Governing body created - endowment fund balance                                | 0            | 0                     | 0              | 0          | 56.00 |
| 57.00                        | Plant fund balance - invested in plant                                         | 0            | 0                     | 0              | 0          | 57.00 |
| 58.00                        | Plant fund balance - reserve for plant improvement, replacement, and expansion | 0            | 0                     | 0              | 0          | 58.00 |
| 59.00                        | Total fund balances (sum of lines 52 thru 58)                                  | 173,877,819  | 0                     | 0              | 0          | 59.00 |
| 60.00                        | Total liabilities and fund balances (sum of lines 51 and 59)                   | 317,607,452  | 0                     | 0              | 0          | 60.00 |

## STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet G-1

Date/Time Prepared:  
5/24/2022 3:09 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                                    |                | 152,323,673 |                      | 0    |                | 1.00  |
| 2.00  | Net income (loss) (from Wkst. G-3, line 29)                             |                | 14,166,073  |                      |      |                | 2.00  |
| 3.00  | Total (sum of line 1 and line 2)                                        |                | 166,489,746 |                      | 0    |                | 3.00  |
| 4.00  | ASSETS RELEASED FROM RESTRICTIONS                                       | 750,248        |             | 0                    |      | 0              | 4.00  |
| 5.00  | CHANGE IN PENSION OBLIGATION                                            | 4,575,327      |             | 0                    |      | 0              | 5.00  |
| 6.00  | CHANGE IN SWAP VALUE                                                    | 2,062,498      |             | 0                    |      | 0              | 6.00  |
| 7.00  |                                                                         | 0              |             | 0                    |      | 0              | 7.00  |
| 8.00  |                                                                         | 0              |             | 0                    |      | 0              | 8.00  |
| 9.00  |                                                                         | 0              |             | 0                    |      | 0              | 9.00  |
| 10.00 | Total additions (sum of line 4-9)                                       |                | 7,388,073   |                      | 0    |                | 10.00 |
| 11.00 | Subtotal (line 3 plus line 10)                                          |                | 173,877,819 |                      | 0    |                | 11.00 |
| 12.00 | Deductions (debit adjustments) (specify)                                | 0              |             | 0                    |      | 0              | 12.00 |
| 13.00 |                                                                         | 0              |             | 0                    |      | 0              | 13.00 |
| 14.00 |                                                                         | 0              |             | 0                    |      | 0              | 14.00 |
| 15.00 |                                                                         | 0              |             | 0                    |      | 0              | 15.00 |
| 16.00 |                                                                         | 0              |             | 0                    |      | 0              | 16.00 |
| 17.00 |                                                                         | 0              |             | 0                    |      | 0              | 17.00 |
| 18.00 | Total deductions (sum of lines 12-17)                                   |                | 0           |                      | 0    |                | 18.00 |
| 19.00 | Fund balance at end of period per balance sheet (line 11 minus line 18) |                | 173,877,819 |                      | 0    |                | 19.00 |
|       |                                                                         | Endowment Fund |             | Plant Fund           |      |                |       |
|       |                                                                         | 6.00           | 7.00        | 8.00                 |      |                |       |
| 1.00  | Fund balances at beginning of period                                    | 0              |             | 0                    |      |                | 1.00  |
| 2.00  | Net income (loss) (from Wkst. G-3, line 29)                             |                |             |                      |      |                | 2.00  |
| 3.00  | Total (sum of line 1 and line 2)                                        | 0              |             | 0                    |      |                | 3.00  |
| 4.00  | ASSETS RELEASED FROM RESTRICTIONS                                       |                | 0           |                      |      |                | 4.00  |
| 5.00  | CHANGE IN PENSION OBLIGATION                                            |                | 0           |                      |      |                | 5.00  |
| 6.00  | CHANGE IN SWAP VALUE                                                    |                | 0           |                      |      |                | 6.00  |
| 7.00  |                                                                         |                | 0           |                      |      |                | 7.00  |
| 8.00  |                                                                         |                | 0           |                      |      |                | 8.00  |
| 9.00  |                                                                         |                | 0           |                      |      |                | 9.00  |
| 10.00 | Total additions (sum of line 4-9)                                       | 0              |             | 0                    |      |                | 10.00 |
| 11.00 | Subtotal (line 3 plus line 10)                                          | 0              |             | 0                    |      |                | 11.00 |
| 12.00 | Deductions (debit adjustments) (specify)                                |                | 0           |                      |      |                | 12.00 |
| 13.00 |                                                                         |                | 0           |                      |      |                | 13.00 |
| 14.00 |                                                                         |                | 0           |                      |      |                | 14.00 |
| 15.00 |                                                                         |                | 0           |                      |      |                | 15.00 |
| 16.00 |                                                                         |                | 0           |                      |      |                | 16.00 |
| 17.00 |                                                                         |                | 0           |                      |      |                | 17.00 |
| 18.00 | Total deductions (sum of lines 12-17)                                   | 0              |             | 0                    |      |                | 18.00 |
| 19.00 | Fund balance at end of period per balance sheet (line 11 minus line 18) | 0              |             | 0                    |      |                | 19.00 |

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/24/2022 3:09 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                                                                                       | 31,708,601  |             | 31,708,601    | 1.00  |
| 2.00                                                   | SUBPROVIDER - IPF                                                                              |             |             |               | 2.00  |
| 3.00                                                   | SUBPROVIDER - IRF                                                                              |             |             |               | 3.00  |
| 4.00                                                   | SUBPROVIDER                                                                                    |             |             |               | 4.00  |
| 5.00                                                   | Swing bed - SNF                                                                                | 0           |             | 0             | 5.00  |
| 6.00                                                   | Swing bed - NF                                                                                 | 0           |             | 0             | 6.00  |
| 7.00                                                   | SKILLED NURSING FACILITY                                                                       |             |             |               | 7.00  |
| 8.00                                                   | NURSING FACILITY                                                                               |             |             |               | 8.00  |
| 9.00                                                   | OTHER LONG TERM CARE                                                                           |             |             |               | 9.00  |
| 10.00                                                  | Total general inpatient care services (sum of lines 1-9)                                       | 31,708,601  |             | 31,708,601    | 10.00 |
| <b>Intensive Care Type Inpatient Hospital Services</b> |                                                                                                |             |             |               |       |
| 11.00                                                  | INTENSIVE CARE UNIT                                                                            | 17,007,703  |             | 17,007,703    | 11.00 |
| 12.00                                                  | CORONARY CARE UNIT                                                                             |             |             |               | 12.00 |
| 13.00                                                  | BURN INTENSIVE CARE UNIT                                                                       |             |             |               | 13.00 |
| 14.00                                                  | SURGICAL INTENSIVE CARE UNIT                                                                   |             |             |               | 14.00 |
| 15.00                                                  | OTHER SPECIAL CARE (SPECIFY)                                                                   |             |             |               | 15.00 |
| 16.00                                                  | Total intensive care type inpatient hospital services (sum of lines 11-15)                     | 17,007,703  |             | 17,007,703    | 16.00 |
| 17.00                                                  | Total inpatient routine care services (sum of lines 10 and 16)                                 | 48,716,304  |             | 48,716,304    | 17.00 |
| 18.00                                                  | Ancillary services                                                                             | 206,675,460 | 790,042,479 | 996,717,939   | 18.00 |
| 19.00                                                  | Outpatient services                                                                            | 0           | 0           | 0             | 19.00 |
| 20.00                                                  | RURAL HEALTH CLINIC                                                                            | 0           | 0           | 0             | 20.00 |
| 21.00                                                  | FEDERALLY QUALIFIED HEALTH CENTER                                                              | 0           | 0           | 0             | 21.00 |
| 22.00                                                  | HOME HEALTH AGENCY                                                                             |             | 1,596,586   | 1,596,586     | 22.00 |
| 23.00                                                  | AMBULANCE SERVICES                                                                             |             |             |               | 23.00 |
| 24.00                                                  | CMHC                                                                                           |             |             |               | 24.00 |
| 25.00                                                  | AMBULATORY SURGICAL CENTER (D.P.)                                                              |             |             |               | 25.00 |
| 26.00                                                  | HOSPICE                                                                                        | 0           | 3,704,728   | 3,704,728     | 26.00 |
| 27.00                                                  | OTHER (SPECIFY)                                                                                | 0           | 0           | 0             | 27.00 |
| 28.00                                                  | Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)            | 255,391,764 | 795,343,793 | 1,050,735,557 | 28.00 |
| <b>PART II - OPERATING EXPENSES</b>                    |                                                                                                |             |             |               |       |
| 29.00                                                  | Operating expenses (per Wkst. A, column 3, line 200)                                           |             | 255,483,239 |               | 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) |             | 255,483,239 |               | 43.00 |

## STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 52-0100

Period:  
From 01/01/2021  
To 12/31/2021

Worksheet G-3

Date/Time Prepared:  
5/24/2022 3:09 pm

|              |                                                                           | 1.00          |       |
|--------------|---------------------------------------------------------------------------|---------------|-------|
| 1.00         | Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)        | 1,050,735,557 | 1.00  |
| 2.00         | Less contractual allowances and discounts on patients' accounts           | 799,947,094   | 2.00  |
| 3.00         | Net patient revenues (line 1 minus line 2)                                | 250,788,463   | 3.00  |
| 4.00         | Less total operating expenses (from Wkst. G-2, Part II, line 43)          | 255,483,239   | 4.00  |
| 5.00         | Net income from service to patients (line 3 minus line 4)                 | -4,694,776    | 5.00  |
| OTHER INCOME |                                                                           |               |       |
| 6.00         | Contributions, donations, bequests, etc                                   | 0             | 6.00  |
| 7.00         | Income from investments                                                   | 9,111,171     | 7.00  |
| 8.00         | Revenues from telephone and other miscellaneous communication services    | 0             | 8.00  |
| 9.00         | Revenue from television and radio service                                 | 0             | 9.00  |
| 10.00        | Purchase discounts                                                        | 0             | 10.00 |
| 11.00        | Rebates and refunds of expenses                                           | 0             | 11.00 |
| 12.00        | Parking lot receipts                                                      | 0             | 12.00 |
| 13.00        | Revenue from laundry and linen service                                    | 0             | 13.00 |
| 14.00        | Revenue from meals sold to employees and guests                           | 0             | 14.00 |
| 15.00        | Revenue from rental of living quarters                                    | 0             | 15.00 |
| 16.00        | Revenue from sale of medical and surgical supplies to other than patients | 0             | 16.00 |
| 17.00        | Revenue from sale of drugs to other than patients                         | 0             | 17.00 |
| 18.00        | Revenue from sale of medical records and abstracts                        | 0             | 18.00 |
| 19.00        | Tuition (fees, sale of textbooks, uniforms, etc.)                         | 0             | 19.00 |
| 20.00        | Revenue from gifts, flowers, coffee shops, and canteen                    | 0             | 20.00 |
| 21.00        | Rental of vending machines                                                | 0             | 21.00 |
| 22.00        | Rental of hospital space                                                  | 0             | 22.00 |
| 23.00        | Governmental appropriations                                               | 0             | 23.00 |
| 24.00        | OTHER OPERATING INCOME                                                    | 8,026,218     | 24.00 |
| 24.50        | COVID-19 PHE Funding                                                      | 1,800,000     | 24.50 |
| 25.00        | Total other income (sum of lines 6-24)                                    | 18,937,389    | 25.00 |
| 26.00        | Total (line 5 plus line 25)                                               | 14,242,613    | 26.00 |
| 27.00        | OTHER NON OPERATING EXPENSE                                               | 76,540        | 27.00 |
| 28.00        | Total other expenses (sum of line 27 and subscripts)                      | 76,540        | 28.00 |
| 29.00        | Net income (or loss) for the period (line 26 minus line 28)               | 14,166,073    | 29.00 |

## ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 52-0100

Period:

Worksheet H

HHA CCN: 52-7075

From 01/01/2021

Date/Time Prepared:

To 12/31/2021

5/24/2022 3:09 pm

Home Health  
Agency I

PPS

|                                          | Salaries         | Employee Benefits                           | Transportation (see instructions) | Contracted/Purchased Services                 | Other Costs | Total (sum of cols. 1 thru 5) |       |
|------------------------------------------|------------------|---------------------------------------------|-----------------------------------|-----------------------------------------------|-------------|-------------------------------|-------|
|                                          | 1.00             | 2.00                                        | 3.00                              | 4.00                                          | 5.00        | 6.00                          |       |
| <b>GENERAL SERVICE COST CENTERS</b>      |                  |                                             |                                   |                                               |             |                               |       |
| 1.00 Capital Related - Bldg. & Fixtures  |                  |                                             | 0                                 |                                               | 0           | 0                             | 1.00  |
| 2.00 Capital Related - Movable Equipment |                  |                                             | 0                                 |                                               | 0           | 0                             | 2.00  |
| 3.00 Plant Operation & Maintenance       | 0                | 0                                           | 0                                 | 0                                             | 0           | 0                             | 3.00  |
| 4.00 Transportation                      | 0                | 0                                           | 0                                 | 0                                             | 0           | 0                             | 4.00  |
| 5.00 Administrative and General          | 218,675          | 90,725                                      | 0                                 | 0                                             | 107,903     | 417,303                       | 5.00  |
| <b>HHA REIMBURSABLE SERVICES</b>         |                  |                                             |                                   |                                               |             |                               |       |
| 6.00 Skilled Nursing Care                | 690,568          | 286,510                                     | 20,260                            | 0                                             | 0           | 997,338                       | 6.00  |
| 7.00 Physical Therapy                    | 364,949          | 151,414                                     | 10,707                            | 0                                             | 0           | 527,070                       | 7.00  |
| 8.00 Occupational Therapy                | 131,813          | 54,688                                      | 3,867                             | 0                                             | 0           | 190,368                       | 8.00  |
| 9.00 Speech Pathology                    | 1,997            | 829                                         | 59                                | 0                                             | 0           | 2,885                         | 9.00  |
| 10.00 Medical Social Services            | 0                | 0                                           | 0                                 | 0                                             | 0           | 0                             | 10.00 |
| 11.00 Home Health Aide                   | 35,175           | 14,594                                      | 1,032                             | 0                                             | 0           | 50,801                        | 11.00 |
| 12.00 Supplies (see instructions)        | 0                | 0                                           | 0                                 | 0                                             | 24,662      | 24,662                        | 12.00 |
| 13.00 Drugs                              | 0                | 0                                           | 0                                 | 0                                             | 9,255       | 9,255                         | 13.00 |
| 14.00 DME                                | 0                | 0                                           | 0                                 | 0                                             | 0           | 0                             | 14.00 |
| <b>HHA NONREIMBURSABLE SERVICES</b>      |                  |                                             |                                   |                                               |             |                               |       |
| 15.00 Home Dialysis Aide Services        | 0                | 0                                           | 0                                 | 0                                             | 0           | 0                             | 15.00 |
| 16.00 Respiratory Therapy                | 0                | 0                                           | 0                                 | 0                                             | 0           | 0                             | 16.00 |
| 17.00 Private Duty Nursing               | 0                | 0                                           | 0                                 | 0                                             | 0           | 0                             | 17.00 |
| 18.00 Clinic                             | 0                | 0                                           | 0                                 | 0                                             | 0           | 0                             | 18.00 |
| 19.00 Health Promotion Activities        | 0                | 0                                           | 0                                 | 0                                             | 0           | 0                             | 19.00 |
| 20.00 Day Care Program                   | 0                | 0                                           | 0                                 | 0                                             | 0           | 0                             | 20.00 |
| 21.00 Home Delivered Meals Program       | 0                | 0                                           | 0                                 | 0                                             | 0           | 0                             | 21.00 |
| 22.00 Homemaker Service                  | 0                | 0                                           | 0                                 | 0                                             | 0           | 0                             | 22.00 |
| 23.00 All Others (specify)               | 0                | 0                                           | 0                                 | 0                                             | 0           | 0                             | 23.00 |
| 23.50 Telemedicine                       | 0                | 0                                           | 0                                 | 0                                             | 0           | 0                             | 23.50 |
| 24.00 Total (sum of lines 1-23)          | 1,443,177        | 598,760                                     | 35,925                            | 0                                             | 141,820     | 2,219,682                     | 24.00 |
|                                          | Reclassification | Reclassified Trial Balance (col. 6 + col.7) | Adjustments                       | Net Expenses for Allocation (col. 8 + col. 9) |             |                               |       |
|                                          | 7.00             | 8.00                                        | 9.00                              | 10.00                                         |             |                               |       |
| <b>GENERAL SERVICE COST CENTERS</b>      |                  |                                             |                                   |                                               |             |                               |       |
| 1.00 Capital Related - Bldg. & Fixtures  | 0                | 0                                           | 0                                 | 0                                             |             |                               | 1.00  |
| 2.00 Capital Related - Movable Equipment | 0                | 0                                           | 0                                 | 0                                             |             |                               | 2.00  |
| 3.00 Plant Operation & Maintenance       | 0                | 0                                           | 0                                 | 0                                             |             |                               | 3.00  |
| 4.00 Transportation                      | 0                | 0                                           | 0                                 | 0                                             |             |                               | 4.00  |
| 5.00 Administrative and General          | 0                | 417,303                                     | -75                               | 417,228                                       |             |                               | 5.00  |
| <b>HHA REIMBURSABLE SERVICES</b>         |                  |                                             |                                   |                                               |             |                               |       |
| 6.00 Skilled Nursing Care                | 0                | 997,338                                     | 0                                 | 997,338                                       |             |                               | 6.00  |
| 7.00 Physical Therapy                    | 0                | 527,070                                     | 0                                 | 527,070                                       |             |                               | 7.00  |
| 8.00 Occupational Therapy                | 0                | 190,368                                     | 0                                 | 190,368                                       |             |                               | 8.00  |
| 9.00 Speech Pathology                    | 0                | 2,885                                       | 0                                 | 2,885                                         |             |                               | 9.00  |
| 10.00 Medical Social Services            | 0                | 0                                           | 0                                 | 0                                             |             |                               | 10.00 |
| 11.00 Home Health Aide                   | 0                | 50,801                                      | 0                                 | 50,801                                        |             |                               | 11.00 |
| 12.00 Supplies (see instructions)        | 0                | 24,662                                      | 0                                 | 24,662                                        |             |                               | 12.00 |
| 13.00 Drugs                              | 0                | 9,255                                       | 0                                 | 9,255                                         |             |                               | 13.00 |
| 14.00 DME                                | 0                | 0                                           | 0                                 | 0                                             |             |                               | 14.00 |
| <b>HHA NONREIMBURSABLE SERVICES</b>      |                  |                                             |                                   |                                               |             |                               |       |
| 15.00 Home Dialysis Aide Services        | 0                | 0                                           | 0                                 | 0                                             |             |                               | 15.00 |
| 16.00 Respiratory Therapy                | 0                | 0                                           | 0                                 | 0                                             |             |                               | 16.00 |
| 17.00 Private Duty Nursing               | 0                | 0                                           | 0                                 | 0                                             |             |                               | 17.00 |
| 18.00 Clinic                             | 0                | 0                                           | 0                                 | 0                                             |             |                               | 18.00 |
| 19.00 Health Promotion Activities        | 0                | 0                                           | 0                                 | 0                                             |             |                               | 19.00 |
| 20.00 Day Care Program                   | 0                | 0                                           | 0                                 | 0                                             |             |                               | 20.00 |
| 21.00 Home Delivered Meals Program       | 0                | 0                                           | 0                                 | 0                                             |             |                               | 21.00 |
| 22.00 Homemaker Service                  | 0                | 0                                           | 0                                 | 0                                             |             |                               | 22.00 |
| 23.00 All Others (specify)               | 0                | 0                                           | 0                                 | 0                                             |             |                               | 23.00 |
| 23.50 Telemedicine                       | 0                | 0                                           | 0                                 | 0                                             |             |                               | 23.50 |
| 24.00 Total (sum of lines 1-23)          | 0                | 2,219,682                                   | -75                               | 2,219,607                                     |             |                               | 24.00 |

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

## COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 52-0100

Period:

Worksheet H-1

HHA CCN: 52-7075

From 01/01/2021

Part I

To 12/31/2021

Date/Time Prepared:

5/24/2022 3:09 pm

Home Health

PPS

Agency I

|       |                                     | Net Expenses<br>for Cost<br>Allocation<br>(from Wkst. H,<br>col. 10) | Capital Related Costs |                      | Plant<br>Operation &<br>Maintenance | Transportation | Subtotal<br>(cols. 0-4) |       |
|-------|-------------------------------------|----------------------------------------------------------------------|-----------------------|----------------------|-------------------------------------|----------------|-------------------------|-------|
|       |                                     |                                                                      | Bldgs &<br>Fixtures   | Movable<br>Equipment |                                     |                |                         |       |
|       |                                     |                                                                      |                       |                      |                                     |                |                         |       |
|       |                                     | 0                                                                    | 1.00                  | 2.00                 | 3.00                                | 4.00           | 4A.00                   |       |
|       | GENERAL SERVICE COST CENTERS        |                                                                      |                       |                      |                                     |                |                         |       |
| 1.00  | Capital Related - Bldg. & Fixtures  | 0                                                                    | 0                     |                      |                                     |                | 0                       | 1.00  |
| 2.00  | Capital Related - Movable Equipment | 0                                                                    |                       | 0                    |                                     |                | 0                       | 2.00  |
| 3.00  | Plant Operation & Maintenance       | 0                                                                    | 0                     | 0                    | 0                                   |                | 0                       | 3.00  |
| 4.00  | Transportation                      | 0                                                                    | 0                     | 0                    | 0                                   | 0              | 0                       | 4.00  |
| 5.00  | Administrative and General          | 417,228                                                              | 0                     | 0                    | 0                                   | 0              | 417,228                 | 5.00  |
|       | HHA REIMBURSABLE SERVICES           |                                                                      |                       |                      |                                     |                |                         |       |
| 6.00  | Skilled Nursing Care                | 997,338                                                              | 0                     | 0                    | 0                                   | 0              | 997,338                 | 6.00  |
| 7.00  | Physical Therapy                    | 527,070                                                              | 0                     | 0                    | 0                                   | 0              | 527,070                 | 7.00  |
| 8.00  | Occupational Therapy                | 190,368                                                              | 0                     | 0                    | 0                                   | 0              | 190,368                 | 8.00  |
| 9.00  | Speech Pathology                    | 2,885                                                                | 0                     | 0                    | 0                                   | 0              | 2,885                   | 9.00  |
| 10.00 | Medical Social Services             | 0                                                                    | 0                     | 0                    | 0                                   | 0              | 0                       | 10.00 |
| 11.00 | Home Health Aide                    | 50,801                                                               | 0                     | 0                    | 0                                   | 0              | 50,801                  | 11.00 |
| 12.00 | Supplies (see instructions)         | 24,662                                                               | 0                     | 0                    | 0                                   | 0              | 24,662                  | 12.00 |
| 13.00 | Drugs                               | 9,255                                                                | 0                     | 0                    | 0                                   | 0              | 9,255                   | 13.00 |
| 14.00 | DME                                 | 0                                                                    | 0                     | 0                    | 0                                   | 0              | 0                       | 14.00 |
|       | HHA NONREIMBURSABLE SERVICES        |                                                                      |                       |                      |                                     |                |                         |       |
| 15.00 | Home Dialysis Aide Services         | 0                                                                    | 0                     | 0                    | 0                                   | 0              | 0                       | 15.00 |
| 16.00 | Respiratory Therapy                 | 0                                                                    | 0                     | 0                    | 0                                   | 0              | 0                       | 16.00 |
| 17.00 | Private Duty Nursing                | 0                                                                    | 0                     | 0                    | 0                                   | 0              | 0                       | 17.00 |
| 18.00 | Clinic                              | 0                                                                    | 0                     | 0                    | 0                                   | 0              | 0                       | 18.00 |
| 19.00 | Health Promotion Activities         | 0                                                                    | 0                     | 0                    | 0                                   | 0              | 0                       | 19.00 |
| 20.00 | Day Care Program                    | 0                                                                    | 0                     | 0                    | 0                                   | 0              | 0                       | 20.00 |
| 21.00 | Home Delivered Meals Program        | 0                                                                    | 0                     | 0                    | 0                                   | 0              | 0                       | 21.00 |
| 22.00 | Homemaker Service                   | 0                                                                    | 0                     | 0                    | 0                                   | 0              | 0                       | 22.00 |
| 23.00 | All Others (specify)                | 0                                                                    | 0                     | 0                    | 0                                   | 0              | 0                       | 23.00 |
| 23.50 | Telemedicine                        | 0                                                                    | 0                     | 0                    | 0                                   | 0              | 0                       | 23.50 |
| 24.00 | Total (sum of lines 1-23)           | 2,219,607                                                            | 0                     | 0                    | 0                                   | 0              | 2,219,607               | 24.00 |
|       |                                     | Administrative & General                                             | Total (cols. 4A + 5)  |                      |                                     |                |                         |       |
|       |                                     | 5.00                                                                 | 6.00                  |                      |                                     |                |                         |       |
|       | GENERAL SERVICE COST CENTERS        |                                                                      |                       |                      |                                     |                |                         |       |
| 1.00  | Capital Related - Bldg. & Fixtures  |                                                                      |                       |                      |                                     |                |                         | 1.00  |
| 2.00  | Capital Related - Movable Equipment |                                                                      |                       |                      |                                     |                |                         | 2.00  |
| 3.00  | Plant Operation & Maintenance       |                                                                      |                       |                      |                                     |                |                         | 3.00  |
| 4.00  | Transportation                      |                                                                      |                       |                      |                                     |                |                         | 4.00  |
| 5.00  | Administrative and General          | 417,228                                                              |                       |                      |                                     |                |                         | 5.00  |
|       | HHA REIMBURSABLE SERVICES           |                                                                      |                       |                      |                                     |                |                         |       |
| 6.00  | Skilled Nursing Care                | 230,871                                                              | 1,228,209             |                      |                                     |                |                         | 6.00  |
| 7.00  | Physical Therapy                    | 122,010                                                              | 649,080               |                      |                                     |                |                         | 7.00  |
| 8.00  | Occupational Therapy                | 44,068                                                               | 234,436               |                      |                                     |                |                         | 8.00  |
| 9.00  | Speech Pathology                    | 668                                                                  | 3,553                 |                      |                                     |                |                         | 9.00  |
| 10.00 | Medical Social Services             | 0                                                                    | 0                     |                      |                                     |                |                         | 10.00 |
| 11.00 | Home Health Aide                    | 11,760                                                               | 62,561                |                      |                                     |                |                         | 11.00 |
| 12.00 | Supplies (see instructions)         | 5,709                                                                | 30,371                |                      |                                     |                |                         | 12.00 |
| 13.00 | Drugs                               | 2,142                                                                | 11,397                |                      |                                     |                |                         | 13.00 |
| 14.00 | DME                                 | 0                                                                    | 0                     |                      |                                     |                |                         | 14.00 |
|       | HHA NONREIMBURSABLE SERVICES        |                                                                      |                       |                      |                                     |                |                         |       |
| 15.00 | Home Dialysis Aide Services         | 0                                                                    | 0                     |                      |                                     |                |                         | 15.00 |
| 16.00 | Respiratory Therapy                 | 0                                                                    | 0                     |                      |                                     |                |                         | 16.00 |
| 17.00 | Private Duty Nursing                | 0                                                                    | 0                     |                      |                                     |                |                         | 17.00 |
| 18.00 | Clinic                              | 0                                                                    | 0                     |                      |                                     |                |                         | 18.00 |
| 19.00 | Health Promotion Activities         | 0                                                                    | 0                     |                      |                                     |                |                         | 19.00 |
| 20.00 | Day Care Program                    | 0                                                                    | 0                     |                      |                                     |                |                         | 20.00 |
| 21.00 | Home Delivered Meals Program        | 0                                                                    | 0                     |                      |                                     |                |                         | 21.00 |
| 22.00 | Homemaker Service                   | 0                                                                    | 0                     |                      |                                     |                |                         | 22.00 |
| 23.00 | All Others (specify)                | 0                                                                    | 0                     |                      |                                     |                |                         | 23.00 |
| 23.50 | Telemedicine                        | 0                                                                    | 0                     |                      |                                     |                |                         | 23.50 |
| 24.00 | Total (sum of lines 1-23)           |                                                                      | 2,219,607             |                      |                                     |                |                         | 24.00 |

## COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 52-0100

Period:

Worksheet H-1

HHA CCN: 52-7075

From 01/01/2021  
To 12/31/2021Part II  
Date/Time Prepared:  
5/24/2022 3:09 pmHome Health  
Agency I

PPS

|                                     | Capital Related Costs                               |                                        | Plant<br>Operation &<br>Maintenance<br>(SQUARE FEET) | Transportation<br>(MILEAGE) | Reconciliation | Administrative<br>& General<br>(ACCUM. COST) |       |
|-------------------------------------|-----------------------------------------------------|----------------------------------------|------------------------------------------------------|-----------------------------|----------------|----------------------------------------------|-------|
|                                     | Bldgs &<br>Fixtures<br>(SQUARE FEET)                | Movable<br>Equipment<br>(DOLLAR VALUE) |                                                      |                             |                |                                              |       |
|                                     | 1.00                                                | 2.00                                   | 3.00                                                 | 4.00                        | 5A.00          | 5.00                                         |       |
| <b>GENERAL SERVICE COST CENTERS</b> |                                                     |                                        |                                                      |                             |                |                                              |       |
| 1.00                                | Capital Related - Bldg. &<br>Fixtures               | 0                                      |                                                      |                             | 0              |                                              | 1.00  |
| 2.00                                | Capital Related - Movable<br>Equipment              |                                        | 0                                                    |                             | 0              |                                              | 2.00  |
| 3.00                                | Plant Operation & Maintenance                       | 0                                      | 0                                                    | 0                           | 0              |                                              | 3.00  |
| 4.00                                | Transportation (see<br>instructions)                | 0                                      | 0                                                    | 0                           | 0              |                                              | 4.00  |
| 5.00                                | Administrative and General                          | 0                                      | 0                                                    | 0                           | 0              | -417,228                                     | 5.00  |
|                                     |                                                     |                                        |                                                      |                             |                | 1,802,379                                    |       |
| <b>HHA REIMBURSABLE SERVICES</b>    |                                                     |                                        |                                                      |                             |                |                                              |       |
| 6.00                                | Skilled Nursing Care                                | 0                                      | 0                                                    | 0                           | 0              | 997,338                                      | 6.00  |
| 7.00                                | Physical Therapy                                    | 0                                      | 0                                                    | 0                           | 0              | 527,070                                      | 7.00  |
| 8.00                                | Occupational Therapy                                | 0                                      | 0                                                    | 0                           | 0              | 190,368                                      | 8.00  |
| 9.00                                | Speech Pathology                                    | 0                                      | 0                                                    | 0                           | 0              | 2,885                                        | 9.00  |
| 10.00                               | Medical Social Services                             | 0                                      | 0                                                    | 0                           | 0              | 0                                            | 10.00 |
| 11.00                               | Home Health Aide                                    | 0                                      | 0                                                    | 0                           | 0              | 50,801                                       | 11.00 |
| 12.00                               | Supplies (see instructions)                         | 0                                      | 0                                                    | 0                           | 0              | 24,662                                       | 12.00 |
| 13.00                               | Drugs                                               | 0                                      | 0                                                    | 0                           | 0              | 9,255                                        | 13.00 |
| 14.00                               | DME                                                 | 0                                      | 0                                                    | 0                           | 0              | 0                                            | 14.00 |
| <b>HHA NONREIMBURSABLE SERVICES</b> |                                                     |                                        |                                                      |                             |                |                                              |       |
| 15.00                               | Home Dialysis Aide Services                         | 0                                      | 0                                                    | 0                           | 0              | 0                                            | 15.00 |
| 16.00                               | Respiratory Therapy                                 | 0                                      | 0                                                    | 0                           | 0              | 0                                            | 16.00 |
| 17.00                               | Private Duty Nursing                                | 0                                      | 0                                                    | 0                           | 0              | 0                                            | 17.00 |
| 18.00                               | Clinic                                              | 0                                      | 0                                                    | 0                           | 0              | 0                                            | 18.00 |
| 19.00                               | Health Promotion Activities                         | 0                                      | 0                                                    | 0                           | 0              | 0                                            | 19.00 |
| 20.00                               | Day Care Program                                    | 0                                      | 0                                                    | 0                           | 0              | 0                                            | 20.00 |
| 21.00                               | Home Delivered Meals Program                        | 0                                      | 0                                                    | 0                           | 0              | 0                                            | 21.00 |
| 22.00                               | Homemaker Service                                   | 0                                      | 0                                                    | 0                           | 0              | 0                                            | 22.00 |
| 23.00                               | All Others (specify)                                | 0                                      | 0                                                    | 0                           | 0              | 0                                            | 23.00 |
| 23.50                               | Telemedicine                                        | 0                                      | 0                                                    | 0                           | 0              | 0                                            | 23.50 |
| 24.00                               | Total (sum of lines 1-23)                           | 0                                      | 0                                                    | 0                           | 0              | -417,228                                     | 24.00 |
| 25.00                               | Cost To Be Allocated (per<br>Worksheet H-1, Part I) | 0                                      | 0                                                    | 0                           | 0              | 417,228                                      | 25.00 |
| 26.00                               | Unit Cost Multiplier                                | 0.000000                               | 0.000000                                             | 0.000000                    | 0.000000       | 0.231487                                     | 26.00 |

## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 52-0100

Period:

Worksheet H-2

HHA CCN: 52-7075

From 01/01/2021  
To 12/31/2021Part I  
Date/Time Prepared:  
5/24/2022 3:09 pmHome Health  
Agency I

PPS

| Cost Center Description |                                                                                                                                                    | HHA Trial<br>Balance (1) | CAPITAL RELATED COSTS |                            | EMPLOYEE<br>BENEFITS<br>DEPARTMENT | Subtotal  | ADMINISTRATIVE<br>& GENERAL |       |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------|----------------------------|------------------------------------|-----------|-----------------------------|-------|
|                         |                                                                                                                                                    |                          | BLDG & FIXT           | MVBLE EQUIP                |                                    |           |                             |       |
|                         |                                                                                                                                                    |                          |                       |                            |                                    |           |                             |       |
|                         |                                                                                                                                                    | 0                        | 1.00                  | 2.00                       | 4.00                               | 4A        | 5.00                        |       |
| 1.00                    | Administrative and General                                                                                                                         | 0                        | 26,597                | 8,729                      | 62,001                             | 97,327    | 24,937                      | 1.00  |
| 2.00                    | Skilled Nursing Care                                                                                                                               | 1,228,209                | 0                     | 0                          | 195,798                            | 1,424,007 | 364,851                     | 2.00  |
| 3.00                    | Physical Therapy                                                                                                                                   | 649,080                  | 0                     | 0                          | 103,474                            | 752,554   | 192,816                     | 3.00  |
| 4.00                    | Occupational Therapy                                                                                                                               | 234,436                  | 0                     | 0                          | 37,373                             | 271,809   | 69,642                      | 4.00  |
| 5.00                    | Speech Pathology                                                                                                                                   | 3,553                    | 0                     | 0                          | 566                                | 4,119     | 1,055                       | 5.00  |
| 6.00                    | Medical Social Services                                                                                                                            | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 6.00  |
| 7.00                    | Home Health Aide                                                                                                                                   | 62,561                   | 0                     | 0                          | 9,973                              | 72,534    | 18,584                      | 7.00  |
| 8.00                    | Supplies (see instructions)                                                                                                                        | 30,371                   | 0                     | 0                          | 0                                  | 30,371    | 7,782                       | 8.00  |
| 9.00                    | Drugs                                                                                                                                              | 11,397                   | 0                     | 0                          | 0                                  | 11,397    | 2,920                       | 9.00  |
| 10.00                   | DME                                                                                                                                                | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 10.00 |
| 11.00                   | Home Dialysis Aide Services                                                                                                                        | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 11.00 |
| 12.00                   | Respiratory Therapy                                                                                                                                | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 12.00 |
| 13.00                   | Private Duty Nursing                                                                                                                               | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 13.00 |
| 14.00                   | Clinic                                                                                                                                             | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 14.00 |
| 15.00                   | Health Promotion Activities                                                                                                                        | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 15.00 |
| 16.00                   | Day Care Program                                                                                                                                   | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 16.00 |
| 17.00                   | Home Delivered Meals Program                                                                                                                       | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 17.00 |
| 18.00                   | Homemaker Service                                                                                                                                  | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 18.00 |
| 19.00                   | All Others (specify)                                                                                                                               | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 19.00 |
| 19.50                   | Telemedicine                                                                                                                                       | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 19.50 |
| 20.00                   | Total (sum of lines 1-19) (2)                                                                                                                      | 2,219,607                | 26,597                | 8,729                      | 409,185                            | 2,664,118 | 682,587                     | 20.00 |
| 21.00                   | Unit Cost Multiplier: column<br>26, line 1 divided by the sum<br>of column 26, line 20 minus<br>column 26, line 1, rounded to<br>6 decimal places. |                          |                       |                            |                                    | 0.000000  |                             | 21.00 |
| Cost Center Description |                                                                                                                                                    | MAINTENANCE &<br>REPAIRS | OPERATION OF<br>PLANT | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPING                       | DIETARY   | CAFETERIA                   |       |
|                         |                                                                                                                                                    | 6.00                     | 7.00                  | 8.00                       | 9.00                               | 10.00     | 11.00                       |       |
| 1.00                    | Administrative and General                                                                                                                         | 0                        | 41,225                | 0                          | 9,597                              | 0         | 0                           | 1.00  |
| 2.00                    | Skilled Nursing Care                                                                                                                               | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 2.00  |
| 3.00                    | Physical Therapy                                                                                                                                   | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 3.00  |
| 4.00                    | Occupational Therapy                                                                                                                               | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 4.00  |
| 5.00                    | Speech Pathology                                                                                                                                   | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 5.00  |
| 6.00                    | Medical Social Services                                                                                                                            | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 6.00  |
| 7.00                    | Home Health Aide                                                                                                                                   | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 7.00  |
| 8.00                    | Supplies (see instructions)                                                                                                                        | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 8.00  |
| 9.00                    | Drugs                                                                                                                                              | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 9.00  |
| 10.00                   | DME                                                                                                                                                | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 10.00 |
| 11.00                   | Home Dialysis Aide Services                                                                                                                        | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 11.00 |
| 12.00                   | Respiratory Therapy                                                                                                                                | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 12.00 |
| 13.00                   | Private Duty Nursing                                                                                                                               | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 13.00 |
| 14.00                   | Clinic                                                                                                                                             | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 14.00 |
| 15.00                   | Health Promotion Activities                                                                                                                        | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 15.00 |
| 16.00                   | Day Care Program                                                                                                                                   | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 16.00 |
| 17.00                   | Home Delivered Meals Program                                                                                                                       | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 17.00 |
| 18.00                   | Homemaker Service                                                                                                                                  | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 18.00 |
| 19.00                   | All Others (specify)                                                                                                                               | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 19.00 |
| 19.50                   | Telemedicine                                                                                                                                       | 0                        | 0                     | 0                          | 0                                  | 0         | 0                           | 19.50 |
| 20.00                   | Total (sum of lines 1-19) (2)                                                                                                                      | 0                        | 41,225                | 0                          | 9,597                              | 0         | 0                           | 20.00 |
| 21.00                   | Unit Cost Multiplier: column<br>26, line 1 divided by the sum<br>of column 26, line 20 minus<br>column 26, line 1, rounded to<br>6 decimal places. |                          |                       |                            |                                    |           |                             | 21.00 |

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

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

## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 52-0100

Period:

Worksheet H-2

HHA CCN: 52-7075

From 01/01/2021  
To 12/31/2021Part I  
Date/Time Prepared:  
5/24/2022 3:09 pmHome Health  
Agency I

PPS

| Cost Center Description |                                                                                                                                                    | MAINTENANCE OF<br>PERSONNEL  | NURSING<br>ADMINISTRATION | CENTRAL<br>SERVICES &<br>SUPPLY        | PHARMACY                              | MEDICAL<br>RECORDS &<br>LIBRARY | SOCIAL SERVICE |       |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------|----------------------------------------|---------------------------------------|---------------------------------|----------------|-------|
|                         |                                                                                                                                                    | 12.00                        | 13.00                     | 14.00                                  | 15.00                                 | 16.00                           | 17.00          |       |
| 1.00                    | Administrative and General                                                                                                                         | 0                            | 0                         | 6,229                                  | 2,077                                 | 0                               | 0              | 1.00  |
| 2.00                    | Skilled Nursing Care                                                                                                                               | 0                            | 0                         | 0                                      | 0                                     | 3,510                           | 0              | 2.00  |
| 3.00                    | Physical Therapy                                                                                                                                   | 0                            | 0                         | 0                                      | 0                                     | 2,733                           | 0              | 3.00  |
| 4.00                    | Occupational Therapy                                                                                                                               | 0                            | 0                         | 0                                      | 0                                     | 906                             | 0              | 4.00  |
| 5.00                    | Speech Pathology                                                                                                                                   | 0                            | 0                         | 0                                      | 0                                     | 69                              | 0              | 5.00  |
| 6.00                    | Medical Social Services                                                                                                                            | 0                            | 0                         | 0                                      | 0                                     | 0                               | 0              | 6.00  |
| 7.00                    | Home Health Aide                                                                                                                                   | 0                            | 0                         | 0                                      | 0                                     | 396                             | 0              | 7.00  |
| 8.00                    | Supplies (see instructions)                                                                                                                        | 0                            | 0                         | 0                                      | 0                                     | 0                               | 0              | 8.00  |
| 9.00                    | Drugs                                                                                                                                              | 0                            | 0                         | 0                                      | 0                                     | 0                               | 0              | 9.00  |
| 10.00                   | DME                                                                                                                                                | 0                            | 0                         | 0                                      | 0                                     | 0                               | 0              | 10.00 |
| 11.00                   | Home Dialysis Aide Services                                                                                                                        | 0                            | 0                         | 0                                      | 0                                     | 0                               | 0              | 11.00 |
| 12.00                   | Respiratory Therapy                                                                                                                                | 0                            | 0                         | 0                                      | 0                                     | 0                               | 0              | 12.00 |
| 13.00                   | Private Duty Nursing                                                                                                                               | 0                            | 0                         | 0                                      | 0                                     | 0                               | 0              | 13.00 |
| 14.00                   | Clinic                                                                                                                                             | 0                            | 0                         | 0                                      | 0                                     | 0                               | 0              | 14.00 |
| 15.00                   | Health Promotion Activities                                                                                                                        | 0                            | 0                         | 0                                      | 0                                     | 0                               | 0              | 15.00 |
| 16.00                   | Day Care Program                                                                                                                                   | 0                            | 0                         | 0                                      | 0                                     | 0                               | 0              | 16.00 |
| 17.00                   | Home Delivered Meals Program                                                                                                                       | 0                            | 0                         | 0                                      | 0                                     | 0                               | 0              | 17.00 |
| 18.00                   | Homemaker Service                                                                                                                                  | 0                            | 0                         | 0                                      | 0                                     | 0                               | 0              | 18.00 |
| 19.00                   | All Others (specify)                                                                                                                               | 0                            | 0                         | 0                                      | 0                                     | 0                               | 0              | 19.00 |
| 19.50                   | Telemedicine                                                                                                                                       | 0                            | 0                         | 0                                      | 0                                     | 0                               | 0              | 19.50 |
| 20.00                   | Total (sum of lines 1-19) (2)                                                                                                                      | 0                            | 0                         | 6,229                                  | 2,077                                 | 7,614                           | 0              | 20.00 |
| 21.00                   | Unit Cost Multiplier: column<br>26, line 1 divided by the sum<br>of column 26, line 20 minus<br>column 26, line 1, rounded to<br>6 decimal places. |                              |                           |                                        |                                       |                                 |                | 21.00 |
| Cost Center Description |                                                                                                                                                    | NONPHYSICIAN<br>ANESTHETISTS | NURSING<br>PROGRAM        | INTERNS & RESIDENTS                    |                                       | PARAMED ED<br>PRGM              | Subtotal       |       |
|                         |                                                                                                                                                    | 19.00                        | 20.00                     | SERVICES-SALAR<br>Y & FRINGES<br>APPRV | SERVICES-OTHER<br>PRGM COSTS<br>APPRV | 23.00                           | 24.00          |       |
| 1.00                    | Administrative and General                                                                                                                         | 0                            | 0                         | 0                                      | 0                                     | 0                               | 181,392        | 1.00  |
| 2.00                    | Skilled Nursing Care                                                                                                                               | 0                            | 0                         | 0                                      | 0                                     | 0                               | 1,792,368      | 2.00  |
| 3.00                    | Physical Therapy                                                                                                                                   | 0                            | 0                         | 0                                      | 0                                     | 0                               | 948,103        | 3.00  |
| 4.00                    | Occupational Therapy                                                                                                                               | 0                            | 0                         | 0                                      | 0                                     | 0                               | 342,357        | 4.00  |
| 5.00                    | Speech Pathology                                                                                                                                   | 0                            | 0                         | 0                                      | 0                                     | 0                               | 5,243          | 5.00  |
| 6.00                    | Medical Social Services                                                                                                                            | 0                            | 0                         | 0                                      | 0                                     | 0                               | 0              | 6.00  |
| 7.00                    | Home Health Aide                                                                                                                                   | 0                            | 0                         | 0                                      | 0                                     | 0                               | 91,514         | 7.00  |
| 8.00                    | Supplies (see instructions)                                                                                                                        | 0                            | 0                         | 0                                      | 0                                     | 0                               | 38,153         | 8.00  |
| 9.00                    | Drugs                                                                                                                                              | 0                            | 0                         | 0                                      | 0                                     | 0                               | 14,317         | 9.00  |
| 10.00                   | DME                                                                                                                                                | 0                            | 0                         | 0                                      | 0                                     | 0                               | 0              | 10.00 |
| 11.00                   | Home Dialysis Aide Services                                                                                                                        | 0                            | 0                         | 0                                      | 0                                     | 0                               | 0              | 11.00 |
| 12.00                   | Respiratory Therapy                                                                                                                                | 0                            | 0                         | 0                                      | 0                                     | 0                               | 0              | 12.00 |
| 13.00                   | Private Duty Nursing                                                                                                                               | 0                            | 0                         | 0                                      | 0                                     | 0                               | 0              | 13.00 |
| 14.00                   | Clinic                                                                                                                                             | 0                            | 0                         | 0                                      | 0                                     | 0                               | 0              | 14.00 |
| 15.00                   | Health Promotion Activities                                                                                                                        | 0                            | 0                         | 0                                      | 0                                     | 0                               | 0              | 15.00 |
| 16.00                   | Day Care Program                                                                                                                                   | 0                            | 0                         | 0                                      | 0                                     | 0                               | 0              | 16.00 |
| 17.00                   | Home Delivered Meals Program                                                                                                                       | 0                            | 0                         | 0                                      | 0                                     | 0                               | 0              | 17.00 |
| 18.00                   | Homemaker Service                                                                                                                                  | 0                            | 0                         | 0                                      | 0                                     | 0                               | 0              | 18.00 |
| 19.00                   | All Others (specify)                                                                                                                               | 0                            | 0                         | 0                                      | 0                                     | 0                               | 0              | 19.00 |
| 19.50                   | Telemedicine                                                                                                                                       | 0                            | 0                         | 0                                      | 0                                     | 0                               | 0              | 19.50 |
| 20.00                   | Total (sum of lines 1-19) (2)                                                                                                                      | 0                            | 0                         | 0                                      | 0                                     | 0                               | 3,413,447      | 20.00 |
| 21.00                   | Unit Cost Multiplier: column<br>26, line 1 divided by the sum<br>of column 26, line 20 minus<br>column 26, line 1, rounded to<br>6 decimal places. |                              |                           |                                        |                                       |                                 |                | 21.00 |

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

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

## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 52-0100

Period:

Worksheet H-2

HHA CCN: 52-7075

From 01/01/2021  
To 12/31/2021Part I  
Date/Time Prepared:  
5/24/2022 3:09 pmHome Health  
Agency I

PPS

| Cost Center Description |                                                                                                                                                    | Intern &<br>Residents Cost<br>& Post<br>Stepdown<br>Adjustments | Subtotal  | Allocated HHA<br>A&G (see Part<br>II) | Total HHA<br>Costs |  |       |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------|---------------------------------------|--------------------|--|-------|
|                         |                                                                                                                                                    | 25.00                                                           | 26.00     | 27.00                                 | 28.00              |  |       |
| 1.00                    | Administrative and General                                                                                                                         | 0                                                               | 181,392   |                                       |                    |  | 1.00  |
| 2.00                    | Skilled Nursing Care                                                                                                                               | 0                                                               | 1,792,368 | 100,593                               | 1,892,961          |  | 2.00  |
| 3.00                    | Physical Therapy                                                                                                                                   | 0                                                               | 948,103   | 53,210                                | 1,001,313          |  | 3.00  |
| 4.00                    | Occupational Therapy                                                                                                                               | 0                                                               | 342,357   | 19,214                                | 361,571            |  | 4.00  |
| 5.00                    | Speech Pathology                                                                                                                                   | 0                                                               | 5,243     | 294                                   | 5,537              |  | 5.00  |
| 6.00                    | Medical Social Services                                                                                                                            | 0                                                               | 0         | 0                                     | 0                  |  | 6.00  |
| 7.00                    | Home Health Aide                                                                                                                                   | 0                                                               | 91,514    | 5,136                                 | 96,650             |  | 7.00  |
| 8.00                    | Supplies (see instructions)                                                                                                                        | 0                                                               | 38,153    | 2,141                                 | 40,294             |  | 8.00  |
| 9.00                    | Drugs                                                                                                                                              | 0                                                               | 14,317    | 804                                   | 15,121             |  | 9.00  |
| 10.00                   | DME                                                                                                                                                | 0                                                               | 0         | 0                                     | 0                  |  | 10.00 |
| 11.00                   | Home Dialysis Aide Services                                                                                                                        | 0                                                               | 0         | 0                                     | 0                  |  | 11.00 |
| 12.00                   | Respiratory Therapy                                                                                                                                | 0                                                               | 0         | 0                                     | 0                  |  | 12.00 |
| 13.00                   | Private Duty Nursing                                                                                                                               | 0                                                               | 0         | 0                                     | 0                  |  | 13.00 |
| 14.00                   | Clinic                                                                                                                                             | 0                                                               | 0         | 0                                     | 0                  |  | 14.00 |
| 15.00                   | Health Promotion Activities                                                                                                                        | 0                                                               | 0         | 0                                     | 0                  |  | 15.00 |
| 16.00                   | Day Care Program                                                                                                                                   | 0                                                               | 0         | 0                                     | 0                  |  | 16.00 |
| 17.00                   | Home Delivered Meals Program                                                                                                                       | 0                                                               | 0         | 0                                     | 0                  |  | 17.00 |
| 18.00                   | Homemaker Service                                                                                                                                  | 0                                                               | 0         | 0                                     | 0                  |  | 18.00 |
| 19.00                   | All Others (specify)                                                                                                                               | 0                                                               | 0         | 0                                     | 0                  |  | 19.00 |
| 19.50                   | Telemedicine                                                                                                                                       | 0                                                               | 0         | 0                                     | 0                  |  | 19.50 |
| 20.00                   | Total (sum of lines 1-19) (2)                                                                                                                      | 0                                                               | 3,413,447 | 181,392                               | 3,413,447          |  | 20.00 |
| 21.00                   | Unit Cost Multiplier: column<br>26, line 1 divided by the sum<br>of column 26, line 20 minus<br>column 26, line 1, rounded to<br>6 decimal places. |                                                                 |           | 0.056123                              |                    |  | 21.00 |

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

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

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

Provider CCN: 52-0100

Period:

Worksheet H-2

HHA CCN: 52-7075

From 01/01/2021  
To 12/31/2021Part II  
Date/Time Prepared:  
5/24/2022 3:09 pmHome Health  
Agency I

PPS

| Cost Center Description |                              | CAPITAL RELATED COSTS            |                                             | EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES) | Reconciliation         | ADMINISTRATIVE & GENERAL (ACCUM COST) | MAINTENANCE & REPAIRS (SQUARE FEET)      |       |
|-------------------------|------------------------------|----------------------------------|---------------------------------------------|-----------------------------------------------|------------------------|---------------------------------------|------------------------------------------|-------|
|                         |                              | BLDG & FIXT (SQUARE FEET)        | MVBLE EQUIP (DOLLAR VALUE)                  |                                               |                        |                                       |                                          |       |
|                         |                              | 1.00                             | 2.00                                        | 4.00                                          | 5A                     | 5.00                                  | 6.00                                     |       |
| 1.00                    | Administrative and General   | 1,500                            | 7,914                                       | 218,675                                       | 0                      | 97,327                                | 0                                        | 1.00  |
| 2.00                    | Skilled Nursing Care         | 0                                | 0                                           | 690,568                                       | 0                      | 1,424,007                             | 0                                        | 2.00  |
| 3.00                    | Physical Therapy             | 0                                | 0                                           | 364,949                                       | 0                      | 752,554                               | 0                                        | 3.00  |
| 4.00                    | Occupational Therapy         | 0                                | 0                                           | 131,813                                       | 0                      | 271,809                               | 0                                        | 4.00  |
| 5.00                    | Speech Pathology             | 0                                | 0                                           | 1,997                                         | 0                      | 4,119                                 | 0                                        | 5.00  |
| 6.00                    | Medical Social Services      | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 6.00  |
| 7.00                    | Home Health Aide             | 0                                | 0                                           | 35,175                                        | 0                      | 72,534                                | 0                                        | 7.00  |
| 8.00                    | Supplies (see instructions)  | 0                                | 0                                           | 0                                             | 0                      | 30,371                                | 0                                        | 8.00  |
| 9.00                    | Drugs                        | 0                                | 0                                           | 0                                             | 0                      | 11,397                                | 0                                        | 9.00  |
| 10.00                   | DME                          | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 10.00 |
| 11.00                   | Home Dialysis Aide Services  | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 11.00 |
| 12.00                   | Respiratory Therapy          | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 12.00 |
| 13.00                   | Private Duty Nursing         | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 13.00 |
| 14.00                   | Clinic                       | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 14.00 |
| 15.00                   | Health Promotion Activities  | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 15.00 |
| 16.00                   | Day Care Program             | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 16.00 |
| 17.00                   | Home Delivered Meals Program | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 17.00 |
| 18.00                   | Homemaker Service            | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 18.00 |
| 19.00                   | All Others (specify)         | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 19.00 |
| 19.50                   | Telemedicine                 | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 19.50 |
| 20.00                   | Total (sum of lines 1-19)    | 1,500                            | 7,914                                       | 1,443,177                                     |                        | 2,664,118                             |                                          | 20.00 |
| 21.00                   | Total cost to be allocated   | 26,597                           | 8,729                                       | 409,185                                       |                        | 682,587                               |                                          | 21.00 |
| 22.00                   | Unit cost multiplier         | 17.731333                        | 1.102982                                    | 0.283531                                      |                        | 0.256215                              | 0.000000                                 | 22.00 |
| Cost Center Description |                              | OPERATION OF PLANT (SQUARE FEET) | LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) | HOUSEKEEPING (SQUARE FEET)                    | DIETARY (MEALS SERVED) | CAFETERIA (MEALS SERVED)              | MAINTENANCE OF PERSONNEL (NUMBER HOUSED) |       |
|                         |                              | 7.00                             | 8.00                                        | 9.00                                          | 10.00                  | 11.00                                 | 12.00                                    |       |
|                         |                              |                                  |                                             |                                               |                        |                                       |                                          |       |
| 1.00                    | Administrative and General   | 1,500                            | 0                                           | 1,500                                         | 0                      | 0                                     | 0                                        | 1.00  |
| 2.00                    | Skilled Nursing Care         | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 2.00  |
| 3.00                    | Physical Therapy             | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 3.00  |
| 4.00                    | Occupational Therapy         | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 4.00  |
| 5.00                    | Speech Pathology             | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 5.00  |
| 6.00                    | Medical Social Services      | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 6.00  |
| 7.00                    | Home Health Aide             | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 7.00  |
| 8.00                    | Supplies (see instructions)  | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 8.00  |
| 9.00                    | Drugs                        | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 9.00  |
| 10.00                   | DME                          | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 10.00 |
| 11.00                   | Home Dialysis Aide Services  | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 11.00 |
| 12.00                   | Respiratory Therapy          | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 12.00 |
| 13.00                   | Private Duty Nursing         | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 13.00 |
| 14.00                   | Clinic                       | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 14.00 |
| 15.00                   | Health Promotion Activities  | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 15.00 |
| 16.00                   | Day Care Program             | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 16.00 |
| 17.00                   | Home Delivered Meals Program | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 17.00 |
| 18.00                   | Homemaker Service            | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 18.00 |
| 19.00                   | All Others (specify)         | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 19.00 |
| 19.50                   | Telemedicine                 | 0                                | 0                                           | 0                                             | 0                      | 0                                     | 0                                        | 19.50 |
| 20.00                   | Total (sum of lines 1-19)    | 1,500                            | 0                                           | 1,500                                         | 0                      | 0                                     | 0                                        | 20.00 |
| 21.00                   | Total cost to be allocated   | 41,225                           | 0                                           | 9,597                                         | 0                      | 0                                     | 0                                        | 21.00 |
| 22.00                   | Unit cost multiplier         | 27.483333                        | 0.000000                                    | 6.398000                                      | 0.000000               | 0.000000                              | 0.000000                                 | 22.00 |

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

Provider CCN: 52-0100

Period:

Worksheet H-2

HHA CCN: 52-7075

From 01/01/2021  
To 12/31/2021Part II  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Description |                              | NURSING<br>ADMINISTRATION<br>(DIRECT NRSNG<br>HRS) | CENTRAL<br>SERVICES &<br>SUPPLY<br>(COSTED<br>REQUIS.)       | PHARMACY<br>(COSTED<br>REQUIS.)                             | MEDICAL<br>RECORDS &<br>LIBRARY<br>(GROSS<br>REVENUE) | SOCIAL SERVICE<br>Agency I<br>(TIME SPENT) | NONPHYSICIAN<br>ANESTHETISTS<br>(ASSIGNED<br>TIME) |       |
|-------------------------|------------------------------|----------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------|----------------------------------------------------|-------|
|                         |                              | 13.00                                              | 14.00                                                        | 15.00                                                       | 16.00                                                 | 17.00                                      | 19.00                                              |       |
| 1.00                    | Administrative and General   | 0                                                  | 24,662                                                       | 9,255                                                       | 0                                                     | 0                                          | 0                                                  | 1.00  |
| 2.00                    | Skilled Nursing Care         | 0                                                  | 0                                                            | 0                                                           | 736,026                                               | 0                                          | 0                                                  | 2.00  |
| 3.00                    | Physical Therapy             | 0                                                  | 0                                                            | 0                                                           | 573,174                                               | 0                                          | 0                                                  | 3.00  |
| 4.00                    | Occupational Therapy         | 0                                                  | 0                                                            | 0                                                           | 189,994                                               | 0                                          | 0                                                  | 4.00  |
| 5.00                    | Speech Pathology             | 0                                                  | 0                                                            | 0                                                           | 14,370                                                | 0                                          | 0                                                  | 5.00  |
| 6.00                    | Medical Social Services      | 0                                                  | 0                                                            | 0                                                           | 0                                                     | 0                                          | 0                                                  | 6.00  |
| 7.00                    | Home Health Aide             | 0                                                  | 0                                                            | 0                                                           | 83,022                                                | 0                                          | 0                                                  | 7.00  |
| 8.00                    | Supplies (see instructions)  | 0                                                  | 0                                                            | 0                                                           | 0                                                     | 0                                          | 0                                                  | 8.00  |
| 9.00                    | Drugs                        | 0                                                  | 0                                                            | 0                                                           | 0                                                     | 0                                          | 0                                                  | 9.00  |
| 10.00                   | DME                          | 0                                                  | 0                                                            | 0                                                           | 0                                                     | 0                                          | 0                                                  | 10.00 |
| 11.00                   | Home Dialysis Aide Services  | 0                                                  | 0                                                            | 0                                                           | 0                                                     | 0                                          | 0                                                  | 11.00 |
| 12.00                   | Respiratory Therapy          | 0                                                  | 0                                                            | 0                                                           | 0                                                     | 0                                          | 0                                                  | 12.00 |
| 13.00                   | Private Duty Nursing         | 0                                                  | 0                                                            | 0                                                           | 0                                                     | 0                                          | 0                                                  | 13.00 |
| 14.00                   | Clinic                       | 0                                                  | 0                                                            | 0                                                           | 0                                                     | 0                                          | 0                                                  | 14.00 |
| 15.00                   | Health Promotion Activities  | 0                                                  | 0                                                            | 0                                                           | 0                                                     | 0                                          | 0                                                  | 15.00 |
| 16.00                   | Day Care Program             | 0                                                  | 0                                                            | 0                                                           | 0                                                     | 0                                          | 0                                                  | 16.00 |
| 17.00                   | Home Delivered Meals Program | 0                                                  | 0                                                            | 0                                                           | 0                                                     | 0                                          | 0                                                  | 17.00 |
| 18.00                   | Homemaker Service            | 0                                                  | 0                                                            | 0                                                           | 0                                                     | 0                                          | 0                                                  | 18.00 |
| 19.00                   | All Others (specify)         | 0                                                  | 0                                                            | 0                                                           | 0                                                     | 0                                          | 0                                                  | 19.00 |
| 19.50                   | Telemedicine                 | 0                                                  | 0                                                            | 0                                                           | 0                                                     | 0                                          | 0                                                  | 19.50 |
| 20.00                   | Total (sum of lines 1-19)    | 0                                                  | 24,662                                                       | 9,255                                                       | 1,596,586                                             | 0                                          | 0                                                  | 20.00 |
| 21.00                   | Total cost to be allocated   | 0                                                  | 6,229                                                        | 2,077                                                       | 7,614                                                 | 0                                          | 0                                                  | 21.00 |
| 22.00                   | Unit cost multiplier         | 0.000000                                           | 0.252575                                                     | 0.224419                                                    | 0.004769                                              | 0.000000                                   | 0.000000                                           | 22.00 |
| Cost Center Description |                              | NURSING<br>PROGRAM<br>(ASSIGNED<br>TIME)           | INTERNS & RESIDENTS                                          |                                                             | PARAMED ED<br>PRGM<br>(ASSIGNED<br>TIME)              |                                            |                                                    |       |
|                         |                              |                                                    | SERVICES-SALAR<br>Y & FRINGES<br>APPRV<br>(ASSIGNED<br>TIME) | SERVICES-OTHER<br>PRGM COSTS<br>APPRV<br>(ASSIGNED<br>TIME) |                                                       |                                            |                                                    |       |
|                         |                              | 20.00                                              | 21.00                                                        | 22.00                                                       | 23.00                                                 |                                            |                                                    |       |
| 1.00                    | Administrative and General   | 0                                                  | 0                                                            | 0                                                           | 0                                                     |                                            |                                                    | 1.00  |
| 2.00                    | Skilled Nursing Care         | 0                                                  | 0                                                            | 0                                                           | 0                                                     |                                            |                                                    | 2.00  |
| 3.00                    | Physical Therapy             | 0                                                  | 0                                                            | 0                                                           | 0                                                     |                                            |                                                    | 3.00  |
| 4.00                    | Occupational Therapy         | 0                                                  | 0                                                            | 0                                                           | 0                                                     |                                            |                                                    | 4.00  |
| 5.00                    | Speech Pathology             | 0                                                  | 0                                                            | 0                                                           | 0                                                     |                                            |                                                    | 5.00  |
| 6.00                    | Medical Social Services      | 0                                                  | 0                                                            | 0                                                           | 0                                                     |                                            |                                                    | 6.00  |
| 7.00                    | Home Health Aide             | 0                                                  | 0                                                            | 0                                                           | 0                                                     |                                            |                                                    | 7.00  |
| 8.00                    | Supplies (see instructions)  | 0                                                  | 0                                                            | 0                                                           | 0                                                     |                                            |                                                    | 8.00  |
| 9.00                    | Drugs                        | 0                                                  | 0                                                            | 0                                                           | 0                                                     |                                            |                                                    | 9.00  |
| 10.00                   | DME                          | 0                                                  | 0                                                            | 0                                                           | 0                                                     |                                            |                                                    | 10.00 |
| 11.00                   | Home Dialysis Aide Services  | 0                                                  | 0                                                            | 0                                                           | 0                                                     |                                            |                                                    | 11.00 |
| 12.00                   | Respiratory Therapy          | 0                                                  | 0                                                            | 0                                                           | 0                                                     |                                            |                                                    | 12.00 |
| 13.00                   | Private Duty Nursing         | 0                                                  | 0                                                            | 0                                                           | 0                                                     |                                            |                                                    | 13.00 |
| 14.00                   | Clinic                       | 0                                                  | 0                                                            | 0                                                           | 0                                                     |                                            |                                                    | 14.00 |
| 15.00                   | Health Promotion Activities  | 0                                                  | 0                                                            | 0                                                           | 0                                                     |                                            |                                                    | 15.00 |
| 16.00                   | Day Care Program             | 0                                                  | 0                                                            | 0                                                           | 0                                                     |                                            |                                                    | 16.00 |
| 17.00                   | Home Delivered Meals Program | 0                                                  | 0                                                            | 0                                                           | 0                                                     |                                            |                                                    | 17.00 |
| 18.00                   | Homemaker Service            | 0                                                  | 0                                                            | 0                                                           | 0                                                     |                                            |                                                    | 18.00 |
| 19.00                   | All Others (specify)         | 0                                                  | 0                                                            | 0                                                           | 0                                                     |                                            |                                                    | 19.00 |
| 19.50                   | Telemedicine                 | 0                                                  | 0                                                            | 0                                                           | 0                                                     |                                            |                                                    | 19.50 |
| 20.00                   | Total (sum of lines 1-19)    | 0                                                  | 0                                                            | 0                                                           | 0                                                     |                                            |                                                    | 20.00 |
| 21.00                   | Total cost to be allocated   | 0                                                  | 0                                                            | 0                                                           | 0                                                     |                                            |                                                    | 21.00 |
| 22.00                   | Unit cost multiplier         | 0.000000                                           | 0.000000                                                     | 0.000000                                                    | 0.000000                                              |                                            |                                                    | 22.00 |

## APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 52-0100

Period:

Worksheet H-3

HHA CCN: 52-7075

From 01/01/2021  
To 12/31/2021Part I  
Date/Time Prepared:  
5/24/2022 3:09 pm

|                                                                                                                                    |                           |                                        |                                          | Title XVIII                           |                               | Home Health Agency I                     | 5/24/2022 3:09 pm PPS                    |       |       |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------|------------------------------------------|---------------------------------------|-------------------------------|------------------------------------------|------------------------------------------|-------|-------|
| Cost Center Description                                                                                                            |                           | From, Wkst. H-2, Part I, col. 28, line | Facility Costs (from Wkst. H-2, Part I)  | Shared Ancillary Costs (from Part II) | Total HHA Costs (cols. 1 + 2) | Total Visits                             | Average Cost Per Visit (col. 3 ÷ col. 4) |       |       |
|                                                                                                                                    |                           | 0                                      | 1.00                                     | 2.00                                  | 3.00                          | 4.00                                     | 5.00                                     |       |       |
| PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION |                           |                                        |                                          |                                       |                               |                                          |                                          |       |       |
| Cost Per Visit Computation                                                                                                         |                           |                                        |                                          |                                       |                               |                                          |                                          |       |       |
| 1.00                                                                                                                               | Skilled Nursing Care      | 2.00                                   | 1,892,961                                |                                       | 1,892,961                     | 3,289                                    | 575.54                                   | 1.00  |       |
| 2.00                                                                                                                               | Physical Therapy          | 3.00                                   | 1,001,313                                | 0                                     | 1,001,313                     | 2,562                                    | 390.83                                   | 2.00  |       |
| 3.00                                                                                                                               | Occupational Therapy      | 4.00                                   | 361,571                                  | 0                                     | 361,571                       | 847                                      | 426.88                                   | 3.00  |       |
| 4.00                                                                                                                               | Speech Pathology          | 5.00                                   | 5,537                                    | 0                                     | 5,537                         | 57                                       | 97.14                                    | 4.00  |       |
| 5.00                                                                                                                               | Medical Social Services   | 6.00                                   | 0                                        |                                       | 0                             | 0                                        | 0.00                                     | 5.00  |       |
| 6.00                                                                                                                               | Home Health Aide          | 7.00                                   | 96,650                                   |                                       | 96,650                        | 374                                      | 258.42                                   | 6.00  |       |
| 7.00                                                                                                                               | Total (sum of lines 1-6)  |                                        | 3,358,032                                | 0                                     | 3,358,032                     | 7,129                                    |                                          | 7.00  |       |
| Cost Center Description                                                                                                            |                           | Cost Limits                            | CBSA No. (1)                             | Part A                                | Program Visits                |                                          |                                          |       |       |
|                                                                                                                                    |                           |                                        |                                          |                                       | Part B                        |                                          |                                          |       |       |
|                                                                                                                                    |                           |                                        |                                          |                                       |                               | Not Subject to Deductibles & Coinsurance | Subject to Deductibles                   |       |       |
|                                                                                                                                    |                           | 0                                      | 1.00                                     | 2.00                                  | 3.00                          | 4.00                                     | 5.00                                     |       |       |
| Limitation Cost Computation                                                                                                        |                           |                                        |                                          |                                       |                               |                                          |                                          |       |       |
| 8.00                                                                                                                               | Skilled Nursing Care      |                                        | 27500                                    | 0                                     | 1,507                         |                                          |                                          | 8.00  |       |
| 8.01                                                                                                                               | Skilled Nursing Care      |                                        | 40420                                    | 0                                     | 290                           |                                          |                                          | 8.01  |       |
| 8.02                                                                                                                               | Skilled Nursing Care      |                                        | 99952                                    | 0                                     | 8                             |                                          |                                          | 8.02  |       |
| 9.00                                                                                                                               | Physical Therapy          |                                        | 27500                                    | 0                                     | 1,128                         |                                          |                                          | 9.00  |       |
| 9.01                                                                                                                               | Physical Therapy          |                                        | 40420                                    | 0                                     | 294                           |                                          |                                          | 9.01  |       |
| 9.02                                                                                                                               | Physical Therapy          |                                        | 99952                                    | 0                                     | 25                            |                                          |                                          | 9.02  |       |
| 10.00                                                                                                                              | Occupational Therapy      |                                        | 27500                                    | 0                                     | 369                           |                                          |                                          | 10.00 |       |
| 10.01                                                                                                                              | Occupational Therapy      |                                        | 40420                                    | 0                                     | 81                            |                                          |                                          | 10.01 |       |
| 10.02                                                                                                                              | Occupational Therapy      |                                        | 99952                                    | 0                                     | 2                             |                                          |                                          | 10.02 |       |
| 11.00                                                                                                                              | Speech Pathology          |                                        | 27500                                    | 0                                     | 14                            |                                          |                                          | 11.00 |       |
| 11.01                                                                                                                              | Speech Pathology          |                                        | 40420                                    | 0                                     | 3                             |                                          |                                          | 11.01 |       |
| 11.02                                                                                                                              | Speech Pathology          |                                        | 99952                                    | 0                                     | 0                             |                                          |                                          | 11.02 |       |
| 12.00                                                                                                                              | Medical Social Services   |                                        | 27500                                    | 0                                     | 0                             |                                          |                                          | 12.00 |       |
| 12.01                                                                                                                              | Medical Social Services   |                                        | 40420                                    | 0                                     | 0                             |                                          |                                          | 12.01 |       |
| 12.02                                                                                                                              | Medical Social Services   |                                        | 99952                                    | 0                                     | 0                             |                                          |                                          | 12.02 |       |
| 13.00                                                                                                                              | Home Health Aide          |                                        | 27500                                    | 0                                     | 132                           |                                          |                                          | 13.00 |       |
| 13.01                                                                                                                              | Home Health Aide          |                                        | 40420                                    | 0                                     | 112                           |                                          |                                          | 13.01 |       |
| 13.02                                                                                                                              | Home Health Aide          |                                        | 99952                                    | 0                                     | 0                             |                                          |                                          | 13.02 |       |
| 14.00                                                                                                                              | Total (sum of lines 8-13) |                                        |                                          | 0                                     | 3,965                         |                                          |                                          | 14.00 |       |
| Cost Center Description                                                                                                            |                           | From Wkst. H-2 Part I, col. 28, line   | Facility Costs (from Wkst. H-2, Part I)  | Shared Ancillary Costs (from Part II) | Total HHA Costs (cols. 1 + 2) | Total Charges (from HHA Records)         | Ratio (col. 3 ÷ col. 4)                  |       |       |
|                                                                                                                                    |                           | 0                                      | 1.00                                     | 2.00                                  | 3.00                          | 4.00                                     | 5.00                                     |       |       |
| Supplies and Drugs Cost Computations                                                                                               |                           |                                        |                                          |                                       |                               |                                          |                                          |       |       |
| 15.00                                                                                                                              | Cost of Medical Supplies  | 8.00                                   | 40,294                                   | 0                                     | 40,294                        | 0                                        | 0.000000                                 | 15.00 |       |
| 16.00                                                                                                                              | Cost of Drugs             | 9.00                                   | 15,121                                   | 0                                     | 15,121                        | 0                                        | 0.000000                                 | 16.00 |       |
| Cost Center Description                                                                                                            |                           | Program Visits                         |                                          |                                       | Cost of Services              |                                          |                                          |       |       |
|                                                                                                                                    |                           | Part A                                 | Part B                                   |                                       | Part A                        | Part B                                   |                                          |       |       |
|                                                                                                                                    |                           |                                        | Not Subject to Deductibles & Coinsurance | Subject to Deductibles & Coinsurance  |                               | Not Subject to Deductibles & Coinsurance | Subject to Deductibles & Coinsurance     |       |       |
|                                                                                                                                    |                           |                                        | 6.00                                     | 7.00                                  |                               | 8.00                                     | 9.00                                     | 10.00 | 11.00 |
| PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION |                           |                                        |                                          |                                       |                               |                                          |                                          |       |       |
| Cost Per Visit Computation                                                                                                         |                           |                                        |                                          |                                       |                               |                                          |                                          |       |       |
| 1.00                                                                                                                               | Skilled Nursing Care      | 0                                      | 1,805                                    |                                       | 0                             | 1,038,850                                |                                          | 1.00  |       |
| 2.00                                                                                                                               | Physical Therapy          | 0                                      | 1,447                                    |                                       | 0                             | 565,531                                  |                                          | 2.00  |       |
| 3.00                                                                                                                               | Occupational Therapy      | 0                                      | 452                                      |                                       | 0                             | 192,950                                  |                                          | 3.00  |       |
| 4.00                                                                                                                               | Speech Pathology          | 0                                      | 17                                       |                                       | 0                             | 1,651                                    |                                          | 4.00  |       |
| 5.00                                                                                                                               | Medical Social Services   | 0                                      | 0                                        |                                       | 0                             | 0                                        |                                          | 5.00  |       |
| 6.00                                                                                                                               | Home Health Aide          | 0                                      | 244                                      |                                       | 0                             | 63,054                                   |                                          | 6.00  |       |
| 7.00                                                                                                                               | Total (sum of lines 1-6)  | 0                                      | 3,965                                    |                                       | 0                             | 1,862,036                                |                                          | 7.00  |       |

## APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 52-0100

Period:

Worksheet H-3

HHA CCN: 52-7075

From 01/01/2021  
To 12/31/2021Part I  
Date/Time Prepared:  
5/24/2022 3:09 pm

Title XVIII

Home Health  
Agency I

PPS

| Cost Center Description |                                                                                                                                    |                                        |                                          |                                      |                  | Agency 1                                 |                                      |       |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------|--------------------------------------|------------------|------------------------------------------|--------------------------------------|-------|
|                         |                                                                                                                                    | 6.00                                   | 7.00                                     | 8.00                                 | 9.00             | 10.00                                    | 11.00                                |       |
|                         | Limitation Cost Computation                                                                                                        |                                        |                                          |                                      |                  |                                          |                                      |       |
| 8.00                    | Skilled Nursing Care                                                                                                               |                                        |                                          |                                      |                  |                                          |                                      | 8.00  |
| 8.01                    | Skilled Nursing Care                                                                                                               |                                        |                                          |                                      |                  |                                          |                                      | 8.01  |
| 8.02                    | Skilled Nursing Care                                                                                                               |                                        |                                          |                                      |                  |                                          |                                      | 8.02  |
| 9.00                    | Physical Therapy                                                                                                                   |                                        |                                          |                                      |                  |                                          |                                      | 9.00  |
| 9.01                    | Physical Therapy                                                                                                                   |                                        |                                          |                                      |                  |                                          |                                      | 9.01  |
| 9.02                    | Physical Therapy                                                                                                                   |                                        |                                          |                                      |                  |                                          |                                      | 9.02  |
| 10.00                   | Occupational Therapy                                                                                                               |                                        |                                          |                                      |                  |                                          |                                      | 10.00 |
| 10.01                   | Occupational Therapy                                                                                                               |                                        |                                          |                                      |                  |                                          |                                      | 10.01 |
| 10.02                   | Occupational Therapy                                                                                                               |                                        |                                          |                                      |                  |                                          |                                      | 10.02 |
| 11.00                   | Speech Pathology                                                                                                                   |                                        |                                          |                                      |                  |                                          |                                      | 11.00 |
| 11.01                   | Speech Pathology                                                                                                                   |                                        |                                          |                                      |                  |                                          |                                      | 11.01 |
| 11.02                   | Speech Pathology                                                                                                                   |                                        |                                          |                                      |                  |                                          |                                      | 11.02 |
| 12.00                   | Medical Social Services                                                                                                            |                                        |                                          |                                      |                  |                                          |                                      | 12.00 |
| 12.01                   | Medical Social Services                                                                                                            |                                        |                                          |                                      |                  |                                          |                                      | 12.01 |
| 12.02                   | Medical Social Services                                                                                                            |                                        |                                          |                                      |                  |                                          |                                      | 12.02 |
| 13.00                   | Home Health Aide                                                                                                                   |                                        |                                          |                                      |                  |                                          |                                      | 13.00 |
| 13.01                   | Home Health Aide                                                                                                                   |                                        |                                          |                                      |                  |                                          |                                      | 13.01 |
| 13.02                   | Home Health Aide                                                                                                                   |                                        |                                          |                                      |                  |                                          |                                      | 13.02 |
| 14.00                   | Total (sum of lines 8-13)                                                                                                          |                                        |                                          |                                      |                  |                                          |                                      | 14.00 |
| Cost Center Description |                                                                                                                                    | Program Covered Charges                |                                          |                                      | Cost of Services |                                          |                                      |       |
|                         |                                                                                                                                    | Part A                                 | Part B                                   |                                      | Part A           | Part B                                   |                                      |       |
|                         |                                                                                                                                    |                                        | Not Subject to Deductibles & Coinsurance | Subject to Deductibles & Coinsurance |                  | Not Subject to Deductibles & Coinsurance | Subject to Deductibles & Coinsurance |       |
|                         |                                                                                                                                    |                                        | 6.00                                     | 7.00                                 | 8.00             | 9.00                                     | 10.00                                | 11.00 |
|                         | Supplies and Drugs Cost Computations                                                                                               |                                        |                                          |                                      |                  |                                          |                                      |       |
| 15.00                   | Cost of Medical Supplies                                                                                                           | 0                                      | 0                                        | 0                                    | 0                | 0                                        | 0                                    | 15.00 |
| 16.00                   | Cost of Drugs                                                                                                                      |                                        | 0                                        | 0                                    |                  | 0                                        | 0                                    | 16.00 |
| Cost Center Description |                                                                                                                                    | Total Program Cost (sum of cols. 9-10) |                                          |                                      |                  |                                          |                                      |       |
|                         |                                                                                                                                    | 12.00                                  |                                          |                                      |                  |                                          |                                      |       |
|                         | PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION |                                        |                                          |                                      |                  |                                          |                                      |       |
|                         | Cost Per Visit Computation                                                                                                         |                                        |                                          |                                      |                  |                                          |                                      |       |
| 1.00                    | Skilled Nursing Care                                                                                                               | 1,038,850                              |                                          |                                      |                  |                                          |                                      | 1.00  |
| 2.00                    | Physical Therapy                                                                                                                   | 565,531                                |                                          |                                      |                  |                                          |                                      | 2.00  |
| 3.00                    | Occupational Therapy                                                                                                               | 192,950                                |                                          |                                      |                  |                                          |                                      | 3.00  |
| 4.00                    | Speech Pathology                                                                                                                   | 1,651                                  |                                          |                                      |                  |                                          |                                      | 4.00  |
| 5.00                    | Medical Social Services                                                                                                            | 0                                      |                                          |                                      |                  |                                          |                                      | 5.00  |
| 6.00                    | Home Health Aide                                                                                                                   | 63,054                                 |                                          |                                      |                  |                                          |                                      | 6.00  |
| 7.00                    | Total (sum of lines 1-6)                                                                                                           | 1,862,036                              |                                          |                                      |                  |                                          |                                      | 7.00  |
| Cost Center Description |                                                                                                                                    |                                        |                                          |                                      |                  |                                          |                                      |       |
|                         |                                                                                                                                    | 12.00                                  |                                          |                                      |                  |                                          |                                      |       |
|                         | Limitation Cost Computation                                                                                                        |                                        |                                          |                                      |                  |                                          |                                      |       |
| 8.00                    | Skilled Nursing Care                                                                                                               |                                        |                                          |                                      |                  |                                          |                                      | 8.00  |
| 8.01                    | Skilled Nursing Care                                                                                                               |                                        |                                          |                                      |                  |                                          |                                      | 8.01  |
| 8.02                    | Skilled Nursing Care                                                                                                               |                                        |                                          |                                      |                  |                                          |                                      | 8.02  |
| 9.00                    | Physical Therapy                                                                                                                   |                                        |                                          |                                      |                  |                                          |                                      | 9.00  |
| 9.01                    | Physical Therapy                                                                                                                   |                                        |                                          |                                      |                  |                                          |                                      | 9.01  |
| 9.02                    | Physical Therapy                                                                                                                   |                                        |                                          |                                      |                  |                                          |                                      | 9.02  |
| 10.00                   | Occupational Therapy                                                                                                               |                                        |                                          |                                      |                  |                                          |                                      | 10.00 |
| 10.01                   | Occupational Therapy                                                                                                               |                                        |                                          |                                      |                  |                                          |                                      | 10.01 |
| 10.02                   | Occupational Therapy                                                                                                               |                                        |                                          |                                      |                  |                                          |                                      | 10.02 |
| 11.00                   | Speech Pathology                                                                                                                   |                                        |                                          |                                      |                  |                                          |                                      | 11.00 |
| 11.01                   | Speech Pathology                                                                                                                   |                                        |                                          |                                      |                  |                                          |                                      | 11.01 |
| 11.02                   | Speech Pathology                                                                                                                   |                                        |                                          |                                      |                  |                                          |                                      | 11.02 |
| 12.00                   | Medical Social Services                                                                                                            |                                        |                                          |                                      |                  |                                          |                                      | 12.00 |
| 12.01                   | Medical Social Services                                                                                                            |                                        |                                          |                                      |                  |                                          |                                      | 12.01 |
| 12.02                   | Medical Social Services                                                                                                            |                                        |                                          |                                      |                  |                                          |                                      | 12.02 |
| 13.00                   | Home Health Aide                                                                                                                   |                                        |                                          |                                      |                  |                                          |                                      | 13.00 |
| 13.01                   | Home Health Aide                                                                                                                   |                                        |                                          |                                      |                  |                                          |                                      | 13.01 |
| 13.02                   | Home Health Aide                                                                                                                   |                                        |                                          |                                      |                  |                                          |                                      | 13.02 |
| 14.00                   | Total (sum of lines 8-13)                                                                                                          |                                        |                                          |                                      |                  |                                          |                                      | 14.00 |

## APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 52-0100

Period:

Worksheet H-3

HHA CCN: 52-7075

From 01/01/2021

Part II

To 12/31/2021

Date/Time Prepared:

5/24/2022 3:09 pm

Title XVIII

Home Health  
Agency I

PPS

| Cost Center Description                                                                  | From Wkst. C,<br>Part I, col.<br>9, line | Cost to Charge<br>Ratio | Total HHA<br>Charge (from<br>provider<br>records) | HHA Shared<br>Ancillary<br>Costs (col. 1<br>x col. 2) | Transfer to<br>Part I as<br>Indicated |  |      |
|------------------------------------------------------------------------------------------|------------------------------------------|-------------------------|---------------------------------------------------|-------------------------------------------------------|---------------------------------------|--|------|
|                                                                                          | 0                                        | 1.00                    | 2.00                                              | 3.00                                                  | 4.00                                  |  |      |
| PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS |                                          |                         |                                                   |                                                       |                                       |  |      |
| 1.00 Physical Therapy                                                                    | 66.00                                    | 0.235457                | 0                                                 | 0                                                     | col. 2, line 2.00                     |  | 1.00 |
| 2.00 Occupational Therapy                                                                | 67.00                                    | 0.205128                | 0                                                 | 0                                                     | col. 2, line 3.00                     |  | 2.00 |
| 3.00 Speech Pathology                                                                    | 68.00                                    | 0.289076                | 0                                                 | 0                                                     | col. 2, line 4.00                     |  | 3.00 |
| 4.00 Cost of Medical Supplies                                                            | 71.00                                    | 0.117884                | 0                                                 | 0                                                     | col. 2, line 15.00                    |  | 4.00 |
| 5.00 Cost of Drugs                                                                       | 73.00                                    | 0.193223                | 0                                                 | 0                                                     | col. 2, line 16.00                    |  | 5.00 |

| CALCULATION OF HHA REIMBURSEMENT SETTLEMENT                                       |                                                                                                                                                                      | Provider CCN: 52-0100<br>HHA CCN: 52-7075 | Period:<br>From 01/01/2021<br>To 12/31/2021    | Worksheet H-4<br>Part I-II<br>Date/Time Prepared:<br>5/24/2022 3:09 pm |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------|------------------------------------------------------------------------|
|                                                                                   |                                                                                                                                                                      | Title XVIII                               | Home Health<br>Agency I                        | PPS                                                                    |
|                                                                                   |                                                                                                                                                                      | Part A                                    | Part B                                         |                                                                        |
|                                                                                   |                                                                                                                                                                      |                                           | Not Subject to<br>Deductibles &<br>Coinsurance | Subject to<br>Deductibles &<br>Coinsurance                             |
|                                                                                   |                                                                                                                                                                      | 1.00                                      | 2.00                                           | 3.00                                                                   |
| <b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b> |                                                                                                                                                                      |                                           |                                                |                                                                        |
| Reasonable Cost of Part A & Part B Services                                       |                                                                                                                                                                      |                                           |                                                |                                                                        |
| 1.00                                                                              | Reasonable cost of services (see instructions)                                                                                                                       | 0                                         | 0                                              | 0                                                                      |
| 2.00                                                                              | Total charges                                                                                                                                                        | 0                                         | 0                                              | 0                                                                      |
| Customary Charges                                                                 |                                                                                                                                                                      |                                           |                                                |                                                                        |
| 3.00                                                                              | Amount actually collected from patients liable for payment for services on a charge basis (from your records)                                                        | 0                                         | 0                                              | 0                                                                      |
| 4.00                                                                              | Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b) | 0                                         | 0                                              | 0                                                                      |
| 5.00                                                                              | Ratio of line 3 to line 4 (not to exceed 1.000000)                                                                                                                   | 0.000000                                  | 0.000000                                       | 0.000000                                                               |
| 6.00                                                                              | Total customary charges (see instructions)                                                                                                                           | 0                                         | 0                                              | 0                                                                      |
| 7.00                                                                              | Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)                                                                | 0                                         | 0                                              | 0                                                                      |
| 8.00                                                                              | Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)                                                                            | 0                                         | 0                                              | 0                                                                      |
| 9.00                                                                              | Primary payer amounts                                                                                                                                                | 0                                         | 0                                              | 0                                                                      |
|                                                                                   |                                                                                                                                                                      |                                           | Part A<br>Services                             | Part B<br>Services                                                     |
|                                                                                   |                                                                                                                                                                      |                                           | 1.00                                           | 2.00                                                                   |
| <b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>                      |                                                                                                                                                                      |                                           |                                                |                                                                        |
| 10.00                                                                             | Total reasonable cost (see instructions)                                                                                                                             |                                           | 0                                              | 0                                                                      |
| 11.00                                                                             | Total PPS Reimbursement - Full Episodes without Outliers                                                                                                             |                                           | 0                                              | 776,378                                                                |
| 12.00                                                                             | Total PPS Reimbursement - Full Episodes with Outliers                                                                                                                |                                           | 0                                              | 30,830                                                                 |
| 13.00                                                                             | Total PPS Reimbursement - LUPA Episodes                                                                                                                              |                                           | 0                                              | 17,942                                                                 |
| 14.00                                                                             | Total PPS Reimbursement - PEP Episodes                                                                                                                               |                                           | 0                                              | 0                                                                      |
| 15.00                                                                             | Total PPS Outlier Reimbursement - Full Episodes with Outliers                                                                                                        |                                           | 0                                              | 4,980                                                                  |
| 16.00                                                                             | Total PPS Outlier Reimbursement - PEP Episodes                                                                                                                       |                                           | 0                                              | 0                                                                      |
| 17.00                                                                             | Total Other Payments                                                                                                                                                 |                                           | 0                                              | -733                                                                   |
| 18.00                                                                             | DME Payments                                                                                                                                                         |                                           | 0                                              | 0                                                                      |
| 19.00                                                                             | Oxygen Payments                                                                                                                                                      |                                           | 0                                              | 0                                                                      |
| 20.00                                                                             | Prosthetic and Orthotic Payments                                                                                                                                     |                                           | 0                                              | 0                                                                      |
| 21.00                                                                             | Part B deductibles billed to Medicare patients (exclude coinsurance)                                                                                                 |                                           | 0                                              | 0                                                                      |
| 22.00                                                                             | Subtotal (sum of lines 10 thru 20 minus line 21)                                                                                                                     |                                           | 0                                              | 829,397                                                                |
| 23.00                                                                             | Excess reasonable cost (from line 8)                                                                                                                                 |                                           | 0                                              | 0                                                                      |
| 24.00                                                                             | Subtotal (line 22 minus line 23)                                                                                                                                     |                                           | 0                                              | 829,397                                                                |
| 25.00                                                                             | Coinsurance billed to program patients (from your records)                                                                                                           |                                           | 0                                              | 0                                                                      |
| 26.00                                                                             | Net cost (line 24 minus line 25)                                                                                                                                     |                                           | 0                                              | 829,397                                                                |
| 27.00                                                                             | Reimbursable bad debts (from your records)                                                                                                                           |                                           | 0                                              | 0                                                                      |
| 28.00                                                                             | Reimbursable bad debts for dual eligible beneficiaries (see instructions)                                                                                            |                                           | 0                                              | 0                                                                      |
| 29.00                                                                             | Total costs - current cost reporting period (line 26 plus line 27)                                                                                                   |                                           | 0                                              | 829,397                                                                |
| 30.00                                                                             | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)                                                                                                                       |                                           | 0                                              | 0                                                                      |
| 30.50                                                                             | Pioneer ACO demonstration payment adjustment (see instructions)                                                                                                      |                                           | 0                                              | 0                                                                      |
| 30.99                                                                             | Demonstration payment adjustment amount before sequestration                                                                                                         |                                           | 0                                              | 0                                                                      |
| 31.00                                                                             | Subtotal (see instructions)                                                                                                                                          |                                           | 0                                              | 829,397                                                                |
| 31.01                                                                             | Sequestration adjustment (see instructions)                                                                                                                          |                                           | 0                                              | 0                                                                      |
| 31.02                                                                             | Demonstration payment adjustment amount after sequestration                                                                                                          |                                           | 0                                              | 0                                                                      |
| 31.75                                                                             | Sequestration adjustment for non-claims based amounts (see instructions)                                                                                             |                                           | 0                                              | 0                                                                      |
| 32.00                                                                             | Interim payments (see instructions)                                                                                                                                  |                                           | 0                                              | 829,397                                                                |
| 33.00                                                                             | Tentative settlement (for contractor use only)                                                                                                                       |                                           | 0                                              | 0                                                                      |
| 34.00                                                                             | Balance due provider/program (line 31 minus lines 31.01, 32, and 33)                                                                                                 |                                           | 0                                              | 0                                                                      |
| 35.00                                                                             | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2                                                               |                                           | 0                                              | 0                                                                      |

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED  
TO PROGRAM BENEFICIARIESProvider CCN: 52-0100  
HHA CCN: 52-7075Period:  
From 01/01/2021  
To 12/31/2021

Worksheet H-5

Date/Time Prepared:  
5/24/2022 3:09 pm

|                               |                                                                                                                                                                                                                        | Inpatient Part A |        | Part B            |                      |      |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------|-------------------|----------------------|------|
|                               |                                                                                                                                                                                                                        | mm/dd/yyyy       | Amount | mm/dd/yyyy        | Amount               |      |
|                               |                                                                                                                                                                                                                        | 1.00             | 2.00   | 3.00              | 4.00                 |      |
| 1.00                          | Total interim payments paid to provider                                                                                                                                                                                |                  | 0      |                   | 829,397              | 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                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 3.01 |
| 3.02                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 3.02 |
| 3.03                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 3.03 |
| 3.04                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 3.04 |
| 3.05                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 3.05 |
| Provider to Program           |                                                                                                                                                                                                                        |                  |        |                   |                      |      |
| 3.50                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 3.50 |
| 3.51                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 3.51 |
| 3.52                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 3.52 |
| 3.53                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 3.53 |
| 3.54                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 3.54 |
| 3.99                          | Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)                                                                                                                                                         |                  | 0      |                   | 0                    | 3.99 |
| 4.00                          | Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)                                                                                                  |                  | 0      |                   | 829,397              | 4.00 |
| TO BE COMPLETED BY CONTRACTOR |                                                                                                                                                                                                                        |                  |        |                   |                      |      |
| 5.00                          | List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)                                                                        |                  |        |                   |                      | 5.00 |
| Program to Provider           |                                                                                                                                                                                                                        |                  |        |                   |                      |      |
| 5.01                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 5.01 |
| 5.02                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 5.02 |
| 5.03                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 5.03 |
| Provider to Program           |                                                                                                                                                                                                                        |                  |        |                   |                      |      |
| 5.50                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 5.50 |
| 5.51                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 5.51 |
| 5.52                          |                                                                                                                                                                                                                        |                  | 0      |                   | 0                    | 5.52 |
| 5.99                          | Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)                                                                                                                                                         |                  | 0      |                   | 0                    | 5.99 |
| 6.00                          | Determined net settlement amount (balance due) based on the cost report. (1)                                                                                                                                           |                  |        |                   |                      | 6.00 |
| 6.01                          | SETTLEMENT TO PROVIDER                                                                                                                                                                                                 |                  | 0      |                   | 0                    | 6.01 |
| 6.02                          | SETTLEMENT TO PROGRAM                                                                                                                                                                                                  |                  | 0      |                   | 0                    | 6.02 |
| 7.00                          | Total Medicare program liability (see instructions)                                                                                                                                                                    |                  | 0      |                   | 829,397              | 7.00 |
|                               |                                                                                                                                                                                                                        |                  |        | Contractor Number | NPR Date (Mo/Day/Yr) |      |
|                               |                                                                                                                                                                                                                        | 0                |        | 1.00              | 2.00                 |      |
| 8.00                          | Name of Contractor                                                                                                                                                                                                     |                  |        |                   |                      | 8.00 |

## ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 52-0100

Period:

Worksheet I-1

Component CCN: 52-2324

From 01/01/2021  
To 12/31/2021Date/Time Prepared:  
5/24/2022 3:09 pm

|       |                                         | Renal Dialysis |                    |            |                     |
|-------|-----------------------------------------|----------------|--------------------|------------|---------------------|
|       |                                         | Total Costs    | Basis              | Statistics | FTEs per 2080 Hours |
|       |                                         | 1.00           | 2.00               | 3.00       | 4.00                |
| 1.00  | REGISTERED NURSES                       | 988,021        | HOURS OF SERVICE   | 22,258.20  | 10.70 1.00          |
| 2.00  | LICENSED PRACTICAL NURSES               | 0              | HOURS OF SERVICE   | 0.00       | 0.00 2.00           |
| 3.00  | NURSES AIDES                            | 0              | HOURS OF SERVICE   | 0.00       | 0.00 3.00           |
| 4.00  | TECHNICIANS                             | 619,919        | HOURS OF SERVICE   | 30,542.50  | 14.68 4.00          |
| 5.00  | SOCIAL WORKERS                          | 0              | HOURS OF SERVICE   | 0.00       | 0.00 5.00           |
| 6.00  | DIETICIANS                              | 0              | HOURS OF SERVICE   | 0.00       | 0.00 6.00           |
| 7.00  | PHYSICIANS                              | 0              | ACCUMULATED COST   |            | 7.00                |
| 8.00  | NON-PATIENT CARE SALARY                 | 128,864        | ACCUMULATED COST   |            | 8.00                |
| 9.00  | SUBTOTAL (SUM OF LINES 1-8)             | 1,736,804      |                    |            | 9.00                |
| 10.00 | EMPLOYEE BENEFITS                       | 884,887        | SALARY             |            | 10.00               |
| 11.00 | CAPITAL RELATED COSTS-BLDGS. & FIXTURES | 0              | SQUARE FEET        |            | 11.00               |
| 12.00 | CAPITAL RELATED COSTS-MOV. EQUIP.       | 0              | PERCENTAGE OF TIME |            | 12.00               |
| 13.00 | MACHINE COSTS & REPAIRS                 | 34,920         | PERCENTAGE OF TIME |            | 13.00               |
| 14.00 | SUPPLIES                                | 1,085,629      | REQUISITIONS       |            | 14.00               |
| 15.00 | DRUGS                                   | 523,551        | REQUISITIONS       |            | 15.00               |
| 16.00 | OTHER                                   | 185,623        | ACCUMULATED COST   |            | 16.00               |
| 17.00 | SUBTOTAL (SUM OF LINES 9-16)*           | 4,451,414      |                    |            | 17.00               |
| 18.00 | CAPITAL RELATED COSTS-BLDGS. & FIXTURES | 125,129        | SQUARE FEET        |            | 18.00               |
| 19.00 | CAPITAL RELATED COSTS-MOV. EQUIP.       | 15,435         | PERCENTAGE OF TIME |            | 19.00               |
| 20.00 | EMPLOYEE BENEFITS DEPARTMENT            | 492,438        | SALARY             |            | 20.00               |
| 21.00 | ADMINISTRATIVE & GENERAL                | 1,302,704      | ACCUMULATED COST   |            | 21.00               |
| 22.00 | MAINT./REPAIRS-OPER-HOUSEKEEPING        | 239,101        | SQUARE FEET        |            | 22.00               |
| 23.00 | MEDICAL EDUCATION PROGRAM COSTS         | 0              |                    |            | 23.00               |
| 24.00 | CENTRAL SERVICE & SUPPLIES              | 189,489        | REQUISITIONS       |            | 24.00               |
| 25.00 | PHARMACY                                | 117,507        | REQUISITIONS       |            | 25.00               |
| 26.00 | OTHER ALLOCATED COSTS                   | 351,163        | ACCUMULATED COST   |            | 26.00               |
| 27.00 | SUBTOTAL (SUM OF LINES 17-26)*          | 7,284,380      |                    |            | 27.00               |
| 28.00 | LABORATORY (SEE INSTRUCTIONS)           | 0              | CHARGES            | 0          | 28.00               |
| 29.00 | RESPIRATORY THERAPY (SEE INSTRUCTIONS)  | 0              | CHARGES            | 0          | 29.00               |
| 30.00 | OTHER                                   | 0              | CHARGES            | 0          | 30.00               |
| 30.01 | SLEEP/EEG                               | 0              | CHARGES            | 0          | 30.01               |
| 30.02 | GI                                      | 0              | CHARGES            | 0          | 30.02               |
| 30.03 | NUCLEAR MED                             | 0              | CHARGES            | 0          | 30.03               |
| 30.04 | PSYCH                                   | 0              | CHARGES            | 0          | 30.04               |
| 30.05 | ULTRASOUND                              | 0              | CHARGES            | 0          | 30.05               |
| 30.06 | VASCULAR LAB                            | 0              | CHARGES            | 0          | 30.06               |
| 30.07 | MEDICAL OUTPATIENT                      | 0              | CHARGES            | 0          | 30.07               |
| 30.97 | CARDIAC REHABILITATION                  | 0              | CHARGES            | 0          | 30.97               |
| 30.98 | HYPERBARIC OXYGEN THERAPY               | 0              | CHARGES            | 0          | 30.98               |
| 30.99 | LITHOTRIPSY                             | 0              | CHARGES            | 0          | 30.99               |
| 31.00 | TOTAL COSTS (SUM OF LINES 27-30)        | 7,284,380      |                    |            | 31.00               |

\* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

## ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 52-0100

Period:

Worksheet I-2

Component CCN: 52-2324

From 01/01/2021  
To 12/31/2021Date/Time Prepared:  
5/24/2022 3:09 pm

|                         |                                       | Capital Related Costs |                            | Direct Patient Care Salary  |           | Renal Dialysis               |         |       |
|-------------------------|---------------------------------------|-----------------------|----------------------------|-----------------------------|-----------|------------------------------|---------|-------|
|                         |                                       | Building              | Equipment                  | RNs                         | Other     | Employee Benefits Department | Drugs   |       |
|                         |                                       | 1.00                  | 2.00                       | 3.00                        | 4.00      | 5.00                         | 6.00    |       |
| 1.00                    | Total Renal Department Costs          | 364,230               | 50,355                     | 988,021                     | 619,919   | 1,377,325                    | 641,058 | 1.00  |
| MAINTENANCE             |                                       |                       |                            |                             |           |                              |         |       |
| 2.00                    | Hemodialysis                          | 188,335               | 26,035                     | 510,879                     | 320,539   | 712,173                      | 331,472 | 2.00  |
| 2.01                    | AKI-Hemodialysis                      | 0                     | 0                          | 0                           | 0         | 0                            | 0       | 2.01  |
| 3.00                    | Intermittent Peritoneal               | 0                     | 0                          | 0                           | 0         | 0                            | 0       | 3.00  |
| 3.01                    | AKI-Intermittent Peritoneal           | 0                     | 0                          | 0                           | 0         | 0                            | 0       | 3.01  |
| TRAINING                |                                       |                       |                            |                             |           |                              |         |       |
| 4.00                    | Hemodialysis                          | 0                     | 0                          | 0                           | 0         | 0                            | 0       | 4.00  |
| 5.00                    | Intermittent Peritoneal               | 0                     | 0                          | 0                           | 0         | 0                            | 0       | 5.00  |
| 6.00                    | CAPD                                  | 0                     | 4                          | 44                          | 36        | 69                           | 32      | 6.00  |
| 7.00                    | CCPD                                  | 2,219                 | 306                        | 5,993                       | 3,770     | 8,367                        | 3,895   | 7.00  |
| HOME                    |                                       |                       |                            |                             |           |                              |         |       |
| 8.00                    | Hemodialysis                          | 0                     | 0                          | 0                           | 0         | 0                            | 0       | 8.00  |
| 9.00                    | Intermittent Peritoneal               | 0                     | 0                          | 0                           | 0         | 0                            | 0       | 9.00  |
| 10.00                   | CAPD                                  | 6,813                 | 943                        | 18,510                      | 11,612    | 25,793                       | 12,004  | 10.00 |
| 11.00                   | CCPD                                  | 150,089               | 20,750                     | 407,140                     | 255,457   | 567,582                      | 264,174 | 11.00 |
| OTHER BILLABLE SERVICES |                                       |                       |                            |                             |           |                              |         |       |
| 12.00                   | Inpatient Dialysis                    | 16,774                | 2,317                      | 45,455                      | 28,505    | 63,341                       | 29,481  | 12.00 |
| 13.00                   | Method II Home Patient                | 0                     | 0                          | 0                           | 0         | 0                            | 0       | 13.00 |
| 14.00                   | ESAs (included in Renal Department)   |                       |                            |                             |           |                              |         | 14.00 |
| 15.00                   |                                       |                       |                            |                             |           |                              |         | 15.00 |
| 16.00                   | Other                                 | 0                     | 0                          | 0                           | 0         | 0                            | 0       | 16.00 |
| 17.00                   | Total (sum of lines 2 through 16)     | 364,230               | 50,355                     | 988,021                     | 619,919   | 1,377,325                    | 641,058 | 17.00 |
| 18.00                   | Medical Educational Program Costs     |                       |                            |                             |           |                              |         | 18.00 |
| 19.00                   | Total Renal Costs (line 17 + line 18) |                       |                            |                             |           |                              |         | 19.00 |
|                         |                                       | Medical Supplies      | Routine Ancillary Services | Subtotal (sum of cols. 1-8) | Overhead  | Total (col. 9 + col. 10)     |         |       |
|                         |                                       | 7.00                  | 8.00                       | 9.00                        | 10.00     | 11.00                        |         |       |
| 1.00                    | Total Renal Department Costs          | 1,275,118             | 0                          | 5,316,026                   | 1,968,354 | 7,284,380                    |         | 1.00  |
| MAINTENANCE             |                                       |                       |                            |                             |           |                              |         |       |
| 2.00                    | Hemodialysis                          | 659,324               | 0                          | 2,748,757                   | 1,017,775 | 3,766,532                    |         | 2.00  |
| 2.01                    | AKI-Hemodialysis                      | 0                     | 0                          | 0                           | 0         | 0                            |         | 2.01  |
| 3.00                    | Intermittent Peritoneal               | 0                     | 0                          | 0                           | 0         | 0                            |         | 3.00  |
| 3.01                    | AKI-Intermittent Peritoneal           | 0                     | 0                          | 0                           | 0         | 0                            |         | 3.01  |
| TRAINING                |                                       |                       |                            |                             |           |                              |         |       |
| 4.00                    | Hemodialysis                          | 0                     | 0                          | 0                           | 0         | 0                            |         | 4.00  |
| 5.00                    | Intermittent Peritoneal               | 0                     | 0                          | 0                           | 0         | 0                            |         | 5.00  |
| 6.00                    | CAPD                                  | 65                    | 0                          | 250                         | 93        | 343                          |         | 6.00  |
| 7.00                    | CCPD                                  | 7,745                 | 0                          | 32,295                      | 11,958    | 44,253                       |         | 7.00  |
| HOME                    |                                       |                       |                            |                             |           |                              |         |       |
| 8.00                    | Hemodialysis                          | 0                     | 0                          | 0                           | 0         | 0                            |         | 8.00  |
| 9.00                    | Intermittent Peritoneal               | 0                     | 0                          | 0                           | 0         | 0                            |         | 9.00  |
| 10.00                   | CAPD                                  | 23,879                | 0                          | 99,554                      | 36,862    | 136,416                      |         | 10.00 |
| 11.00                   | CCPD                                  | 525,464               | 0                          | 2,190,656                   | 811,130   | 3,001,786                    |         | 11.00 |
| OTHER BILLABLE SERVICES |                                       |                       |                            |                             |           |                              |         |       |
| 12.00                   | Inpatient Dialysis                    | 58,641                | 0                          | 244,514                     | 90,536    | 335,050                      |         | 12.00 |
| 13.00                   | Method II Home Patient                | 0                     | 0                          | 0                           | 0         | 0                            |         | 13.00 |
| 14.00                   | ESAs (included in Renal Department)   |                       |                            |                             |           |                              |         | 14.00 |
| 15.00                   |                                       |                       |                            |                             |           |                              |         | 15.00 |
| 16.00                   | Other                                 | 0                     | 0                          | 0                           | 0         | 0                            |         | 16.00 |
| 17.00                   | Total (sum of lines 2 through 16)     | 1,275,118             | 0                          | 5,316,026                   | 1,968,354 | 7,284,380                    |         | 17.00 |
| 18.00                   | Medical Educational Program Costs     |                       |                            |                             |           | 0                            |         | 18.00 |
| 19.00                   | Total Renal Costs (line 17 + line 18) |                       |                            |                             |           | 7,284,380                    |         | 19.00 |

## DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0100

Period:

Worksheet I-3

Component CCN: 52-2324

From 01/01/2021  
To 12/31/2021Date/Time Prepared:  
5/24/2022 3:09 pm

|                         |                                         |                     |                                   |                                               |                            | Renal Dialysis            |                                                | 07/27/2022 07:00 PM |  |
|-------------------------|-----------------------------------------|---------------------|-----------------------------------|-----------------------------------------------|----------------------------|---------------------------|------------------------------------------------|---------------------|--|
|                         |                                         |                     | Capital Related Costs             |                                               | Direct Patient Care Salary |                           |                                                |                     |  |
|                         |                                         |                     | Building<br>(Square Feet)         | Equipment (%<br>of Time)                      | RNs (Hours)                | Other (Hours)             | Employee<br>Benefits<br>Department<br>(Salary) |                     |  |
|                         |                                         |                     |                                   |                                               |                            |                           |                                                |                     |  |
|                         |                                         | 0                   | 1.00                              | 2.00                                          | 3.00                       | 4.00                      | 5.00                                           |                     |  |
| 1.00                    | Total Renal Department Costs            |                     | 364,230                           | 50,355                                        | 988,021                    | 619,919                   | 1,377,325                                      | 1.00                |  |
| MAINTENANCE             |                                         |                     |                                   |                                               |                            |                           |                                                |                     |  |
| 2.00                    | Hemodialysis                            |                     | 3,649                             | 7,236.00                                      | 11,509.00                  | 18,026.00                 | 898,049                                        | 2.00                |  |
| 2.01                    | AKI-Hemodialysis                        |                     | 0                                 | 0.00                                          | 0.00                       | 0.00                      | 0                                              | 2.01                |  |
| 3.00                    | Intermittent Peritoneal                 |                     | 0                                 | 0.00                                          | 0.00                       | 0.00                      | 0                                              | 3.00                |  |
| 3.01                    | AKI-Intermittent Peritoneal             |                     | 0                                 | 0.00                                          | 0.00                       | 0.00                      | 0                                              | 3.01                |  |
| TRAINING                |                                         |                     |                                   |                                               |                            |                           |                                                |                     |  |
| 4.00                    | Hemodialysis                            |                     | 0                                 | 0.00                                          | 0.00                       | 0.00                      | 0                                              | 4.00                |  |
| 5.00                    | Intermittent Peritoneal                 |                     | 0                                 | 0.00                                          | 0.00                       | 0.00                      | 0                                              | 5.00                |  |
| 6.00                    | CAPD                                    |                     | 0                                 | 1.00                                          | 1.00                       | 2.00                      | 87                                             | 6.00                |  |
| 7.00                    | CCPD                                    |                     | 43                                | 85.00                                         | 135.00                     | 212.00                    | 10,551                                         | 7.00                |  |
| HOME                    |                                         |                     |                                   |                                               |                            |                           |                                                |                     |  |
| 8.00                    | Hemodialysis                            |                     | 0                                 | 0.00                                          | 0.00                       | 0.00                      | 0                                              | 8.00                |  |
| 9.00                    | Intermittent Peritoneal                 |                     | 0                                 | 0.00                                          | 0.00                       | 0.00                      | 0                                              | 9.00                |  |
| 10.00                   | CAPD                                    |                     | 132                               | 262.00                                        | 417.00                     | 653.00                    | 32,525                                         | 10.00               |  |
| 11.00                   | CCPD                                    |                     | 2,908                             | 5,767.00                                      | 9,172.00                   | 14,366.00                 | 715,719                                        | 11.00               |  |
| OTHER BILLABLE SERVICES |                                         |                     |                                   |                                               |                            |                           |                                                |                     |  |
| 12.00                   | Inpatient Dialysis Treatments           | 916                 | 325                               | 644.00                                        | 1,024.00                   | 1,603.00                  | 79,873                                         | 12.00               |  |
| 13.00                   | Method II Home Patient                  |                     | 0                                 | 0.00                                          | 0.00                       | 0.00                      | 0                                              | 13.00               |  |
| 14.00                   | ESAs                                    |                     |                                   |                                               |                            |                           |                                                | 14.00               |  |
| 15.00                   |                                         |                     |                                   |                                               |                            |                           |                                                | 15.00               |  |
| 16.00                   | Other                                   |                     | 0                                 | 0.00                                          | 0.00                       | 0.00                      | 0                                              | 16.00               |  |
| 17.00                   | Total Statistical Basis                 |                     | 7,057                             | 13,995.00                                     | 22,258.00                  | 34,862.00                 | 1,736,804                                      | 17.00               |  |
| 18.00                   | Unit Cost Multiplier (line 1 ÷ line 17) |                     | 51.612583                         | 3.598071                                      | 44.389478                  | 17.782084                 | 0.793023                                       | 18.00               |  |
|                         |                                         | Drugs<br>(Requist.) | Medical<br>Supplies<br>(Requist.) | Routine<br>Ancillary<br>Services<br>(Charges) | Subtotal                   | Overhead<br>(Accum. Cost) |                                                |                     |  |
|                         |                                         | 6.00                | 7.00                              | 8.00                                          | 9.00                       | 10.00                     |                                                |                     |  |
| 1.00                    | Total Renal Department Costs            | 641,058             | 1,275,118                         | 0                                             | 5,316,026                  | 1,968,354                 |                                                | 1.00                |  |
| MAINTENANCE             |                                         |                     |                                   |                                               |                            |                           |                                                |                     |  |
| 2.00                    | Hemodialysis                            | 270,712             | 387,912                           | 0                                             |                            |                           |                                                | 2.00                |  |
| 2.01                    | AKI-Hemodialysis                        | 0                   | 0                                 | 0                                             |                            |                           |                                                | 2.01                |  |
| 3.00                    | Intermittent Peritoneal                 | 0                   | 0                                 | 0                                             |                            |                           |                                                | 3.00                |  |
| 3.01                    | AKI-Intermittent Peritoneal             | 0                   | 0                                 | 0                                             |                            |                           |                                                | 3.01                |  |
| TRAINING                |                                         |                     |                                   |                                               |                            |                           |                                                |                     |  |
| 4.00                    | Hemodialysis                            | 0                   | 0                                 | 0                                             |                            |                           |                                                | 4.00                |  |
| 5.00                    | Intermittent Peritoneal                 | 0                   | 0                                 | 0                                             |                            |                           |                                                | 5.00                |  |
| 6.00                    | CAPD                                    | 26                  | 38                                | 0                                             |                            |                           |                                                | 6.00                |  |
| 7.00                    | CCPD                                    | 3,181               | 4,557                             | 0                                             |                            |                           |                                                | 7.00                |  |
| HOME                    |                                         |                     |                                   |                                               |                            |                           |                                                |                     |  |
| 8.00                    | Hemodialysis                            | 0                   | 0                                 | 0                                             |                            |                           |                                                | 8.00                |  |
| 9.00                    | Intermittent Peritoneal                 | 0                   | 0                                 | 0                                             |                            |                           |                                                | 9.00                |  |
| 10.00                   | CAPD                                    | 9,804               | 14,049                            | 0                                             |                            |                           |                                                | 10.00               |  |
| 11.00                   | CCPD                                    | 215,750             | 309,155                           | 0                                             |                            |                           |                                                | 11.00               |  |
| OTHER BILLABLE SERVICES |                                         |                     |                                   |                                               |                            |                           |                                                |                     |  |
| 12.00                   | Inpatient Dialysis Treatments           | 24,077              | 34,501                            | 0                                             |                            |                           |                                                | 12.00               |  |
| 13.00                   | Method II Home Patient                  | 0                   | 0                                 | 0                                             |                            |                           |                                                | 13.00               |  |
| 14.00                   | ESAs                                    |                     |                                   |                                               |                            |                           |                                                | 14.00               |  |
| 15.00                   |                                         |                     |                                   |                                               |                            |                           |                                                | 15.00               |  |
| 16.00                   | Other                                   | 0                   | 0                                 | 0                                             |                            |                           |                                                | 16.00               |  |
| 17.00                   | Total Statistical Basis                 | 523,550             | 750,212                           | 0                                             |                            | 5,316,026                 |                                                | 17.00               |  |
| 18.00                   | Unit Cost Multiplier (line 1 ÷ line 17) | 1.224445            | 1.699677                          | 0.000000                                      |                            | 0.370268                  |                                                | 18.00               |  |

## COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 52-0100

Period:

Worksheet I-4

Component CCN: 52-2324

From 01/01/2021  
To 12/31/2021Date/Time Prepared:  
5/24/2022 3:09 pm

|       |                                                                                                                   | Rate 0                           |                                                 | Renal Dialysis                                        |                                    |                                                 |
|-------|-------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------|-------------------------------------------------------|------------------------------------|-------------------------------------------------|
|       |                                                                                                                   | Number of<br>Total<br>Treatments | Total Cost<br>(from Wkst.<br>I-2, col. 11)      | Average Cost<br>of Treatments<br>(col. 2 ÷ col.<br>1) | Number of<br>Program<br>Treatments | Total Program<br>Expenses (see<br>instructions) |
|       |                                                                                                                   | 1.00                             | 2.00                                            | 3.00                                                  | 4.00                               | 5.00                                            |
| 1.00  | Maintenance - Hemodialysis                                                                                        | 10,299                           | 3,766,532                                       | 365.72                                                | 6,460                              | 2,362,551                                       |
| 2.00  | Maintenance - Peritoneal Dialysis                                                                                 | 0                                | 0                                               | 0.00                                                  | 0                                  | 0                                               |
| 3.00  | Training - Hemodialysis                                                                                           | 0                                | 0                                               | 0.00                                                  | 0                                  | 0                                               |
| 4.00  | Training - Peritoneal Dialysis                                                                                    | 0                                | 0                                               | 0.00                                                  | 0                                  | 0                                               |
| 5.00  | Training - CAPD                                                                                                   | 1                                | 343                                             | 343.00                                                | 0                                  | 0                                               |
| 6.00  | Training - CCPD                                                                                                   | 121                              | 44,253                                          | 365.73                                                | 70                                 | 25,601                                          |
| 7.00  | Home Program - Hemodialysis                                                                                       | 373                              | 0                                               | 0.00                                                  | 0                                  | 0                                               |
| 8.00  | Home Program - Peritoneal Dialysis                                                                                | 8,208                            | 0                                               | 0.00                                                  | 2,723                              | 0                                               |
|       |                                                                                                                   | Patient Weeks                    |                                                 |                                                       | Patient Weeks                      |                                                 |
|       |                                                                                                                   | 1.00                             | 2.00                                            | 3.00                                                  | 4.00                               | 5.00                                            |
| 9.00  | Home Program - CAPD                                                                                               | 53                               | 136,416                                         | 2,573.89                                              | 0                                  | 0                                               |
| 10.00 | Home Program - CCPD                                                                                               | 1,172                            | 3,001,786                                       | 2,561.25                                              | 376                                | 963,030                                         |
| 11.00 | Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction) | 19,002                           | 6,949,330                                       |                                                       | 9,253                              | 3,351,182                                       |
| 12.00 | Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)                | 22,677                           |                                                 |                                                       |                                    |                                                 |
|       |                                                                                                                   | Total Program<br>Payment         | Average<br>Payment Rate<br>(col. 6 ÷ col.<br>4) |                                                       |                                    |                                                 |
|       |                                                                                                                   | 6.00                             | 7.00                                            |                                                       |                                    |                                                 |
| 1.00  | Maintenance - Hemodialysis                                                                                        | 1,700,250                        | 263.20                                          |                                                       |                                    |                                                 |
| 2.00  | Maintenance - Peritoneal Dialysis                                                                                 | 0                                | 0.00                                            |                                                       |                                    |                                                 |
| 3.00  | Training - Hemodialysis                                                                                           | 0                                | 0.00                                            |                                                       |                                    |                                                 |
| 4.00  | Training - Peritoneal Dialysis                                                                                    | 0                                | 0.00                                            |                                                       |                                    |                                                 |
| 5.00  | Training - CAPD                                                                                                   | 0                                | 0.00                                            |                                                       |                                    |                                                 |
| 6.00  | Training - CCPD                                                                                                   | 22,939                           | 327.70                                          |                                                       |                                    |                                                 |
| 7.00  | Home Program - Hemodialysis                                                                                       | 0                                | 0.00                                            |                                                       |                                    |                                                 |
| 8.00  | Home Program - Peritoneal Dialysis                                                                                | 317,840                          | 116.72                                          |                                                       |                                    |                                                 |
|       |                                                                                                                   | 6.00                             | 7.00                                            |                                                       |                                    |                                                 |
| 9.00  | Home Program - CAPD                                                                                               | 0                                | 0.00                                            |                                                       |                                    |                                                 |
| 10.00 | Home Program - CCPD                                                                                               | 0                                | 0.00                                            |                                                       |                                    |                                                 |
| 11.00 | Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction) | 2,041,029                        |                                                 |                                                       |                                    |                                                 |
| 12.00 | Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)                |                                  |                                                 |                                                       |                                    |                                                 |

| CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B                 |                                                                                                                                                                  | Provider CCN: 52-0100 | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet I-5<br>Date/Time Prepared:<br>5/24/2022 3:09 pm |       |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-----------------------------------------------------------|-------|
|                                                                              |                                                                                                                                                                  |                       | 1.00                                        | 2.00                                                      |       |
| <b>PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B</b> |                                                                                                                                                                  |                       |                                             |                                                           |       |
| 1.00                                                                         | Total expenses related to care of program beneficiaries (see instructions)                                                                                       |                       | 3,351,182                                   |                                                           | 1.00  |
| 2.00                                                                         | Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)                                                                                           |                       | 2,041,029                                   | 2,041,029                                                 | 2.00  |
| 2.01                                                                         | Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)                                                                                        |                       |                                             |                                                           | 2.01  |
| 2.02                                                                         | Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)                                                                                        |                       |                                             |                                                           | 2.02  |
| 2.03                                                                         | Total payment due (see instructions)                                                                                                                             |                       | 2,041,029                                   | 2,041,029                                                 | 2.03  |
| 2.04                                                                         | Outlier payments                                                                                                                                                 |                       | 0                                           |                                                           | 2.04  |
| 3.00                                                                         | Deductibles billed to Medicare (Part B) patients (see instructions)                                                                                              |                       | 0                                           | 0                                                         | 3.00  |
| 3.01                                                                         | Deductibles billed to Medicare (Part B) patients (see instructions)                                                                                              |                       |                                             |                                                           | 3.01  |
| 3.02                                                                         | Deductibles billed to Medicare (Part B) patients (see instructions)                                                                                              |                       |                                             |                                                           | 3.02  |
| 3.03                                                                         | Total deductibles billed to Medicare (Part B) patients (see instructions)                                                                                        |                       | 0                                           | 0                                                         | 3.03  |
| 4.00                                                                         | Coinsurance billed to Medicare (Part B) patients                                                                                                                 |                       | 408,665                                     | 408,665                                                   | 4.00  |
| 4.01                                                                         | Coinsurance billed to Medicare (Part B) patients (see instructions)                                                                                              |                       |                                             |                                                           | 4.01  |
| 4.02                                                                         | Coinsurance billed to Medicare (Part B) patients (see instructions)                                                                                              |                       |                                             |                                                           | 4.02  |
| 4.03                                                                         | Total coinsurance billed to Medicare (Part B) patients (see instructions)                                                                                        |                       | 408,665                                     | 408,665                                                   | 4.03  |
| 5.00                                                                         | Bad debts for deductibles and coinsurance, net of bad debt recoveries                                                                                            |                       | 0                                           | 0                                                         | 5.00  |
| 5.01                                                                         | Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012 |                       |                                             |                                                           | 5.01  |
| 5.02                                                                         | Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013 |                       |                                             |                                                           | 5.02  |
| 5.03                                                                         | Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014 |                       |                                             |                                                           | 5.03  |
| 5.04                                                                         | 100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014                                         |                       | 0                                           | 0                                                         | 5.04  |
| 5.05                                                                         | Allowable bad debts (sum of lines 5 through line 5.04)                                                                                                           |                       | 0                                           | 0                                                         | 5.05  |
| 6.00                                                                         | Adjusted reimbursable bad debts (see instructions)                                                                                                               |                       | 0                                           |                                                           | 6.00  |
| 7.00                                                                         | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                                                           |                       | 0                                           |                                                           | 7.00  |
| 8.00                                                                         | Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)                                                                          |                       | 0                                           | 408,665                                                   | 8.00  |
| 9.00                                                                         | Program payment (see instructions)                                                                                                                               |                       | 0                                           | 1,632,823                                                 | 9.00  |
| 10.00                                                                        | Unrecovered from Medicare (Part B) patients (see instructions)                                                                                                   |                       |                                             |                                                           | 10.00 |
| 11.00                                                                        | Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)                                                                             |                       | 0                                           |                                                           | 11.00 |
| <b>PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE</b>  |                                                                                                                                                                  |                       |                                             |                                                           |       |
| 12.00                                                                        | Total allowable expenses (see instructions)                                                                                                                      |                       | 6,949,330                                   |                                                           | 12.00 |
| 13.00                                                                        | Total composite costs (from Wkst. I-4, col. 2, line 11)                                                                                                          |                       | 6,949,330                                   |                                                           | 13.00 |
| 14.00                                                                        | Facility specific composite cost percentage (line 13 divided by line 12)                                                                                         |                       | 1.000000                                    |                                                           | 14.00 |

## ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 52-0100

Period:

Worksheet 0

Hospice CCN: 52-1525

From 01/01/2021  
To 12/31/2021Date/Time Prepared:  
5/24/2022 3:09 pm

|                                          |                                         |           |           |                               |                        | Hospice I |           | 01/24/2022 0:00 PM |  |
|------------------------------------------|-----------------------------------------|-----------|-----------|-------------------------------|------------------------|-----------|-----------|--------------------|--|
|                                          |                                         | SALARIES  | OTHER     | SUBTOTAL (col. 1 plus col. 2) | RECLASSIFI-<br>CATIONS | SUBTOTAL  |           |                    |  |
|                                          |                                         | 1.00      | 2.00      | 3.00                          | 4.00                   | 5.00      |           |                    |  |
| GENERAL SERVICE COST CENTERS             |                                         |           |           |                               |                        |           |           |                    |  |
| 1.00                                     | CAP REL COSTS-BLDG & FIXT*              |           | 0         | 0                             | 0                      |           | 0         | 1.00               |  |
| 2.00                                     | CAP REL COSTS-MVBLE EQUIP*              |           | 0         | 0                             | 0                      |           | 0         | 2.00               |  |
| 3.00                                     | EMPLOYEE BENEFITS DEPARTMENT*           | 0         | 498,954   | 498,954                       | 0                      |           | 498,954   | 3.00               |  |
| 4.00                                     | ADMINISTRATIVE & GENERAL*               | 321,497   | 64,068    | 385,565                       | 0                      |           | 385,565   | 4.00               |  |
| 5.00                                     | PLANT OPERATION & MAINTENANCE*          | 0         | 199,914   | 199,914                       | -93,353                |           | 106,561   | 5.00               |  |
| 6.00                                     | LAUNDRY & LINEN SERVICE*                | 0         | 0         | 0                             | 0                      |           | 0         | 6.00               |  |
| 7.00                                     | HOUSEKEEPING*                           | 0         | 0         | 0                             | 0                      |           | 0         | 7.00               |  |
| 8.00                                     | DIETARY*                                | 0         | 0         | 0                             | 0                      |           | 0         | 8.00               |  |
| 9.00                                     | NURSING ADMINISTRATION*                 | 0         | 0         | 0                             | 0                      |           | 0         | 9.00               |  |
| 10.00                                    | ROUTINE MEDICAL SUPPLIES*               | 0         | 0         | 0                             | 0                      |           | 0         | 10.00              |  |
| 11.00                                    | MEDICAL RECORDS*                        | 40,203    | 0         | 40,203                        | 0                      |           | 40,203    | 11.00              |  |
| 12.00                                    | STAFF TRANSPORTATION*                   | 0         | 64,954    | 64,954                        | 0                      |           | 64,954    | 12.00              |  |
| 13.00                                    | VOLUNTEER SERVICE COORDINATION*         | 34,920    | 0         | 34,920                        | 0                      |           | 34,920    | 13.00              |  |
| 14.00                                    | PHARMACY*                               | 0         | 193,063   | 193,063                       | 0                      |           | 193,063   | 14.00              |  |
| 15.00                                    | PHYSICIAN ADMINISTRATIVE SERVICES*      | 0         | 0         | 0                             | 0                      |           | 0         | 15.00              |  |
| 16.00                                    | OTHER GENERAL SERVICE*                  | 0         | 0         | 0                             | 0                      |           | 0         | 16.00              |  |
| 17.00                                    | PATIENT/RESIDENTIAL CARE SERVICES       |           |           |                               |                        |           |           | 17.00              |  |
| DIRECT PATIENT CARE SERVICE COST CENTERS |                                         |           |           |                               |                        |           |           |                    |  |
| 25.00                                    | INPATIENT CARE-CONTRACTED**             |           | 0         | 0                             | 0                      |           | 0         | 25.00              |  |
| 26.00                                    | PHYSICIAN SERVICES**                    | 0         | 0         | 0                             | 0                      |           | 0         | 26.00              |  |
| 27.00                                    | NURSE PRACTITIONER**                    | 121,585   | 0         | 121,585                       | 0                      |           | 121,585   | 27.00              |  |
| 28.00                                    | REGISTERED NURSE**                      | 947,153   | 0         | 947,153                       | 0                      |           | 947,153   | 28.00              |  |
| 29.00                                    | LPN/LVN**                               | 0         | 0         | 0                             | 0                      |           | 0         | 29.00              |  |
| 30.00                                    | PHYSICAL THERAPY**                      | 0         | 0         | 0                             | 0                      |           | 0         | 30.00              |  |
| 31.00                                    | OCCUPATIONAL THERAPY**                  | 0         | 0         | 0                             | 0                      |           | 0         | 31.00              |  |
| 32.00                                    | SPEECH/LANGUAGE PATHOLOGY**             | 0         | 0         | 0                             | 0                      |           | 0         | 32.00              |  |
| 33.00                                    | MEDICAL SOCIAL SERVICES**               | 137,517   | 0         | 137,517                       | 0                      |           | 137,517   | 33.00              |  |
| 34.00                                    | SPIRITUAL COUNSELING**                  | 100,938   | 0         | 100,938                       | 0                      |           | 100,938   | 34.00              |  |
| 35.00                                    | DIETARY COUNSELING**                    | 0         | 0         | 0                             | 0                      |           | 0         | 35.00              |  |
| 36.00                                    | COUNSELING - OTHER**                    | 57,906    | 0         | 57,906                        | 0                      |           | 57,906    | 36.00              |  |
| 37.00                                    | HOSPICE AIDE & HOME MAKER SERVICES**    | 201,647   | 0         | 201,647                       | 0                      |           | 201,647   | 37.00              |  |
| 38.00                                    | DURABLE MEDICAL EQUIPMENT/OXYGEN**      | 0         | 99,285    | 99,285                        | 0                      |           | 99,285    | 38.00              |  |
| 39.00                                    | PATIENT TRANSPORTATION**                | 0         | 0         | 0                             | 0                      |           | 0         | 39.00              |  |
| 40.00                                    | IMAGING SERVICES**                      | 0         | 0         | 0                             | 0                      |           | 0         | 40.00              |  |
| 41.00                                    | LABS & DIAGNOSTICS**                    | 0         | 533,813   | 533,813                       | 0                      |           | 533,813   | 41.00              |  |
| 42.00                                    | MEDICAL SUPPLIES-NON-ROUTINE**          | 0         | 201,577   | 201,577                       | 0                      |           | 201,577   | 42.00              |  |
| 42.50                                    | DRUGS CHARGED TO PATIENTS**             | 0         | 0         | 0                             | 0                      |           | 0         | 42.50              |  |
| 43.00                                    | OUTPATIENT SERVICES**                   | 0         | 0         | 0                             | 0                      |           | 0         | 43.00              |  |
| 44.00                                    | PALLIATIVE RADIATION THERAPY**          | 0         | 0         | 0                             | 0                      |           | 0         | 44.00              |  |
| 45.00                                    | PALLIATIVE CHEMOTHERAPY**               | 0         | 0         | 0                             | 0                      |           | 0         | 45.00              |  |
| 46.00                                    | OTHER PATIENT CARE SERVICES (SPECIFY)** | 0         | 0         | 0                             | 0                      |           | 0         | 46.00              |  |
| NONREIMBURSABLE COST CENTERS             |                                         |           |           |                               |                        |           |           |                    |  |
| 60.00                                    | BEREAVEMENT PROGRAM *                   | 0         | 0         | 0                             | 0                      |           | 0         | 60.00              |  |
| 61.00                                    | VOLUNTEER PROGRAM *                     | 0         | 0         | 0                             | 0                      |           | 0         | 61.00              |  |
| 62.00                                    | FUNDRAISING*                            | 0         | 0         | 0                             | 0                      |           | 0         | 62.00              |  |
| 63.00                                    | HOSPICE/PALLIATIVE MEDICINE FELLOWS*    | 0         | 0         | 0                             | 0                      |           | 0         | 63.00              |  |
| 64.00                                    | PALLIATIVE CARE PROGRAM*                | 150,845   | 1,183     | 152,028                       | 0                      |           | 152,028   | 64.00              |  |
| 65.00                                    | OTHER PHYSICIAN SERVICES*               | 0         | 0         | 0                             | 0                      |           | 0         | 65.00              |  |
| 66.00                                    | RESIDENTIAL CARE*                       | 0         | 0         | 0                             | 0                      |           | 0         | 66.00              |  |
| 67.00                                    | ADVERTISING*                            | 0         | 15,669    | 15,669                        | 0                      |           | 15,669    | 67.00              |  |
| 68.00                                    | TELEHEALTH/TELEMONITORING*              | 0         | 0         | 0                             | 0                      |           | 0         | 68.00              |  |
| 69.00                                    | THRIFT STORE*                           | 0         | 0         | 0                             | 0                      |           | 0         | 69.00              |  |
| 70.00                                    | NURSING FACILITY ROOM & BOARD*          | 0         | 0         | 0                             | 0                      |           | 0         | 70.00              |  |
| 71.00                                    | OTHER NONREIMBURSABLE (SPECIFY)*        | 0         | 0         | 0                             | 0                      |           | 0         | 71.00              |  |
| 100.00                                   | TOTAL                                   | 2,114,211 | 1,872,480 | 3,986,691                     | -93,353                |           | 3,893,338 | 100.00             |  |

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

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

## ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 52-0100

Period:

Worksheet 0

Hospice CCN: 52-1525

From 01/01/2021

To 12/31/2021

Date/Time Prepared:  
5/24/2022 3:09 pm

|                                          |                                         | ADJUSTMENTS | TOTAL (col. 5<br>± col. 6) | Hospice I |        |
|------------------------------------------|-----------------------------------------|-------------|----------------------------|-----------|--------|
|                                          |                                         | 6.00        | 7.00                       |           |        |
| GENERAL SERVICE COST CENTERS             |                                         |             |                            |           |        |
| 1.00                                     | CAP REL COSTS-BLDG & FIXT*              | 0           | 0                          |           | 1.00   |
| 2.00                                     | CAP REL COSTS-MVBLE EQUIP*              | 0           | 0                          |           | 2.00   |
| 3.00                                     | EMPLOYEE BENEFITS DEPARTMENT*           | 0           | 498,954                    |           | 3.00   |
| 4.00                                     | ADMINISTRATIVE & GENERAL*               | -241,243    | 144,322                    |           | 4.00   |
| 5.00                                     | PLANT OPERATION & MAINTENANCE*          | 0           | 106,561                    |           | 5.00   |
| 6.00                                     | LAUNDRY & LINEN SERVICE*                | 0           | 0                          |           | 6.00   |
| 7.00                                     | HOUSEKEEPING*                           | 0           | 0                          |           | 7.00   |
| 8.00                                     | DIETARY*                                | 0           | 0                          |           | 8.00   |
| 9.00                                     | NURSING ADMINISTRATION*                 | 0           | 0                          |           | 9.00   |
| 10.00                                    | ROUTINE MEDICAL SUPPLIES*               | 0           | 0                          |           | 10.00  |
| 11.00                                    | MEDICAL RECORDS*                        | 0           | 40,203                     |           | 11.00  |
| 12.00                                    | STAFF TRANSPORTATION*                   | 0           | 64,954                     |           | 12.00  |
| 13.00                                    | VOLUNTEER SERVICE COORDINATION*         | 0           | 34,920                     |           | 13.00  |
| 14.00                                    | PHARMACY*                               | 0           | 193,063                    |           | 14.00  |
| 15.00                                    | PHYSICIAN ADMINISTRATIVE SERVICES*      | 0           | 0                          |           | 15.00  |
| 16.00                                    | OTHER GENERAL SERVICE*                  | 0           | 0                          |           | 16.00  |
| 17.00                                    | PATIENT/RESIDENTIAL CARE SERVICES       |             |                            |           | 17.00  |
| DIRECT PATIENT CARE SERVICE COST CENTERS |                                         |             |                            |           |        |
| 25.00                                    | INPATIENT CARE-CONTRACTED**             | 0           | 0                          |           | 25.00  |
| 26.00                                    | PHYSICIAN SERVICES**                    | 0           | 0                          |           | 26.00  |
| 27.00                                    | NURSE PRACTITIONER**                    | 0           | 121,585                    |           | 27.00  |
| 28.00                                    | REGISTERED NURSE**                      | 0           | 947,153                    |           | 28.00  |
| 29.00                                    | LPN/LVN**                               | 0           | 0                          |           | 29.00  |
| 30.00                                    | PHYSICAL THERAPY**                      | 0           | 0                          |           | 30.00  |
| 31.00                                    | OCCUPATIONAL THERAPY**                  | 0           | 0                          |           | 31.00  |
| 32.00                                    | SPEECH/LANGUAGE PATHOLOGY**             | 0           | 0                          |           | 32.00  |
| 33.00                                    | MEDICAL SOCIAL SERVICES**               | 0           | 137,517                    |           | 33.00  |
| 34.00                                    | SPIRITUAL COUNSELING**                  | 0           | 100,938                    |           | 34.00  |
| 35.00                                    | DIETARY COUNSELING**                    | 0           | 0                          |           | 35.00  |
| 36.00                                    | COUNSELING - OTHER**                    | 0           | 57,906                     |           | 36.00  |
| 37.00                                    | HOSPICE AIDE & HOMEMAKER SERVICES**     | 0           | 201,647                    |           | 37.00  |
| 38.00                                    | DURABLE MEDICAL EQUIPMENT/OXYGEN**      | 0           | 99,285                     |           | 38.00  |
| 39.00                                    | PATIENT TRANSPORTATION**                | 0           | 0                          |           | 39.00  |
| 40.00                                    | IMAGING SERVICES**                      | 0           | 0                          |           | 40.00  |
| 41.00                                    | LABS & DIAGNOSTICS**                    | 0           | 533,813                    |           | 41.00  |
| 42.00                                    | MEDICAL SUPPLIES-NON-ROUTINE**          | 0           | 201,577                    |           | 42.00  |
| 42.50                                    | DRUGS CHARGED TO PATIENTS**             | 0           | 0                          |           | 42.50  |
| 43.00                                    | OUTPATIENT SERVICES**                   | 0           | 0                          |           | 43.00  |
| 44.00                                    | PALLIATIVE RADIATION THERAPY**          | 0           | 0                          |           | 44.00  |
| 45.00                                    | PALLIATIVE CHEMOTHERAPY**               | 0           | 0                          |           | 45.00  |
| 46.00                                    | OTHER PATIENT CARE SERVICES (SPECIFY)** | 0           | 0                          |           | 46.00  |
| NONREIMBURSABLE COST CENTERS             |                                         |             |                            |           |        |
| 60.00                                    | BEREAVEMENT PROGRAM *                   | 0           | 0                          |           | 60.00  |
| 61.00                                    | VOLUNTEER PROGRAM *                     | 0           | 0                          |           | 61.00  |
| 62.00                                    | FUNDRAISING*                            | 0           | 0                          |           | 62.00  |
| 63.00                                    | HOSPICE/PALLIATIVE MEDICINE FELLOWS*    | 0           | 0                          |           | 63.00  |
| 64.00                                    | PALLIATIVE CARE PROGRAM*                | 0           | 152,028                    |           | 64.00  |
| 65.00                                    | OTHER PHYSICIAN SERVICES*               | 0           | 0                          |           | 65.00  |
| 66.00                                    | RESIDENTIAL CARE*                       | 0           | 0                          |           | 66.00  |
| 67.00                                    | ADVERTISING*                            | 0           | 15,669                     |           | 67.00  |
| 68.00                                    | TELEHEALTH/TELEMONITORING*              | 0           | 0                          |           | 68.00  |
| 69.00                                    | THRIFT STORE*                           | 0           | 0                          |           | 69.00  |
| 70.00                                    | NURSING FACILITY ROOM & BOARD*          | 0           | 0                          |           | 70.00  |
| 71.00                                    | OTHER NONREIMBURSABLE (SPECIFY)*        | 0           | 0                          |           | 71.00  |
| 100.00                                   | TOTAL                                   | -241,243    | 3,652,095                  |           | 100.00 |

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

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

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

Provider CCN: 52-0100

Period:

Worksheet 0-2

Hospice CCN: 52-1525

From 01/01/2021  
To 12/31/2021Date/Time Prepared:  
5/24/2022 3:09 pm

|        |                                          |           |         | Hospice I                  |                        |           |        |
|--------|------------------------------------------|-----------|---------|----------------------------|------------------------|-----------|--------|
|        |                                          | SALARIES  | OTHER   | SUBTOTAL (col. 1 + col. 2) | RECLASSIFI-<br>CATIONS | SUBTOTAL  |        |
|        |                                          | 1.00      | 2.00    | 3.00                       | 4.00                   | 5.00      |        |
|        | DIRECT PATIENT CARE SERVICE COST CENTERS |           |         |                            |                        |           |        |
| 25.00  | INPATIENT CARE-CONTRACTED                |           |         |                            |                        |           | 25.00  |
| 26.00  | PHYSICIAN SERVICES                       | 0         | 0       | 0                          | 0                      | 0         | 26.00  |
| 27.00  | NURSE PRACTITIONER                       | 121,585   | 0       | 121,585                    | 0                      | 121,585   | 27.00  |
| 28.00  | REGISTERED NURSE                         | 947,153   | 0       | 947,153                    | 0                      | 947,153   | 28.00  |
| 29.00  | LPN/LVN                                  | 0         | 0       | 0                          | 0                      | 0         | 29.00  |
| 30.00  | PHYSICAL THERAPY                         | 0         | 0       | 0                          | 0                      | 0         | 30.00  |
| 31.00  | OCCUPATIONAL THERAPY                     | 0         | 0       | 0                          | 0                      | 0         | 31.00  |
| 32.00  | SPEECH/LANGUAGE PATHOLOGY                | 0         | 0       | 0                          | 0                      | 0         | 32.00  |
| 33.00  | MEDICAL SOCIAL SERVICES                  | 137,517   | 0       | 137,517                    | 0                      | 137,517   | 33.00  |
| 34.00  | SPIRITUAL COUNSELING                     | 100,938   | 0       | 100,938                    | 0                      | 100,938   | 34.00  |
| 35.00  | DIETARY COUNSELING                       | 0         | 0       | 0                          | 0                      | 0         | 35.00  |
| 36.00  | COUNSELING - OTHER                       | 57,906    | 0       | 57,906                     | 0                      | 57,906    | 36.00  |
| 37.00  | HOSPICE AIDE & HOME MAKER SERVICES       | 201,647   | 0       | 201,647                    | 0                      | 201,647   | 37.00  |
| 38.00  | DURABLE MEDICAL EQUIPMENT/OXYGEN         | 0         | 99,285  | 99,285                     | 0                      | 99,285    | 38.00  |
| 39.00  | PATIENT TRANSPORTATION                   | 0         | 0       | 0                          | 0                      | 0         | 39.00  |
| 40.00  | IMAGING SERVICES                         | 0         | 0       | 0                          | 0                      | 0         | 40.00  |
| 41.00  | LABS & DIAGNOSTICS                       | 0         | 533,813 | 533,813                    | 0                      | 533,813   | 41.00  |
| 42.00  | MEDICAL SUPPLIES-NON-ROUTINE             | 0         | 201,577 | 201,577                    | 0                      | 201,577   | 42.00  |
| 42.50  | DRUGS CHARGED TO PATIENTS                | 0         | 0       | 0                          | 0                      | 0         | 42.50  |
| 43.00  | OUTPATIENT SERVICES                      | 0         | 0       | 0                          | 0                      | 0         | 43.00  |
| 44.00  | PALLIATIVE RADIATION THERAPY             | 0         | 0       | 0                          | 0                      | 0         | 44.00  |
| 45.00  | PALLIATIVE CHEMOTHERAPY                  | 0         | 0       | 0                          | 0                      | 0         | 45.00  |
| 46.00  | OTHER PATIENT CARE SERVICES (SPECIFY)    | 0         | 0       | 0                          | 0                      | 0         | 46.00  |
| 100.00 | TOTAL *                                  | 1,566,746 | 834,675 | 2,401,421                  | 0                      | 2,401,421 | 100.00 |

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

|                                          |                                       | ADJUSTMENTS | TOTAL (col. 5<br>± col. 6) |        |
|------------------------------------------|---------------------------------------|-------------|----------------------------|--------|
|                                          |                                       | 6.00        | 7.00                       |        |
| DIRECT PATIENT CARE SERVICE COST CENTERS |                                       |             |                            |        |
| 25.00                                    | INPATIENT CARE-CONTRACTED             |             |                            | 25.00  |
| 26.00                                    | PHYSICIAN SERVICES                    | 0           | 0                          | 26.00  |
| 27.00                                    | NURSE PRACTITIONER                    | 0           | 121,585                    | 27.00  |
| 28.00                                    | REGISTERED NURSE                      | 0           | 947,153                    | 28.00  |
| 29.00                                    | LPN/LVN                               | 0           | 0                          | 29.00  |
| 30.00                                    | PHYSICAL THERAPY                      | 0           | 0                          | 30.00  |
| 31.00                                    | OCCUPATIONAL THERAPY                  | 0           | 0                          | 31.00  |
| 32.00                                    | SPEECH/LANGUAGE PATHOLOGY             | 0           | 0                          | 32.00  |
| 33.00                                    | MEDICAL SOCIAL SERVICES               | 0           | 137,517                    | 33.00  |
| 34.00                                    | SPIRITUAL COUNSELING                  | 0           | 100,938                    | 34.00  |
| 35.00                                    | DIETARY COUNSELING                    | 0           | 0                          | 35.00  |
| 36.00                                    | COUNSELING - OTHER                    | 0           | 57,906                     | 36.00  |
| 37.00                                    | HOSPICE AIDE & HOME MAKER SERVICES    | 0           | 201,647                    | 37.00  |
| 38.00                                    | DURABLE MEDICAL EQUIPMENT/OXYGEN      | 0           | 99,285                     | 38.00  |
| 39.00                                    | PATIENT TRANSPORTATION                | 0           | 0                          | 39.00  |
| 40.00                                    | IMAGING SERVICES                      | 0           | 0                          | 40.00  |
| 41.00                                    | LABS & DIAGNOSTICS                    | 0           | 533,813                    | 41.00  |
| 42.00                                    | MEDICAL SUPPLIES-NON-ROUTINE          | 0           | 201,577                    | 42.00  |
| 42.50                                    | DRUGS CHARGED TO PATIENTS             | 0           | 0                          | 42.50  |
| 43.00                                    | OUTPATIENT SERVICES                   | 0           | 0                          | 43.00  |
| 44.00                                    | PALLIATIVE RADIATION THERAPY          | 0           | 0                          | 44.00  |
| 45.00                                    | PALLIATIVE CHEMOTHERAPY               | 0           | 0                          | 45.00  |
| 46.00                                    | OTHER PATIENT CARE SERVICES (SPECIFY) | 0           | 0                          | 46.00  |
| 100.00                                   | TOTAL *                               | 0           | 2,401,421                  | 100.00 |

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

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

Provider CCN: 52-0100

Period:

Worksheet 0-5

Hospice CCN: 52-1525

From 01/01/2021  
To 12/31/2021Date/Time Prepared:  
5/24/2022 3:09 pm

| Descriptions                 |                                     | Hospice I                                        |                                                                               | TOTAL EXPENSES<br>(sum of cols.<br>1 + 2) |        |
|------------------------------|-------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------|--------|
|                              |                                     | HOSPICE DIRECT<br>EXPENSES (see<br>instructions) | GENERAL<br>SERVICE<br>EXPENSES FROM<br>WKST B PART I<br>(see<br>instructions) |                                           |        |
|                              |                                     | 1.00                                             | 2.00                                                                          | 3.00                                      |        |
| GENERAL SERVICE COST CENTERS |                                     |                                                  |                                                                               |                                           |        |
| 1.00                         | CAP REL COSTS-BLDG & FIXT           | 0                                                | 44,328                                                                        | 44,328                                    | 1.00   |
| 2.00                         | CAP REL COSTS-MVBLE EQUIP           | 0                                                | 109,676                                                                       | 109,676                                   | 2.00   |
| 3.00                         | EMPLOYEE BENEFITS DEPARTMENT        | 498,954                                          | 599,444                                                                       | 1,098,398                                 | 3.00   |
| 4.00                         | ADMINISTRATIVE & GENERAL            | 144,322                                          | 1,197,474                                                                     | 1,341,796                                 | 4.00   |
| 5.00                         | PLANT OPERATION & MAINTENANCE       | 106,561                                          | 0                                                                             | 106,561                                   | 5.00   |
| 6.00                         | LAUNDRY & LINEN SERVICE             | 0                                                | 0                                                                             | 0                                         | 6.00   |
| 7.00                         | HOUSEKEEPING                        | 0                                                | 15,996                                                                        | 15,996                                    | 7.00   |
| 8.00                         | DIETARY                             | 0                                                | 0                                                                             | 0                                         | 8.00   |
| 9.00                         | NURSING ADMINISTRATION              | 0                                                | 0                                                                             | 0                                         | 9.00   |
| 10.00                        | ROUTINE MEDICAL SUPPLIES            | 0                                                | 3,030                                                                         | 3,030                                     | 10.00  |
| 11.00                        | MEDICAL RECORDS                     | 40,203                                           | 17,668                                                                        | 57,871                                    | 11.00  |
| 12.00                        | STAFF TRANSPORTATION                | 64,954                                           | 0                                                                             | 64,954                                    | 12.00  |
| 13.00                        | VOLUNTEER SERVICE COORDINATION      | 34,920                                           | 0                                                                             | 34,920                                    | 13.00  |
| 14.00                        | PHARMACY                            | 193,063                                          | 534                                                                           | 193,597                                   | 14.00  |
| 15.00                        | PHYSICIAN ADMINISTRATIVE SERVICES   | 0                                                | 0                                                                             | 0                                         | 15.00  |
| 16.00                        | OTHER GENERAL SERVICE               | 0                                                | 0                                                                             | 0                                         | 16.00  |
| 17.00                        | PATIENT/RESIDENTIAL CARE SERVICES   | 0                                                | 0                                                                             | 0                                         | 17.00  |
| LEVEL OF CARE                |                                     |                                                  |                                                                               |                                           |        |
| 50.00                        | HOSPICE CONTINUOUS HOME CARE        | 0                                                | 0                                                                             | 0                                         | 50.00  |
| 51.00                        | HOSPICE ROUTINE HOME CARE           | 2,401,421                                        | 0                                                                             | 2,401,421                                 | 51.00  |
| 52.00                        | HOSPICE INPATIENT RESPITE CARE      | 0                                                | 0                                                                             | 0                                         | 52.00  |
| 53.00                        | HOSPICE GENERAL INPATIENT CARE      | 0                                                | 0                                                                             | 0                                         | 53.00  |
| NONREIMBURSABLE COST CENTERS |                                     |                                                  |                                                                               |                                           |        |
| 60.00                        | BEREAVEMENT PROGRAM                 | 0                                                | 0                                                                             | 0                                         | 60.00  |
| 61.00                        | VOLUNTEER PROGRAM                   | 0                                                | 0                                                                             | 0                                         | 61.00  |
| 62.00                        | FUNDRAISING                         | 0                                                | 0                                                                             | 0                                         | 62.00  |
| 63.00                        | HOSPICE/PALLIATIVE MEDICINE FELLOWS | 0                                                | 0                                                                             | 0                                         | 63.00  |
| 64.00                        | PALLIATIVE CARE PROGRAM             | 152,028                                          | 0                                                                             | 152,028                                   | 64.00  |
| 65.00                        | OTHER PHYSICIAN SERVICES            | 0                                                | 0                                                                             | 0                                         | 65.00  |
| 66.00                        | RESIDENTIAL CARE                    | 0                                                | 0                                                                             | 0                                         | 66.00  |
| 67.00                        | ADVERTISING                         | 15,669                                           | 0                                                                             | 15,669                                    | 67.00  |
| 68.00                        | TELEHEALTH/TELEMONITORING           | 0                                                | 0                                                                             | 0                                         | 68.00  |
| 69.00                        | THRIFT STORE                        | 0                                                | 0                                                                             | 0                                         | 69.00  |
| 70.00                        | NURSING FACILITY ROOM & BOARD       | 0                                                | 0                                                                             | 0                                         | 70.00  |
| 71.00                        | OTHER NONREIMBURSABLE (SPECIFY)     | 0                                                | 0                                                                             | 0                                         | 71.00  |
| 99.00                        | NEGATIVE COST CENTER                | 0                                                | 0                                                                             | 0                                         | 99.00  |
| 100.00                       | TOTAL                               | 3,652,095                                        | 1,988,150                                                                     | 5,640,245                                 | 100.00 |

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

Provider CCN: 52-0100

Period:

Worksheet 0-6

Hospice CCN: 52-1525

From 01/01/2021  
To 12/31/2021Part I  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Descriptions                 |                                     | TOTAL EXPENSES |        | CAP REL BLDG & FIX | CAP REL MVBLE EQUIP | Hospice I<br>EMPLOYEE BENEFITS DEPARTMENT | SUBTOTAL  |        |
|------------------------------|-------------------------------------|----------------|--------|--------------------|---------------------|-------------------------------------------|-----------|--------|
|                              |                                     | 0              | 1.00   | 2.00               | 3.00                | 3A                                        |           |        |
| GENERAL SERVICE COST CENTERS |                                     |                |        |                    |                     |                                           |           |        |
| 1.00                         | CAP REL COSTS-BLDG & FIXT           | 44,328         | 44,328 |                    |                     |                                           |           | 1.00   |
| 2.00                         | CAP REL COSTS-MVBLE EQUIP           | 109,676        |        | 109,676            |                     |                                           |           | 2.00   |
| 3.00                         | EMPLOYEE BENEFITS DEPARTMENT        | 1,098,398      | 0      | 0                  | 1,098,398           |                                           |           | 3.00   |
| 4.00                         | ADMINISTRATIVE & GENERAL            | 1,341,796      | 44,328 | 109,676            | 185,170             |                                           | 1,680,970 | 4.00   |
| 5.00                         | PLANT OPERATION & MAINTENANCE       | 106,561        | 0      | 0                  | 0                   |                                           | 106,561   | 5.00   |
| 6.00                         | LAUNDRY & LINEN SERVICE             | 0              | 0      | 0                  | 0                   |                                           | 0         | 6.00   |
| 7.00                         | HOUSEKEEPING                        | 15,996         | 0      | 0                  | 0                   |                                           | 15,996    | 7.00   |
| 8.00                         | DIETARY                             | 0              | 0      | 0                  | 0                   |                                           | 0         | 8.00   |
| 9.00                         | NURSING ADMINISTRATION              | 0              | 0      | 0                  | 0                   |                                           | 0         | 9.00   |
| 10.00                        | ROUTINE MEDICAL SUPPLIES            | 3,030          | 0      | 0                  | 0                   |                                           | 3,030     | 10.00  |
| 11.00                        | MEDICAL RECORDS                     | 57,871         | 0      | 0                  | 20,887              |                                           | 78,758    | 11.00  |
| 12.00                        | STAFF TRANSPORTATION                | 64,954         | 0      | 0                  | 0                   |                                           | 64,954    | 12.00  |
| 13.00                        | VOLUNTEER SERVICE COORDINATION      | 34,920         | 0      | 0                  | 0                   |                                           | 34,920    | 13.00  |
| 14.00                        | PHARMACY                            | 193,597        | 0      | 0                  | 0                   |                                           | 193,597   | 14.00  |
| 15.00                        | PHYSICIAN ADMINISTRATIVE SERVICES   | 0              | 0      | 0                  | 0                   |                                           | 0         | 15.00  |
| 16.00                        | OTHER GENERAL SERVICE               | 0              | 0      | 0                  | 0                   |                                           | 0         | 16.00  |
| 17.00                        | PATIENT/RESIDENTIAL CARE SERVICES   | 0              | 0      | 0                  | 0                   |                                           | 0         | 17.00  |
| LEVEL OF CARE                |                                     |                |        |                    |                     |                                           |           |        |
| 50.00                        | HOSPICE CONTINUOUS HOME CARE        | 0              |        |                    | 0                   |                                           | 0         | 50.00  |
| 51.00                        | HOSPICE ROUTINE HOME CARE           | 2,401,421      |        |                    | 813,972             |                                           | 3,215,393 | 51.00  |
| 52.00                        | HOSPICE INPATIENT RESPITE CARE      | 0              | 0      | 0                  | 0                   |                                           | 0         | 52.00  |
| 53.00                        | HOSPICE GENERAL INPATIENT CARE      | 0              | 0      | 0                  | 0                   |                                           | 0         | 53.00  |
| NONREIMBURSABLE COST CENTERS |                                     |                |        |                    |                     |                                           |           |        |
| 60.00                        | BEREAVEMENT PROGRAM                 | 0              | 0      | 0                  | 0                   |                                           | 0         | 60.00  |
| 61.00                        | VOLUNTEER PROGRAM                   | 0              | 0      | 0                  | 0                   |                                           | 0         | 61.00  |
| 62.00                        | FUNDRAISING                         | 0              | 0      | 0                  | 0                   |                                           | 0         | 62.00  |
| 63.00                        | HOSPICE/PALLIATIVE MEDICINE FELLOWS | 0              | 0      | 0                  | 0                   |                                           | 0         | 63.00  |
| 64.00                        | PALLIATIVE CARE PROGRAM             | 152,028        | 0      | 0                  | 78,369              |                                           | 230,397   | 64.00  |
| 65.00                        | OTHER PHYSICIAN SERVICES            | 0              | 0      | 0                  | 0                   |                                           | 0         | 65.00  |
| 66.00                        | RESIDENTIAL CARE                    | 0              | 0      | 0                  | 0                   |                                           | 0         | 66.00  |
| 67.00                        | ADVERTISING                         | 15,669         | 0      | 0                  | 0                   |                                           | 15,669    | 67.00  |
| 68.00                        | TELEHEALTH/TELEMONITORING           | 0              | 0      | 0                  | 0                   |                                           | 0         | 68.00  |
| 69.00                        | THRIFT STORE                        | 0              | 0      | 0                  | 0                   |                                           | 0         | 69.00  |
| 70.00                        | NURSING FACILITY ROOM & BOARD       | 0              |        |                    |                     |                                           | 0         | 70.00  |
| 71.00                        | OTHER NONREIMBURSABLE (SPECIFY)     | 0              | 0      | 0                  | 0                   |                                           | 0         | 71.00  |
| 99.00                        | NEGATIVE COST CENTER                | 0              | 0      | 0                  | 0                   |                                           | 0         | 99.00  |
| 100.00                       | TOTAL                               | 5,640,245      | 44,328 | 109,676            | 1,098,398           |                                           | 5,640,245 | 100.00 |

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

Provider CCN: 52-0100

Period:

Worksheet 0-6

Hospice CCN: 52-1525

From 01/01/2021  
To 12/31/2021Part I  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Descriptions                 |                                     | ADMINISTRATIVE<br>& GENERAL |         | PLANT<br>OPERATION &<br>MAINTENANCE | LAUNDRY &<br>LINEN SERVICE | Hospice I<br>HOUSEKEEPING | DIETARY |        |
|------------------------------|-------------------------------------|-----------------------------|---------|-------------------------------------|----------------------------|---------------------------|---------|--------|
|                              |                                     | 4.00                        | 5.00    | 6.00                                | 7.00                       | 8.00                      |         |        |
| GENERAL SERVICE COST CENTERS |                                     |                             |         |                                     |                            |                           |         |        |
| 1.00                         | CAP REL COSTS-BLDG & FIXT           |                             |         |                                     |                            |                           |         | 1.00   |
| 2.00                         | CAP REL COSTS-MVBLE EQUIP           |                             |         |                                     |                            |                           |         | 2.00   |
| 3.00                         | EMPLOYEE BENEFITS DEPARTMENT        |                             |         |                                     |                            |                           |         | 3.00   |
| 4.00                         | ADMINISTRATIVE & GENERAL            | 1,680,970                   |         |                                     |                            |                           |         | 4.00   |
| 5.00                         | PLANT OPERATION & MAINTENANCE       | 45,242                      | 151,803 |                                     |                            |                           |         | 5.00   |
| 6.00                         | LAUNDRY & LINEN SERVICE             | 0                           | 0       |                                     | 0                          |                           |         | 6.00   |
| 7.00                         | HOUSEKEEPING                        | 6,791                       | 0       |                                     |                            | 22,787                    |         | 7.00   |
| 8.00                         | DIETARY                             | 0                           | 0       |                                     |                            | 0                         | 0       | 8.00   |
| 9.00                         | NURSING ADMINISTRATION              | 0                           | 0       |                                     |                            | 0                         |         | 9.00   |
| 10.00                        | ROUTINE MEDICAL SUPPLIES            | 1,286                       | 0       |                                     |                            | 0                         |         | 10.00  |
| 11.00                        | MEDICAL RECORDS                     | 33,438                      | 0       |                                     |                            | 0                         |         | 11.00  |
| 12.00                        | STAFF TRANSPORTATION                | 27,577                      | 0       |                                     |                            | 0                         |         | 12.00  |
| 13.00                        | VOLUNTEER SERVICE COORDINATION      | 14,826                      | 0       |                                     |                            | 0                         |         | 13.00  |
| 14.00                        | PHARMACY                            | 82,195                      | 0       |                                     |                            | 0                         |         | 14.00  |
| 15.00                        | PHYSICIAN ADMINISTRATIVE SERVICES   | 0                           | 0       |                                     |                            | 0                         |         | 15.00  |
| 16.00                        | OTHER GENERAL SERVICE               | 0                           | 151,803 |                                     |                            | 22,787                    |         | 16.00  |
| 17.00                        | PATIENT/RESIDENTIAL CARE SERVICES   | 0                           | 0       |                                     |                            | 0                         |         | 17.00  |
| LEVEL OF CARE                |                                     |                             |         |                                     |                            |                           |         |        |
| 50.00                        | HOSPICE CONTINUOUS HOME CARE        | 0                           |         |                                     |                            |                           |         | 50.00  |
| 51.00                        | HOSPICE ROUTINE HOME CARE           | 1,365,143                   |         |                                     |                            |                           |         | 51.00  |
| 52.00                        | HOSPICE INPATIENT RESPITE CARE      | 0                           | 0       |                                     | 0                          | 0                         | 0       | 52.00  |
| 53.00                        | HOSPICE GENERAL INPATIENT CARE      | 0                           | 0       |                                     | 0                          | 0                         | 0       | 53.00  |
| NONREIMBURSABLE COST CENTERS |                                     |                             |         |                                     |                            |                           |         |        |
| 60.00                        | BEREAVEMENT PROGRAM                 | 0                           | 0       |                                     |                            | 0                         |         | 60.00  |
| 61.00                        | VOLUNTEER PROGRAM                   | 0                           | 0       |                                     |                            | 0                         |         | 61.00  |
| 62.00                        | FUNDRAISING                         | 0                           | 0       |                                     |                            | 0                         |         | 62.00  |
| 63.00                        | HOSPICE/PALLIATIVE MEDICINE FELLOWS | 0                           | 0       |                                     |                            | 0                         |         | 63.00  |
| 64.00                        | PALLIATIVE CARE PROGRAM             | 97,819                      | 0       |                                     |                            | 0                         |         | 64.00  |
| 65.00                        | OTHER PHYSICIAN SERVICES            | 0                           | 0       |                                     |                            | 0                         |         | 65.00  |
| 66.00                        | RESIDENTIAL CARE                    | 0                           | 0       |                                     | 0                          | 0                         | 0       | 66.00  |
| 67.00                        | ADVERTISING                         | 6,653                       | 0       |                                     |                            | 0                         |         | 67.00  |
| 68.00                        | TELEHEALTH/TELEMONITORING           | 0                           | 0       |                                     |                            | 0                         |         | 68.00  |
| 69.00                        | THRIFT STORE                        | 0                           | 0       |                                     |                            | 0                         |         | 69.00  |
| 70.00                        | NURSING FACILITY ROOM & BOARD       |                             |         |                                     |                            |                           |         | 70.00  |
| 71.00                        | OTHER NONREIMBURSABLE (SPECIFY)     | 0                           | 0       |                                     | 0                          | 0                         | 0       | 71.00  |
| 99.00                        | NEGATIVE COST CENTER                | 0                           | 0       |                                     | 0                          | 0                         | 0       | 99.00  |
| 100.00                       | TOTAL                               | 1,680,970                   | 151,803 |                                     | 0                          | 22,787                    | 0       | 100.00 |

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

Provider CCN: 52-0100

Period:

Worksheet 0-6

Hospice CCN: 52-1525

From 01/01/2021  
To 12/31/2021Part I  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Descriptions                 |                                     | Hospice I                 |                                |                    |                         |                                      |        |
|------------------------------|-------------------------------------|---------------------------|--------------------------------|--------------------|-------------------------|--------------------------------------|--------|
|                              |                                     | NURSING<br>ADMINISTRATION | ROUTINE<br>MEDICAL<br>SUPPLIES | MEDICAL<br>RECORDS | STAFF<br>TRANSPORTATION | VOLUNTEER<br>SERVICE<br>COORDINATION |        |
|                              |                                     | 9.00                      | 10.00                          | 11.00              | 12.00                   | 13.00                                |        |
| GENERAL SERVICE COST CENTERS |                                     |                           |                                |                    |                         |                                      |        |
| 1.00                         | CAP REL COSTS-BLDG & FIXT           |                           |                                |                    |                         |                                      | 1.00   |
| 2.00                         | CAP REL COSTS-MVBLE EQUIP           |                           |                                |                    |                         |                                      | 2.00   |
| 3.00                         | EMPLOYEE BENEFITS DEPARTMENT        |                           |                                |                    |                         |                                      | 3.00   |
| 4.00                         | ADMINISTRATIVE & GENERAL            |                           |                                |                    |                         |                                      | 4.00   |
| 5.00                         | PLANT OPERATION & MAINTENANCE       |                           |                                |                    |                         |                                      | 5.00   |
| 6.00                         | LAUNDRY & LINEN SERVICE             |                           |                                |                    |                         |                                      | 6.00   |
| 7.00                         | HOUSEKEEPING                        |                           |                                |                    |                         |                                      | 7.00   |
| 8.00                         | DIETARY                             |                           |                                |                    |                         |                                      | 8.00   |
| 9.00                         | NURSING ADMINISTRATION              | 0                         |                                |                    |                         |                                      | 9.00   |
| 10.00                        | ROUTINE MEDICAL SUPPLIES            | 0                         | 4,316                          |                    |                         |                                      | 10.00  |
| 11.00                        | MEDICAL RECORDS                     | 0                         |                                | 112,196            |                         |                                      | 11.00  |
| 12.00                        | STAFF TRANSPORTATION                | 0                         |                                |                    | 92,531                  |                                      | 12.00  |
| 13.00                        | VOLUNTEER SERVICE COORDINATION      | 0                         |                                |                    | 0                       | 49,746                               | 13.00  |
| 14.00                        | PHARMACY                            | 0                         |                                |                    | 0                       | 0                                    | 14.00  |
| 15.00                        | PHYSICIAN ADMINISTRATIVE SERVICES   | 0                         |                                |                    | 0                       | 0                                    | 15.00  |
| 16.00                        | OTHER GENERAL SERVICE               | 0                         |                                |                    | 0                       | 0                                    | 16.00  |
| 17.00                        | PATIENT/RESIDENTIAL CARE SERVICES   |                           |                                |                    |                         |                                      | 17.00  |
| LEVEL OF CARE                |                                     |                           |                                |                    |                         |                                      |        |
| 50.00                        | HOSPICE CONTINUOUS HOME CARE        | 0                         | 0                              | 0                  | 0                       | 0                                    | 50.00  |
| 51.00                        | HOSPICE ROUTINE HOME CARE           | 0                         | 4,316                          | 112,196            | 92,531                  | 49,746                               | 51.00  |
| 52.00                        | HOSPICE INPATIENT RESPITE CARE      | 0                         | 0                              | 0                  | 0                       | 0                                    | 52.00  |
| 53.00                        | HOSPICE GENERAL INPATIENT CARE      | 0                         | 0                              | 0                  | 0                       | 0                                    | 53.00  |
| NONREIMBURSABLE COST CENTERS |                                     |                           |                                |                    |                         |                                      |        |
| 60.00                        | BEREAVEMENT PROGRAM                 | 0                         |                                |                    | 0                       | 0                                    | 60.00  |
| 61.00                        | VOLUNTEER PROGRAM                   | 0                         |                                |                    | 0                       | 0                                    | 61.00  |
| 62.00                        | FUNDRAISING                         | 0                         |                                |                    | 0                       | 0                                    | 62.00  |
| 63.00                        | HOSPICE/PALLIATIVE MEDICINE FELLOWS | 0                         |                                |                    | 0                       | 0                                    | 63.00  |
| 64.00                        | PALLIATIVE CARE PROGRAM             | 0                         |                                |                    | 0                       | 0                                    | 64.00  |
| 65.00                        | OTHER PHYSICIAN SERVICES            | 0                         |                                |                    | 0                       | 0                                    | 65.00  |
| 66.00                        | RESIDENTIAL CARE                    | 0                         |                                |                    | 0                       | 0                                    | 66.00  |
| 67.00                        | ADVERTISING                         | 0                         |                                |                    | 0                       | 0                                    | 67.00  |
| 68.00                        | TELEHEALTH/TELEMONITORING           | 0                         |                                |                    | 0                       | 0                                    | 68.00  |
| 69.00                        | THRIFT STORE                        | 0                         |                                |                    | 0                       | 0                                    | 69.00  |
| 70.00                        | NURSING FACILITY ROOM & BOARD       |                           |                                |                    |                         |                                      | 70.00  |
| 71.00                        | OTHER NONREIMBURSABLE (SPECIFY)     | 0                         |                                |                    | 0                       | 0                                    | 71.00  |
| 99.00                        | NEGATIVE COST CENTER                | 0                         | 0                              | 0                  | 0                       | 0                                    | 99.00  |
| 100.00                       | TOTAL                               | 0                         | 4,316                          | 112,196            | 92,531                  | 49,746                               | 100.00 |

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

Provider CCN: 52-0100

Period:

Worksheet 0-6

Hospice CCN: 52-1525

From 01/01/2021  
To 12/31/2021Part I  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Descriptions                 |                                     | Hospice I |                                         |                          |                                          | TOTAL     |        |
|------------------------------|-------------------------------------|-----------|-----------------------------------------|--------------------------|------------------------------------------|-----------|--------|
|                              |                                     | PHARMACY  | PHYSICIAN<br>ADMINISTRATIVE<br>SERVICES | OTHER GENERAL<br>SERVICE | PATIENT/<br>RESIDENTIAL<br>CARE SERVICES |           |        |
|                              |                                     | 14.00     | 15.00                                   | 16.00                    | 17.00                                    | 18.00     |        |
| GENERAL SERVICE COST CENTERS |                                     |           |                                         |                          |                                          |           |        |
| 1.00                         | CAP REL COSTS-BLDG & FIXT           |           |                                         |                          |                                          |           | 1.00   |
| 2.00                         | CAP REL COSTS-MVBLE EQUIP           |           |                                         |                          |                                          |           | 2.00   |
| 3.00                         | EMPLOYEE BENEFITS DEPARTMENT        |           |                                         |                          |                                          |           | 3.00   |
| 4.00                         | ADMINISTRATIVE & GENERAL            |           |                                         |                          |                                          |           | 4.00   |
| 5.00                         | PLANT OPERATION & MAINTENANCE       |           |                                         |                          |                                          |           | 5.00   |
| 6.00                         | LAUNDRY & LINEN SERVICE             |           |                                         |                          |                                          |           | 6.00   |
| 7.00                         | HOUSEKEEPING                        |           |                                         |                          |                                          |           | 7.00   |
| 8.00                         | DIETARY                             |           |                                         |                          |                                          |           | 8.00   |
| 9.00                         | NURSING ADMINISTRATION              |           |                                         |                          |                                          |           | 9.00   |
| 10.00                        | ROUTINE MEDICAL SUPPLIES            |           |                                         |                          |                                          |           | 10.00  |
| 11.00                        | MEDICAL RECORDS                     |           |                                         |                          |                                          |           | 11.00  |
| 12.00                        | STAFF TRANSPORTATION                |           |                                         |                          |                                          |           | 12.00  |
| 13.00                        | VOLUNTEER SERVICE COORDINATION      |           |                                         |                          |                                          |           | 13.00  |
| 14.00                        | PHARMACY                            | 275,792   |                                         |                          |                                          |           | 14.00  |
| 15.00                        | PHYSICIAN ADMINISTRATIVE SERVICES   | 0         | 0                                       |                          |                                          |           | 15.00  |
| 16.00                        | OTHER GENERAL SERVICE               | 0         |                                         | 174,590                  |                                          |           | 16.00  |
| 17.00                        | PATIENT/RESIDENTIAL CARE SERVICES   |           |                                         |                          | 0                                        |           | 17.00  |
| LEVEL OF CARE                |                                     |           |                                         |                          |                                          |           |        |
| 50.00                        | HOSPICE CONTINUOUS HOME CARE        | 0         | 0                                       | 0                        |                                          | 0         | 50.00  |
| 51.00                        | HOSPICE ROUTINE HOME CARE           | 275,792   | 0                                       | 174,590                  |                                          | 5,289,707 | 51.00  |
| 52.00                        | HOSPICE INPATIENT RESPITE CARE      | 0         | 0                                       | 0                        | 0                                        | 0         | 52.00  |
| 53.00                        | HOSPICE GENERAL INPATIENT CARE      | 0         | 0                                       | 0                        | 0                                        | 0         | 53.00  |
| NONREIMBURSABLE COST CENTERS |                                     |           |                                         |                          |                                          |           |        |
| 60.00                        | BEREAVEMENT PROGRAM                 | 0         |                                         | 0                        |                                          | 0         | 60.00  |
| 61.00                        | VOLUNTEER PROGRAM                   | 0         |                                         | 0                        |                                          | 0         | 61.00  |
| 62.00                        | FUNDRAISING                         | 0         |                                         | 0                        |                                          | 0         | 62.00  |
| 63.00                        | HOSPICE/PALLIATIVE MEDICINE FELLOWS | 0         |                                         | 0                        |                                          | 0         | 63.00  |
| 64.00                        | PALLIATIVE CARE PROGRAM             | 0         |                                         | 0                        |                                          | 328,216   | 64.00  |
| 65.00                        | OTHER PHYSICIAN SERVICES            | 0         |                                         | 0                        |                                          | 0         | 65.00  |
| 66.00                        | RESIDENTIAL CARE                    | 0         | 0                                       | 0                        | 0                                        | 0         | 66.00  |
| 67.00                        | ADVERTISING                         | 0         |                                         | 0                        |                                          | 22,322    | 67.00  |
| 68.00                        | TELEHEALTH/TELEMONITORING           | 0         |                                         | 0                        |                                          | 0         | 68.00  |
| 69.00                        | THRIFT STORE                        | 0         |                                         | 0                        |                                          | 0         | 69.00  |
| 70.00                        | NURSING FACILITY ROOM & BOARD       |           |                                         |                          |                                          | 0         | 70.00  |
| 71.00                        | OTHER NONREIMBURSABLE (SPECIFY)     | 0         | 0                                       | 0                        | 0                                        | 0         | 71.00  |
| 99.00                        | NEGATIVE COST CENTER                | 0         | 0                                       | 0                        | 0                                        | 0         | 99.00  |
| 100.00                       | TOTAL                               | 275,792   | 0                                       | 174,590                  | 0                                        | 5,640,245 | 100.00 |

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

Provider CCN: 52-0100

Period:

Worksheet 0-6

Hospice CCN: 52-1525

From 01/01/2021  
To 12/31/2021Part II  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Descriptions     |                                              | CAP REL BLDG &<br>FIX<br>(SQUARE FEET) | CAP REL MVBLE<br>EQUIP<br>(DOLLAR VALUE) | EMPLOYEE<br>BENEFITS<br>DEPARTMENT<br>(GROSS<br>SALARIES) | Hospice I<br>RECONCILIATION | ADMINISTRATIVE<br>& GENERAL<br>(ACCUMULATED<br>COSTS) |        |
|------------------------------|----------------------------------------------|----------------------------------------|------------------------------------------|-----------------------------------------------------------|-----------------------------|-------------------------------------------------------|--------|
|                              |                                              | 1.00                                   | 2.00                                     | 3.00                                                      | 4A                          | 4.00                                                  |        |
| GENERAL SERVICE COST CENTERS |                                              |                                        |                                          |                                                           |                             |                                                       |        |
| 1.00                         | CAP REL COSTS-BLDG & FIXT                    | 2,500                                  |                                          |                                                           |                             |                                                       | 1.00   |
| 2.00                         | CAP REL COSTS-MVBLE EQUIP                    |                                        | 99,437                                   |                                                           |                             |                                                       | 2.00   |
| 3.00                         | EMPLOYEE BENEFITS DEPARTMENT                 | 0                                      | 0                                        | 2,114,211                                                 |                             |                                                       | 3.00   |
| 4.00                         | ADMINISTRATIVE & GENERAL                     | 2,500                                  | 99,437                                   | 356,417                                                   | -1,680,970                  | 3,959,275                                             | 4.00   |
| 5.00                         | PLANT OPERATION & MAINTENANCE                | 0                                      | 0                                        | 0                                                         | 0                           | 106,561                                               | 5.00   |
| 6.00                         | LAUNDRY & LINEN SERVICE                      | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 6.00   |
| 7.00                         | HOUSEKEEPING                                 | 0                                      | 0                                        | 0                                                         | 0                           | 15,996                                                | 7.00   |
| 8.00                         | DIETARY                                      | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 8.00   |
| 9.00                         | NURSING ADMINISTRATION                       | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 9.00   |
| 10.00                        | ROUTINE MEDICAL SUPPLIES                     | 0                                      | 0                                        | 0                                                         | 0                           | 3,030                                                 | 10.00  |
| 11.00                        | MEDICAL RECORDS                              | 0                                      | 0                                        | 40,203                                                    | 0                           | 78,758                                                | 11.00  |
| 12.00                        | STAFF TRANSPORTATION                         | 0                                      | 0                                        | 0                                                         | 0                           | 64,954                                                | 12.00  |
| 13.00                        | VOLUNTEER SERVICE COORDINATION               | 0                                      | 0                                        | 0                                                         | 0                           | 34,920                                                | 13.00  |
| 14.00                        | PHARMACY                                     | 0                                      | 0                                        | 0                                                         | 0                           | 193,597                                               | 14.00  |
| 15.00                        | PHYSICIAN ADMINISTRATIVE SERVICES            | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 15.00  |
| 16.00                        | OTHER GENERAL SERVICE                        | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 16.00  |
| 17.00                        | PATIENT/RESIDENTIAL CARE SERVICES            | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 17.00  |
| LEVEL OF CARE                |                                              |                                        |                                          |                                                           |                             |                                                       |        |
| 50.00                        | HOSPICE CONTINUOUS HOME CARE                 |                                        |                                          | 0                                                         | 0                           | 0                                                     | 50.00  |
| 51.00                        | HOSPICE ROUTINE HOME CARE                    |                                        |                                          | 1,566,746                                                 | 0                           | 3,215,393                                             | 51.00  |
| 52.00                        | HOSPICE INPATIENT RESPITE CARE               | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 52.00  |
| 53.00                        | HOSPICE GENERAL INPATIENT CARE               | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 53.00  |
| NONREIMBURSABLE COST CENTERS |                                              |                                        |                                          |                                                           |                             |                                                       |        |
| 60.00                        | BEREAVEMENT PROGRAM                          | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 60.00  |
| 61.00                        | VOLUNTEER PROGRAM                            | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 61.00  |
| 62.00                        | FUNDRAISING                                  | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 62.00  |
| 63.00                        | HOSPICE/PALLIATIVE MEDICINE FELLOWS          | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 63.00  |
| 64.00                        | PALLIATIVE CARE PROGRAM                      | 0                                      | 0                                        | 150,845                                                   | 0                           | 230,397                                               | 64.00  |
| 65.00                        | OTHER PHYSICIAN SERVICES                     | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 65.00  |
| 66.00                        | RESIDENTIAL CARE                             | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 66.00  |
| 67.00                        | ADVERTISING                                  | 0                                      | 0                                        | 0                                                         | 0                           | 15,669                                                | 67.00  |
| 68.00                        | TELEHEALTH/TELEMONITORING                    | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 68.00  |
| 69.00                        | THRIFT STORE                                 | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 69.00  |
| 70.00                        | NURSING FACILITY ROOM & BOARD                | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 70.00  |
| 71.00                        | OTHER NONREIMBURSABLE (SPECIFY)              | 0                                      | 0                                        | 0                                                         | 0                           | 0                                                     | 71.00  |
| 99.00                        | NEGATIVE COST CENTER                         |                                        |                                          |                                                           |                             |                                                       | 99.00  |
| 100.00                       | COST TO BE ALLOCATED (per Wkst. 0-6, Part I) | 44,328                                 | 109,676                                  | 1,098,398                                                 |                             | 1,680,970                                             | 100.00 |
| 101.00                       | UNIT COST MULTIPLIER                         | 17.731200                              | 1.102970                                 | 0.519531                                                  |                             | 0.424565                                              | 101.00 |

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

Provider CCN: 52-0100

Period:

Worksheet 0-6

Hospice CCN: 52-1525

From 01/01/2021  
To 12/31/2021Part II  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Descriptions     |                                              | PLANT<br>OPERATION &<br>MAINTENANCE<br>(SQUARE FEET) | LAUNDRY &<br>LINEN SERVICE<br>(IN-FACILITY<br>DAYS) | HOUSEKEEPING<br>(SQUARE FEET) | DIETARY<br>(IN-FACILITY<br>DAYS) | NURSING<br>ADMINISTRATION<br>(DIRECT NURS.<br>HRS.) |        |
|------------------------------|----------------------------------------------|------------------------------------------------------|-----------------------------------------------------|-------------------------------|----------------------------------|-----------------------------------------------------|--------|
|                              |                                              | 5.00                                                 | 6.00                                                | 7.00                          | 8.00                             | 9.00                                                |        |
| GENERAL SERVICE COST CENTERS |                                              |                                                      |                                                     |                               |                                  |                                                     |        |
| 1.00                         | CAP REL COSTS-BLDG & FIXT                    |                                                      |                                                     |                               |                                  |                                                     | 1.00   |
| 2.00                         | CAP REL COSTS-MVBLE EQUIP                    |                                                      |                                                     |                               |                                  |                                                     | 2.00   |
| 3.00                         | EMPLOYEE BENEFITS DEPARTMENT                 |                                                      |                                                     |                               |                                  |                                                     | 3.00   |
| 4.00                         | ADMINISTRATIVE & GENERAL                     |                                                      |                                                     |                               |                                  |                                                     | 4.00   |
| 5.00                         | PLANT OPERATION & MAINTENANCE                | 2,500                                                |                                                     |                               |                                  |                                                     | 5.00   |
| 6.00                         | LAUNDRY & LINEN SERVICE                      | 0                                                    | 0                                                   |                               |                                  |                                                     | 6.00   |
| 7.00                         | HOUSEKEEPING                                 | 0                                                    |                                                     | 2,500                         |                                  |                                                     | 7.00   |
| 8.00                         | DIETARY                                      | 0                                                    |                                                     | 0                             | 0                                |                                                     | 8.00   |
| 9.00                         | NURSING ADMINISTRATION                       | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 9.00   |
| 10.00                        | ROUTINE MEDICAL SUPPLIES                     | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 10.00  |
| 11.00                        | MEDICAL RECORDS                              | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 11.00  |
| 12.00                        | STAFF TRANSPORTATION                         | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 12.00  |
| 13.00                        | VOLUNTEER SERVICE COORDINATION               | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 13.00  |
| 14.00                        | PHARMACY                                     | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 14.00  |
| 15.00                        | PHYSICIAN ADMINISTRATIVE SERVICES            | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 15.00  |
| 16.00                        | OTHER GENERAL SERVICE                        | 2,500                                                |                                                     | 2,500                         |                                  | 0                                                   | 16.00  |
| 17.00                        | PATIENT/RESIDENTIAL CARE SERVICES            | 0                                                    |                                                     | 0                             |                                  |                                                     | 17.00  |
| LEVEL OF CARE                |                                              |                                                      |                                                     |                               |                                  |                                                     |        |
| 50.00                        | HOSPICE CONTINUOUS HOME CARE                 |                                                      |                                                     |                               |                                  | 0                                                   | 50.00  |
| 51.00                        | HOSPICE ROUTINE HOME CARE                    |                                                      |                                                     |                               |                                  | 0                                                   | 51.00  |
| 52.00                        | HOSPICE INPATIENT RESPITE CARE               | 0                                                    | 0                                                   | 0                             | 0                                | 0                                                   | 52.00  |
| 53.00                        | HOSPICE GENERAL INPATIENT CARE               | 0                                                    | 0                                                   | 0                             | 0                                | 0                                                   | 53.00  |
| NONREIMBURSABLE COST CENTERS |                                              |                                                      |                                                     |                               |                                  |                                                     |        |
| 60.00                        | BEREAVEMENT PROGRAM                          | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 60.00  |
| 61.00                        | VOLUNTEER PROGRAM                            | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 61.00  |
| 62.00                        | FUNDRAISING                                  | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 62.00  |
| 63.00                        | HOSPICE/PALLIATIVE MEDICINE FELLOWS          | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 63.00  |
| 64.00                        | PALLIATIVE CARE PROGRAM                      | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 64.00  |
| 65.00                        | OTHER PHYSICIAN SERVICES                     | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 65.00  |
| 66.00                        | RESIDENTIAL CARE                             | 0                                                    | 0                                                   | 0                             | 0                                | 0                                                   | 66.00  |
| 67.00                        | ADVERTISING                                  | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 67.00  |
| 68.00                        | TELEHEALTH/TELEMONITORING                    | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 68.00  |
| 69.00                        | THRIFT STORE                                 | 0                                                    |                                                     | 0                             |                                  | 0                                                   | 69.00  |
| 70.00                        | NURSING FACILITY ROOM & BOARD                |                                                      |                                                     |                               |                                  |                                                     | 70.00  |
| 71.00                        | OTHER NONREIMBURSABLE (SPECIFY)              | 0                                                    | 0                                                   | 0                             | 0                                | 0                                                   | 71.00  |
| 99.00                        | NEGATIVE COST CENTER                         |                                                      |                                                     |                               |                                  |                                                     | 99.00  |
| 100.00                       | COST TO BE ALLOCATED (per Wkst. 0-6, Part I) | 151,803                                              | 0                                                   | 22,787                        | 0                                | 0                                                   | 100.00 |
| 101.00                       | UNIT COST MULTIPLIER                         | 60.721200                                            | 0.000000                                            | 9.114800                      | 0.000000                         | 0.000000                                            | 101.00 |

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

Provider CCN: 52-0100

Period:

Worksheet 0-6

Hospice CCN: 52-1525

From 01/01/2021  
To 12/31/2021Part II  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Descriptions     |                                              | ROUTINE<br>MEDICAL<br>SUPPLIES<br>(PATIENT DAYS) | MEDICAL<br>RECORDS<br>(PATIENT DAYS) | STAFF<br>TRANSPORTATION<br>(MILEAGE) | VOLUNTEER<br>SERVICE<br>COORDINATION<br>(HOURS OF<br>SERVICE) | PHARMACY<br>(CHARGES) |        |
|------------------------------|----------------------------------------------|--------------------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------------------------------|-----------------------|--------|
|                              |                                              | 10.00                                            | 11.00                                | 12.00                                | 13.00                                                         | 14.00                 |        |
| GENERAL SERVICE COST CENTERS |                                              |                                                  |                                      |                                      |                                                               |                       |        |
| 1.00                         | CAP REL COSTS-BLDG & FIXT                    |                                                  |                                      |                                      |                                                               |                       | 1.00   |
| 2.00                         | CAP REL COSTS-MVBLE EQUIP                    |                                                  |                                      |                                      |                                                               |                       | 2.00   |
| 3.00                         | EMPLOYEE BENEFITS DEPARTMENT                 |                                                  |                                      |                                      |                                                               |                       | 3.00   |
| 4.00                         | ADMINISTRATIVE & GENERAL                     |                                                  |                                      |                                      |                                                               |                       | 4.00   |
| 5.00                         | PLANT OPERATION & MAINTENANCE                |                                                  |                                      |                                      |                                                               |                       | 5.00   |
| 6.00                         | LAUNDRY & LINEN SERVICE                      |                                                  |                                      |                                      |                                                               |                       | 6.00   |
| 7.00                         | HOUSEKEEPING                                 |                                                  |                                      |                                      |                                                               |                       | 7.00   |
| 8.00                         | DIETARY                                      |                                                  |                                      |                                      |                                                               |                       | 8.00   |
| 9.00                         | NURSING ADMINISTRATION                       |                                                  |                                      |                                      |                                                               |                       | 9.00   |
| 10.00                        | ROUTINE MEDICAL SUPPLIES                     | 17,929                                           |                                      |                                      |                                                               |                       | 10.00  |
| 11.00                        | MEDICAL RECORDS                              |                                                  | 17,929                               |                                      |                                                               |                       | 11.00  |
| 12.00                        | STAFF TRANSPORTATION                         |                                                  |                                      | 116,000                              |                                                               |                       | 12.00  |
| 13.00                        | VOLUNTEER SERVICE COORDINATION               |                                                  |                                      | 0                                    | 1,773                                                         |                       | 13.00  |
| 14.00                        | PHARMACY                                     |                                                  |                                      | 0                                    | 0                                                             | 3,704,728             | 14.00  |
| 15.00                        | PHYSICIAN ADMINISTRATIVE SERVICES            |                                                  |                                      | 0                                    | 0                                                             | 0                     | 15.00  |
| 16.00                        | OTHER GENERAL SERVICE                        |                                                  |                                      | 0                                    | 0                                                             | 0                     | 16.00  |
| 17.00                        | PATIENT/RESIDENTIAL CARE SERVICES            |                                                  |                                      |                                      |                                                               |                       | 17.00  |
| LEVEL OF CARE                |                                              |                                                  |                                      |                                      |                                                               |                       |        |
| 50.00                        | HOSPICE CONTINUOUS HOME CARE                 | 0                                                | 0                                    | 0                                    | 0                                                             | 0                     | 50.00  |
| 51.00                        | HOSPICE ROUTINE HOME CARE                    | 17,929                                           | 17,929                               | 116,000                              | 1,773                                                         | 3,704,728             | 51.00  |
| 52.00                        | HOSPICE INPATIENT RESPITE CARE               | 0                                                | 0                                    | 0                                    | 0                                                             | 0                     | 52.00  |
| 53.00                        | HOSPICE GENERAL INPATIENT CARE               | 0                                                | 0                                    | 0                                    | 0                                                             | 0                     | 53.00  |
| NONREIMBURSABLE COST CENTERS |                                              |                                                  |                                      |                                      |                                                               |                       |        |
| 60.00                        | BEREAVEMENT PROGRAM                          |                                                  |                                      | 0                                    | 0                                                             | 0                     | 60.00  |
| 61.00                        | VOLUNTEER PROGRAM                            |                                                  |                                      | 0                                    | 0                                                             | 0                     | 61.00  |
| 62.00                        | FUNDRAISING                                  |                                                  |                                      | 0                                    | 0                                                             | 0                     | 62.00  |
| 63.00                        | HOSPICE/PALLIATIVE MEDICINE FELLOWS          |                                                  |                                      | 0                                    | 0                                                             | 0                     | 63.00  |
| 64.00                        | PALLIATIVE CARE PROGRAM                      |                                                  |                                      | 0                                    | 0                                                             | 0                     | 64.00  |
| 65.00                        | OTHER PHYSICIAN SERVICES                     |                                                  |                                      | 0                                    | 0                                                             | 0                     | 65.00  |
| 66.00                        | RESIDENTIAL CARE                             |                                                  |                                      | 0                                    | 0                                                             | 0                     | 66.00  |
| 67.00                        | ADVERTISING                                  |                                                  |                                      | 0                                    | 0                                                             | 0                     | 67.00  |
| 68.00                        | TELEHEALTH/TELEMONITORING                    |                                                  |                                      | 0                                    | 0                                                             | 0                     | 68.00  |
| 69.00                        | THRIFT STORE                                 |                                                  |                                      | 0                                    | 0                                                             | 0                     | 69.00  |
| 70.00                        | NURSING FACILITY ROOM & BOARD                |                                                  |                                      | 0                                    | 0                                                             | 0                     | 70.00  |
| 71.00                        | OTHER NONREIMBURSABLE (SPECIFY)              |                                                  |                                      | 0                                    | 0                                                             | 0                     | 71.00  |
| 99.00                        | NEGATIVE COST CENTER                         |                                                  |                                      |                                      |                                                               |                       | 99.00  |
| 100.00                       | COST TO BE ALLOCATED (per Wkst. 0-6, Part I) | 4,316                                            | 112,196                              | 92,531                               | 49,746                                                        | 275,792               | 100.00 |
| 101.00                       | UNIT COST MULTIPLIER                         | 0.240727                                         | 6.257795                             | 0.797681                             | 28.057530                                                     | 0.074443              | 101.00 |

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

Provider CCN: 52-0100

Period:

Worksheet 0-6

Hospice CCN: 52-1525

From 01/01/2021  
To 12/31/2021Part II  
Date/Time Prepared:  
5/24/2022 3:09 pm

| Cost Center Descriptions     |                                              | PHYSICIAN<br>ADMINISTRATIVE<br>SERVICES<br>(PATIENT DAYS) | OTHER GENERAL<br>SERVICE<br>(SPECIFY<br>BASIS) | PATIENT/<br>RESIDENTIAL<br>CARE SERVICES<br>(IN-FACILITY<br>DAYS) | Hospice I |        |
|------------------------------|----------------------------------------------|-----------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|-----------|--------|
|                              |                                              | 15.00                                                     | 16.00                                          | 17.00                                                             |           |        |
| GENERAL SERVICE COST CENTERS |                                              |                                                           |                                                |                                                                   |           |        |
| 1.00                         | CAP REL COSTS-BLDG & FIXT                    |                                                           |                                                |                                                                   |           | 1.00   |
| 2.00                         | CAP REL COSTS-MVBLE EQUIP                    |                                                           |                                                |                                                                   |           | 2.00   |
| 3.00                         | EMPLOYEE BENEFITS DEPARTMENT                 |                                                           |                                                |                                                                   |           | 3.00   |
| 4.00                         | ADMINISTRATIVE & GENERAL                     |                                                           |                                                |                                                                   |           | 4.00   |
| 5.00                         | PLANT OPERATION & MAINTENANCE                |                                                           |                                                |                                                                   |           | 5.00   |
| 6.00                         | LAUNDRY & LINEN SERVICE                      |                                                           |                                                |                                                                   |           | 6.00   |
| 7.00                         | HOUSEKEEPING                                 |                                                           |                                                |                                                                   |           | 7.00   |
| 8.00                         | DIETARY                                      |                                                           |                                                |                                                                   |           | 8.00   |
| 9.00                         | NURSING ADMINISTRATION                       |                                                           |                                                |                                                                   |           | 9.00   |
| 10.00                        | ROUTINE MEDICAL SUPPLIES                     |                                                           |                                                |                                                                   |           | 10.00  |
| 11.00                        | MEDICAL RECORDS                              |                                                           |                                                |                                                                   |           | 11.00  |
| 12.00                        | STAFF TRANSPORTATION                         |                                                           |                                                |                                                                   |           | 12.00  |
| 13.00                        | VOLUNTEER SERVICE COORDINATION               |                                                           |                                                |                                                                   |           | 13.00  |
| 14.00                        | PHARMACY                                     |                                                           |                                                |                                                                   |           | 14.00  |
| 15.00                        | PHYSICIAN ADMINISTRATIVE SERVICES            | 0                                                         |                                                |                                                                   |           | 15.00  |
| 16.00                        | OTHER GENERAL SERVICE                        |                                                           | 2,500                                          |                                                                   |           | 16.00  |
| 17.00                        | PATIENT/RESIDENTIAL CARE SERVICES            |                                                           |                                                | 0                                                                 |           | 17.00  |
| LEVEL OF CARE                |                                              |                                                           |                                                |                                                                   |           |        |
| 50.00                        | HOSPICE CONTINUOUS HOME CARE                 | 0                                                         | 0                                              |                                                                   |           | 50.00  |
| 51.00                        | HOSPICE ROUTINE HOME CARE                    | 0                                                         | 2,500                                          |                                                                   |           | 51.00  |
| 52.00                        | HOSPICE INPATIENT RESPITE CARE               | 0                                                         | 0                                              | 0                                                                 |           | 52.00  |
| 53.00                        | HOSPICE GENERAL INPATIENT CARE               | 0                                                         | 0                                              | 0                                                                 |           | 53.00  |
| NONREIMBURSABLE COST CENTERS |                                              |                                                           |                                                |                                                                   |           |        |
| 60.00                        | BEREAVEMENT PROGRAM                          |                                                           | 0                                              |                                                                   |           | 60.00  |
| 61.00                        | VOLUNTEER PROGRAM                            |                                                           | 0                                              |                                                                   |           | 61.00  |
| 62.00                        | FUNDRAISING                                  |                                                           | 0                                              |                                                                   |           | 62.00  |
| 63.00                        | HOSPICE/PALLIATIVE MEDICINE FELLOWS          |                                                           | 0                                              |                                                                   |           | 63.00  |
| 64.00                        | PALLIATIVE CARE PROGRAM                      |                                                           | 0                                              |                                                                   |           | 64.00  |
| 65.00                        | OTHER PHYSICIAN SERVICES                     |                                                           | 0                                              |                                                                   |           | 65.00  |
| 66.00                        | RESIDENTIAL CARE                             | 0                                                         | 0                                              | 0                                                                 |           | 66.00  |
| 67.00                        | ADVERTISING                                  |                                                           | 0                                              |                                                                   |           | 67.00  |
| 68.00                        | TELEHEALTH/TELEMONITORING                    |                                                           | 0                                              |                                                                   |           | 68.00  |
| 69.00                        | THRIFT STORE                                 |                                                           | 0                                              |                                                                   |           | 69.00  |
| 70.00                        | NURSING FACILITY ROOM & BOARD                |                                                           | 0                                              |                                                                   |           | 70.00  |
| 71.00                        | OTHER NONREIMBURSABLE (SPECIFY)              | 0                                                         | 0                                              | 0                                                                 |           | 71.00  |
| 99.00                        | NEGATIVE COST CENTER                         |                                                           |                                                |                                                                   |           | 99.00  |
| 100.00                       | COST TO BE ALLOCATED (per Wkst. 0-6, Part I) | 0                                                         | 174,590                                        | 0                                                                 |           | 100.00 |
| 101.00                       | UNIT COST MULTIPLIER                         | 0.000000                                                  | 69.836000                                      | 0.000000                                                          |           | 101.00 |

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

Provider CCN: 52-0100

Period:

Worksheet 0-7

Hospice CCN: 52-1525

From 01/01/2021  
To 12/31/2021Date/Time Prepared:  
5/24/2022 3:09 pm

|                          |                                     |                                              |                             |                                        | Hospice I                 |                           |       |
|--------------------------|-------------------------------------|----------------------------------------------|-----------------------------|----------------------------------------|---------------------------|---------------------------|-------|
| Cost Center Descriptions |                                     | From Wkst. C,<br>Part I, Col. 9<br>line      | Cost to Charge<br>Ratio     | Charges by LOC (from Provider Records) |                           |                           |       |
|                          |                                     |                                              |                             | HCHC                                   | HRHC                      | HIRC                      |       |
|                          |                                     |                                              |                             | 2.00                                   | 3.00                      | 4.00                      |       |
|                          | ANCILLARY SERVICE COST CENTERS      | 0                                            | 1.00                        | 2.00                                   | 3.00                      | 4.00                      |       |
| 1.00                     | PHYSICAL THERAPY                    | 66.00                                        | 0.235457                    | 0                                      | 0                         | 0                         | 1.00  |
| 2.00                     | OCCUPATIONAL THERAPY                | 67.00                                        | 0.205128                    | 0                                      | 0                         | 0                         | 2.00  |
| 3.00                     | SPEECH PATHOLOGY                    | 68.00                                        | 0.289076                    | 0                                      | 0                         | 0                         | 3.00  |
| 4.00                     | DRUGS CHARGED TO PATIENTS           | 73.00                                        | 0.193223                    | 0                                      | 0                         | 0                         | 4.00  |
| 5.00                     | DURABLE MEDICAL EQUIP-RENTED        | 96.00                                        |                             |                                        |                           |                           | 5.00  |
| 6.00                     | LABORATORY                          | 60.00                                        | 0.136496                    | 0                                      | 0                         | 0                         | 6.00  |
| 7.00                     | MEDICAL SUPPLIES CHARGED TO PATIENT | 71.00                                        | 0.117884                    | 0                                      | 0                         | 0                         | 7.00  |
| 8.99                     | PARTIAL HOSPITALIZATION PROGRAM     | 93.99                                        | 0.000000                    | 0                                      | 0                         | 0                         | 8.99  |
| 9.00                     | RADIOLOGY-THERAPEUTIC               | 55.00                                        | 0.096785                    | 0                                      | 0                         | 0                         | 9.00  |
| 10.00                    | OTHER                               | 76.00                                        | 0.000000                    | 0                                      | 0                         | 0                         | 10.00 |
| 10.01                    | SLEEP/EEG                           | 76.01                                        | 0.250459                    | 0                                      | 0                         | 0                         | 10.01 |
| 10.02                    | GI                                  | 76.02                                        | 0.075691                    | 0                                      | 0                         | 0                         | 10.02 |
| 10.03                    | NUCLEAR MED                         | 76.03                                        | 0.112315                    | 0                                      | 0                         | 0                         | 10.03 |
| 10.04                    | PSYCH                               | 76.04                                        | 1.213049                    | 0                                      | 0                         | 0                         | 10.04 |
| 10.05                    | ULTRASOUND                          | 76.05                                        | 0.084192                    | 0                                      | 0                         | 0                         | 10.05 |
| 10.06                    | VASCULAR LAB                        | 76.06                                        | 0.178089                    | 0                                      | 0                         | 0                         | 10.06 |
| 10.07                    | MEDICAL OUTPATIENT                  | 76.07                                        | 1.153998                    | 0                                      | 0                         | 0                         | 10.07 |
| 10.97                    | CARDIAC REHABILITATION              | 76.97                                        | 0.996322                    | 0                                      | 0                         | 0                         | 10.97 |
| 10.98                    | HYPERBARIC OXYGEN THERAPY           | 76.98                                        | 0.000000                    | 0                                      | 0                         | 0                         | 10.98 |
| 10.99                    | LITHOTRIPSY                         | 76.99                                        | 0.097943                    | 0                                      | 0                         | 0                         | 10.99 |
| 11.00                    | Totals (sum of lines 1-11)          |                                              |                             |                                        |                           |                           | 11.00 |
| Cost Center Descriptions |                                     | Charges by LOC<br>(from Provider<br>Records) | Shared Service Costs by LOC |                                        |                           |                           |       |
|                          |                                     | HGIP                                         | HCHC (col. 1 x<br>col. 2)   | HRHC (col. 1 x<br>col. 3)              | HIRC (col. 1 x<br>col. 4) | HGIP (col. 1 x<br>col. 5) |       |
|                          |                                     | 5.00                                         | 6.00                        | 7.00                                   | 8.00                      | 9.00                      |       |
|                          | ANCILLARY SERVICE COST CENTERS      |                                              |                             |                                        |                           |                           |       |
| 1.00                     | PHYSICAL THERAPY                    | 0                                            | 0                           | 0                                      | 0                         | 0                         | 1.00  |
| 2.00                     | OCCUPATIONAL THERAPY                | 0                                            | 0                           | 0                                      | 0                         | 0                         | 2.00  |
| 3.00                     | SPEECH PATHOLOGY                    | 0                                            | 0                           | 0                                      | 0                         | 0                         | 3.00  |
| 4.00                     | DRUGS CHARGED TO PATIENTS           | 0                                            | 0                           | 0                                      | 0                         | 0                         | 4.00  |
| 5.00                     | DURABLE MEDICAL EQUIP-RENTED        |                                              |                             |                                        |                           |                           | 5.00  |
| 6.00                     | LABORATORY                          | 0                                            | 0                           | 0                                      | 0                         | 0                         | 6.00  |
| 7.00                     | MEDICAL SUPPLIES CHARGED TO PATIENT | 0                                            | 0                           | 0                                      | 0                         | 0                         | 7.00  |
| 8.99                     | PARTIAL HOSPITALIZATION PROGRAM     | 0                                            | 0                           | 0                                      | 0                         | 0                         | 8.99  |
| 9.00                     | RADIOLOGY-THERAPEUTIC               | 0                                            | 0                           | 0                                      | 0                         | 0                         | 9.00  |
| 10.00                    | OTHER                               | 0                                            | 0                           | 0                                      | 0                         | 0                         | 10.00 |
| 10.01                    | SLEEP/EEG                           | 0                                            | 0                           | 0                                      | 0                         | 0                         | 10.01 |
| 10.02                    | GI                                  | 0                                            | 0                           | 0                                      | 0                         | 0                         | 10.02 |
| 10.03                    | NUCLEAR MED                         | 0                                            | 0                           | 0                                      | 0                         | 0                         | 10.03 |
| 10.04                    | PSYCH                               | 0                                            | 0                           | 0                                      | 0                         | 0                         | 10.04 |
| 10.05                    | ULTRASOUND                          | 0                                            | 0                           | 0                                      | 0                         | 0                         | 10.05 |
| 10.06                    | VASCULAR LAB                        | 0                                            | 0                           | 0                                      | 0                         | 0                         | 10.06 |
| 10.07                    | MEDICAL OUTPATIENT                  | 0                                            | 0                           | 0                                      | 0                         | 0                         | 10.07 |
| 10.97                    | CARDIAC REHABILITATION              | 0                                            | 0                           | 0                                      | 0                         | 0                         | 10.97 |
| 10.98                    | HYPERBARIC OXYGEN THERAPY           | 0                                            | 0                           | 0                                      | 0                         | 0                         | 10.98 |
| 10.99                    | LITHOTRIPSY                         | 0                                            | 0                           | 0                                      | 0                         | 0                         | 10.99 |
| 11.00                    | Totals (sum of lines 1-11)          |                                              | 0                           | 0                                      | 0                         | 0                         | 11.00 |

## CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 52-0100

Period:

Worksheet 0-8

Hospice CCN: 52-1525

From 01/01/2021  
To 12/31/2021Date/Time Prepared:  
5/24/2022 3:09 pm

|                                |                                                                                  | Hospice I               |                       |           |       |
|--------------------------------|----------------------------------------------------------------------------------|-------------------------|-----------------------|-----------|-------|
|                                |                                                                                  | TITLE XVIII<br>MEDICARE | TITLE XIX<br>MEDICAID | TOTAL     |       |
|                                |                                                                                  | 1.00                    | 2.00                  | 3.00      |       |
| HOSPICE CONTINUOUS HOME CARE   |                                                                                  |                         |                       |           |       |
| 1.00                           | Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11) |                         |                       | 0         | 1.00  |
| 2.00                           | Total unduplicated days (Wkst. S-9, col. 4, line 10)                             |                         |                       | 0         | 2.00  |
| 3.00                           | Total average cost per diem (line 1 divided by line 2)                           |                         |                       | 0.00      | 3.00  |
| 4.00                           | Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)               |                         |                       |           | 4.00  |
| 5.00                           | Program cost (line 3 times line 4)                                               | 0                       | 0                     | 0         | 5.00  |
| HOSPICE ROUTINE HOME CARE      |                                                                                  |                         |                       |           |       |
| 6.00                           | Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11) |                         |                       | 5,289,707 | 6.00  |
| 7.00                           | Total unduplicated days (Wkst. S-9, col. 4, line 11)                             |                         |                       | 17,929    | 7.00  |
| 8.00                           | Total average cost per diem (line 6 divided by line 7)                           |                         |                       | 295.04    | 8.00  |
| 9.00                           | Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)              | 16,733                  | 405                   |           | 9.00  |
| 10.00                          | Program cost (line 8 times line 9)                                               | 4,936,904               | 119,491               |           | 10.00 |
| HOSPICE INPATIENT RESPITE CARE |                                                                                  |                         |                       |           |       |
| 11.00                          | Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11) |                         |                       | 0         | 11.00 |
| 12.00                          | Total unduplicated days (Wkst. S-9, col. 4, line 12)                             |                         |                       | 0         | 12.00 |
| 13.00                          | Total average cost per diem (line 11 divided by line 12)                         |                         |                       | 0.00      | 13.00 |
| 14.00                          | Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)              | 0                       | 0                     |           | 14.00 |
| 15.00                          | Program cost (line 13 times line 14)                                             | 0                       | 0                     |           | 15.00 |
| HOSPICE GENERAL INPATIENT CARE |                                                                                  |                         |                       |           |       |
| 16.00                          | Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11) |                         |                       | 0         | 16.00 |
| 17.00                          | Total unduplicated days (Wkst. S-9, col. 4, line 13)                             |                         |                       | 0         | 17.00 |
| 18.00                          | Total average cost per diem (line 16 divided by line 17)                         |                         |                       | 0.00      | 18.00 |
| 19.00                          | Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)              | 0                       | 0                     |           | 19.00 |
| 20.00                          | Program cost (line 18 times line 19)                                             | 0                       | 0                     |           | 20.00 |
| TOTAL HOSPICE CARE             |                                                                                  |                         |                       |           |       |
| 21.00                          | Total cost (sum of line 1 + line 6 + line 11 + line 16)                          |                         |                       | 5,289,707 | 21.00 |
| 22.00                          | Total unduplicated days (Wkst. S-9, col. 4, line 14)                             |                         |                       | 17,929    | 22.00 |
| 23.00                          | Average cost per diem (line 21 divided by line 22)                               |                         |                       | 295.04    | 23.00 |

| CALCULATION OF CAPITAL PAYMENT                      |                                                                                                                                                              | Provider CCN: 52-0100 | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet L<br>Parts I-III<br>Date/Time Prepared:<br>5/24/2022 3:09 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                                                                                                                               |                       | 1,016,555                                   | 1.00                                                                   |
| 1.01                                                | Model 4 BPCI Capital DRG other than outlier                                                                                                                  |                       | 0                                           | 1.01                                                                   |
| 2.00                                                | Capital DRG outlier payments                                                                                                                                 |                       | 128,754                                     | 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)                                                               |                       | 47.79                                       | 3.00                                                                   |
| 4.00                                                | Number of interns & residents (see instructions)                                                                                                             |                       | 0.00                                        | 4.00                                                                   |
| 5.00                                                | Indirect medical education percentage (see instructions)                                                                                                     |                       | 0.00                                        | 5.00                                                                   |
| 6.00                                                | Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)                                 |                       | 0                                           | 6.00                                                                   |
| 7.00                                                | Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)                                    |                       | 0.00                                        | 7.00                                                                   |
| 8.00                                                | Percentage of Medicaid patient days to total days (see instructions)                                                                                         |                       | 0.00                                        | 8.00                                                                   |
| 9.00                                                | Sum of lines 7 and 8                                                                                                                                         |                       | 0.00                                        | 9.00                                                                   |
| 10.00                                               | Allowable disproportionate share percentage (see instructions)                                                                                               |                       | 0.00                                        | 10.00                                                                  |
| 11.00                                               | Disproportionate share adjustment (see instructions)                                                                                                         |                       | 0                                           | 11.00                                                                  |
| 12.00                                               | Total prospective capital payments (see instructions)                                                                                                        |                       | 1,145,309                                   | 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                                                                  |